

DISASTER MANAGEMENT AND COVID-19

An African Governance
Perspective

A COMPREHENSIVE STUDY



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CONTENTS

ACKNOWLEDGMENTS ii

Glossary iii

Acronyms and abbreviations iv

Executive summary vi

Chapter 1: Introduction 1

- 1.1 Contextual analysis 2
- 1.2 Objectives and scope of the study 5
- 1.3 Questions guiding the study 6
- 1.4 Methodology 6
- 1.5 Limitations of the study 6
- 1.6 Outline of the report 7

Chapter 2:

Health crisis and disaster management approaches in Africa: Landscape and trends 9

- 2.1 Understanding governance and disaster risk management 10
- 2.2 International policy frameworks on governance and disaster risk management 12
- 2.3 Continental policy frameworks on governance and disaster risk management 18
- 2.4 Regional policy framework on governance and disaster risk management of Covid-19 25
- 2.5 Adoption of the Sendai Framework and International Health Regulations by African Union member states 33

Chapter 3 Legal, policy and institutional frameworks 53

- 3.1 Legal, Policy and Institutional Frameworks as concepts 54
- 3.2 Global Disaster Management Frameworks 55
- 3.4 Laws Governing International Public Health Emergencies 62
- 3.5 Continental level 65
- 3.6 Regional level 68
- 3.7 National level 74

Chapter 4 Legal analysis 77

- 4.1 Legal, Policy and Institutional Frameworks in Africa 78
- 4.2 The Checklist 79
- 4.3 Gender Balance 84
- 4.4 Legislation, Policies, and Institutional Frameworks in Action during the COVID-19 Pandemic in Africa 84
- 4.6 Conclusion 86

Chapter 5 Main role-players in Covid-19 in Africa 89

- 5.1 World Health Organization (WHO) 90
- 5.3 African Development Bank (AfDB) 92
- 5.4 The African Export-Import Bank 92
- 5.5 European Union and the European Investment Bank 93

Chapter 6: Conclusions and recommendations 94

- 6.1. Conclusions 96
- 6.2 Recommendations 98

References 101

- Official documents and reports 104

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This comprehensive study on *Disaster Management and COVID-19: An African Governance Perspective* was prepared within the framework of the United Nations Office for Disaster Risk Reduction (UNDRR) and the World Health Organization (WHO) International Health Regulations. The study also considered the health governance dimensions of Agenda 2063, the United Nations (UN) Sustainable Development Goals (SDGs) within the framework of the four APRM governance thematic framework and the African Charter on Governance, Elections and Democracy. The project was implemented in collaboration with the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) GmbH and the Swedish Development Cooperation (CIDA).

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GLOSSARY

Complex emergency: A humanitarian crisis in a country, region or society with dramatic disruption of the political, economic and social situation resulting from internal or external conflict, which may be combined with natural disaster. The population's capacity to survive and the national authorities' ability to respond are adversely affected. A consolidated, multisectoral, international response is required to address the situation.

Disaster: A serious disruption of the functioning of a community or society causing widespread human, material, economic or environmental losses that exceed the ability of the affected community/society to cope using its own resources.

Disaster contingency plan: A plan put in place to address a disaster or impending disaster within a finite time, for example, from early warning to response to recovery, and including mechanisms for generation of disaster specific operational plans.

Disaster preparedness strategy: A broad exercise that sets out objectives for disaster preparedness in a country or region, reviews the status of disaster preparedness capacities in relation to those objectives, and identifies measures to be taken to maintain and enhance those capacities to meet its objectives.

Disaster risk: Potential loss in lives, health status, livelihoods, assets and services that could occur in a community or a society because of a disaster, over a specified time.

Disaster risk management: The systematic process of using administrative directives, organisations, and operational skills and capacities to implement strategies, policies and improved coping capacities to lessen the adverse impacts of hazards and the possibility of disaster.

Disaster risk reduction: Reducing disaster risks through systematic efforts to analyse and manage the causal factors of disasters, by reducing exposure to hazards of people and property, wise management of land and the environment, and improved preparedness for adverse events, among others.

Early warning: Provision of early and relevant information on potential or actual disasters, normally involving the monitoring of hazards, especially in relation to communities or areas known to be vulnerable to their effects, so that more timely and effective response measures can be taken.

Emergency: An extraordinary situation that renders people unable to meet their basic survival needs, or results in serious and immediate threats to human life and wellbeing.

Hazard: A dangerous phenomenon, substance, human activity, or condition that may cause loss of life, injury or other health impacts, property damage, loss of livelihoods and services, social and economic disruption, or environmental damage.

Mitigation: Short- and long-term actions, programmes or policies implemented in advance of a natural hazard or in its early stages to reduce the degree of risk to people, property and productive capacity.

Preparedness: Advance measures to establish capacities and mechanisms to minimise adverse impacts of disasters when they do occur and so reduce the intensity or scale of any resulting emergency.

Prevention: Measures that prevent hazards (natural or sociopolitical events and processes) resulting from disasters.

Rehabilitation, reconstruction and recovery: Measures to help restore the livelihoods, assets and production levels of emergency-affected communities, to rebuild essential infrastructure, production capacities, institutions and services destroyed or rendered non-operational by a disaster, and to help bring about sustainable development by facilitating the necessary adjustments to the impact of the disaster and improving on the status quo ante where possible.

Resilience: The ability of a system, community or society exposed to hazards to resist, absorb, accommodate and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions.

Response: Actions taken immediately before, during or directly after a disaster to reduce impacts and improve recovery.

Risk: The probability of harmful consequences or loss resulting from the interaction between natural hazards and vulnerable conditions of property and people.

Risk assessment: A methodology to determine the nature and extent of risk by analysing potential hazards and evaluating existing conditions of vulnerability that together could potentially harm exposed people, property, services, livelihoods and the environment on which they depend.

Vulnerability: A set of conditions resulting from physical, social, economic and environmental factors, which increases the susceptibility of a community to the impact of disasters. Vulnerability also refers to the characteristics of a person or group in terms of their capacity to anticipate, cope with, resist and recover from the impact of a natural hazard.

ACRONYMS AND ABBREVIATIONS

ACCORD	African Centre for the Constructive Resolution of Disputes	DRR	Disaster Risk Reduction
ACHPR	African Commission on Human and Peoples' Rights	DRMF	Disaster Risk Management Finance
ACMAD	Africa Centre for Climate and Meteorological Application for Development	DQAF	Data Quality Assessment Framework
AfDB	African Development Bank	DPG	Democracy and Political Governance
Africa-CDC	Africa Centres for Disease Control	dtic	Department of Trade, Industry and Competition
AFTCOR	Africa Task Force for Coronavirus	EAC	East African Community
AGA	African Governance Architecture	EACHRC	East Africa Health Research Commission
APRM	African Peer Review Mechanism	EARCC	East African community response unit
ARSDRR	Africa Regional Strategy for Disaster Risk Reduction	ECA	Economic Commission for Africa
ARV	Africa Risk View	ECCAS	Economic Community of Central African States
ARC	African Risk Capacity Specialised Agency of the African Union	ECOWAS	Economic Community of West African States
ASDRR	Arab Strategy for Disaster Risk Reduction 2020	EGM	Economic Governance and Management
AUC	African Union Commission	EKB	Egyptian Knowledge Bank
AU	African Union	EM-DAT	The OFDA/CRED International Disaster Database
AUWGDD	AU Women, Gender and Development Directorate	EU	European Union
BCC	Banque Centrale du Congo	EVD	Ebola virus disease
CBK	Central Bank of Kenya	GAR	Global Assessment Report
CBN	Central Bank of Nigeria	GBV	Gender-based violence
CBR	Central bank rate	GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
CCA	Common Country Assessment	GFDRR	World Bank Global Facility for Disaster Reduction and Recovery
CEWARN	Conflict Early Warning and Response Mechanism	GHACOF	Greater Horn of Africa Climate Outlook Forum
CIDA	Swedish Development Cooperation	GDP	Gross Domestic Product
CG	Corporate Governance	HFA	Hyogo Framework for Action
COMESA	Common Market for Eastern and Southern Africa	HIV	Human immunodeficiency virus
CoP	Conference of Parties	ICC	Incident Coordination Centre
Covid-19	Severe Acute Respiratory Syndrome Coronavirus 2: SARS-COV-2	ICCP	International Covenant on Civil and Political Rights
CP	Contingency Plan	ICPAC	IGAD Climate Prediction and Application Centre
DRC	Democratic Republic of Congo	IDC	Industrial Development Corporation
DRM	Disaster Risk Management	IDP	Internally displaced persons
		IDS	integrated disease surveillance and response

IIAG	Ibrahim Index of African Governance	SARB	South African Reserve Bank
IGAD	Intergovernmental Authority on Development	SDG	Sustainable Development Goal
IHR	International Health Regulations	SDGEA	Solemn Declaration on Gender Equality in Africa
IMF	International Monetary Fund	SDL	Skills development levy
IOM	International Organization for Migration	SED	Broad-based Sustainable Socio-economic Development
JICA	Japan International Cooperation Agency	SFDRR	Sendai Framework for Disaster Risk Reduction
KRA	Kenya Revenue Authority	SMME	Small, medium and micro enterprise
MAC	Ministerial Advisory Committee (South Africa)	SORMAS	Surveillance and Outbreak Response Management System
mSERS	Mobile Strengthening Epidemic Response System	TERS	Temporary employee relief scheme
NADMO	National Disaster Management Agency	UDEAC	Customs and Economic Union of Central African States
NatJoints	National Joint Operations and Intelligence Structure	UIF	Unemployment Insurance Fund (south Africa)
NCC	National Command Council (South Africa)	UMA	Arab Maghreb Union
NCDC	Nigeria Centre for Disease Control	UNDAF	United Nations Development Assistance Framework
NEET	Not in employment, education or training	UNDP	United Nations Development Programme
NEPAD	New Partnership for Africa's Development	UNDRR	United Nations Office for Disaster Risk Reduction
NEMA	National Emergency Management Agency	UNECA	UN Economic Commission for Africa
NGO	Non-Governmental Organisation	UNEP	United Nations Environment Programme
NICD	National Institute for Communicable Diseases	UNESCO	United Nations Educational, Scientific and Cultural Organisation
NPHI	National public health institutes	UNFCCC	United Nations Framework Convention on Climate Change
NPI	Non-pharmaceutical intervention	UNISDR	United Nations International Strategy for Disaster Reduction
NSCIA	Nigerian Supreme Council of Islamic Affairs	UNOPS	United Nations Office for Project Services
PDNA	Post Disaster Needs Assessment	USAID KEA	United States Agency for International Development Kenya and East Africa
PIDA	Programme for Infrastructure Development in Africa	VCA	Vulnerability Capacity Analysis
PPE	Personal protective equipment	WAHO	West African Health Organisation
PT	Presidential Taskforce	WASH	Water, sanitation and hygiene
REC	Regional economic community	WCDRR	World Conference for Disaster Risk Reduction
RECDTS	Regional electronic cargo and drivers tracking system	WFP	World Food Programme
RIASCO	Regional Inter-Agency Standing Committee	WHO	World Health Organization
RM	Regional mechanism	WMO	World Meteorological Organization
PRSP	Poverty Reduction Strategy Paper	WTO	World Trade Organization
SADC	Southern African Development Community		
SAHRC	South African Human Rights Commission		
SANDF	South African National Defence Force		

EXECUTIVE SUMMARY

This comprehensive report – *Disaster Management and COVID-19: An African Governance Perspective* – was prepared within the framework of the United Nations Disaster Risk Reduction (UNDRR) framework, the World Health Organization (WHO) international regulations for health, the health governance dimensions of Agenda 2063, UN SDGs, and the APRM governance framework on strengthening African governance architecture in support of efforts to contain and mitigate the impact of novel coronavirus pandemic in Africa. The project was implemented in collaboration with the Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ) and the Swedish Development Cooperation (CIDA).

The report was commissioned by the APRM and the African Union Commission, Africa Governance Architecture. It presents findings on the alignment of continental, subregional and national Covid-19 governance responses in the context of the international (Sendai Framework for Disaster Risk Reduction) and continental policy frameworks on disaster risk management and International Health Regulations (IHR) in Africa. It maps the various international, continental and national policies for disaster management and public health governance including an assessment of African Union member states' adoption, and coherence with international and continental codes and standards for disaster management and International Health Regulations. It also analyses the main actors involved in Covid-19 response and recovery in Africa.

Key among these actors is the Africa Centres for Disease Control (Africa-CDC) was established in January 2017, to strengthen the capacity of Africa's public health institutions and partnerships to detect and respond quickly and effectively to disease threats and outbreaks, based on data-driven interventions and programmes.¹ Africa-CDC is the first public health institute mandated to harmonise infectious disease surveillance and control in African countries. Working in collaboration with regional Centres for Disease Control,² Africa-CDC collaborates with other AU organs and member states to coordinate the response to Covid-19 and future pandemics, in collaboration with the World Health Organization and other global and continental bodies. Africa-CDC established the African

Taskforce for the novel coronavirus to coordinate the response to the pandemic across the continent.

This report notes that Africa's experience with infectious disease outbreaks and pandemics such as Ebola virus disease (EVD) or Ebola, and the human immunodeficiency virus (HIV) contributed to the swift response by African states to implement a raft of stringent measures to prevent their healthcare systems from being overwhelmed. African governments moved with commendable speed to implement measures at early stages of Covid-19 detection within their borders to restrain widespread disease and counter its adverse effects.

This study further reveals that in Africa the primary strategies for Covid-19 responses are measures to limit transmission, delay the peak of outbreaks, strengthen health systems to better manage the surge of patients and enable communities to better adapt to the disruption of social, cultural and economic activities.³

Africa's sense of urgency at news of the Covid-19 pandemic inspired calls for a coordinated, rapid and collective response to curb the spread of the virus and mitigate its devastating effects. Under the chairmanship of South African president, Cyril Ramaphosa, the AU mobilised health ministers before the first case was reported on the continent, predicated by fears that the virus would overwhelm fragile health systems and economies. AU ministers of health held an emergency meeting in Ethiopia on 22 February 2020 and adopted a joint strategy to combat the coronavirus.⁴

At the highest level of state and policy making, the AU established task forces at the level of the AU Bureau of the Heads of State and Government and at ministerial level in health, transport, finance, trade and industry, the AU set up the Africa Covid-19 Response Fund and called for debt rescheduling and debt cancellation for African countries.

1 Africa-CDC was established in January 2017 after an Ebola outbreak in West Africa from 2014 to 2016. African Union heads of state and government recognised the need for a specialised agency to support AU member states in their efforts to strengthen public health systems and to improve surveillance, emergency response and prevention of infectious diseases.

2 These include the Central Africa, Eastern Africa, West Africa, North Africa and Southern Africa Regional Centres for Disease Control or Regional Collaborating Centres.

3 Africa-CDC, Press release – Multi-Sectoral Task Force on Trusted Travel and Safe Re-Opening of Borders to foster Saving Lives, Economies, and Livelihoods on the African Continent. <https://africacdc.org/newsitem/multi-sectoral-task-force-on-safe-re-opening-of-borders-to-foster-saving-lives-economies-and-livelihoods-on-the-african-continent/>

4 Africa CDC and the AU, The Africa Joint Continental Strategy for Covid-19 Outbreak, 5 March, 2020 (Addis Ababa: Africa CDC and AU, 2020), <https://africacdc.org/download/africa-joint-continental-strategy-for-covid-19-outbreak/>.

During a virtual consultation with the AU Bureau of the Heads of State and Government, Ramaphosa was urged to seek the support of G20 countries for a large economic stimulus package, including debt relief, interest waivers and deferred payments.

Additionally, the AU appointed four Special Envoys to help raise resources for Africa's Covid-19 efforts from G20 states, international organisations, other donors and African businesses.⁵ The AU Special Envoys on the Covid-19 Funding mechanism were tasked with securing debt relief of US\$44 billion, in addition to seeking a blanket suspension of interest payments for all African states and a stimulus package of between US\$100 billion and US\$150 billion. Additionally, the Africa Centres for Disease Control (Africa-CDC) established the Africa Taskforce for Coronavirus (AFTCOR), which strengthened the continent to amplify its preparedness and strengthen its response measures for COVID-19.

Furthermore, AU institutions such as the African Peer Review Mechanism (APRM) Secretariat, the AU Women, Gender and Development Directorate (AUWGDD) and the AU Special Envoy on Women, Peace and Security, Bineta Diop, held virtual meetings and published reports on early efforts to combat the pandemic. Various AU organs, including the African Commission on Human and Peoples' Rights, reflected on the continental Covid-19 response, which was critical in shaping a more targeted, inclusive, gender-responsive approach.

The AU, regional economic communities (RECs) and regional mechanisms (RMs), as well as member states, worked together to lay the foundation for sustained prevention efforts with Africa-CDC pivotal to mounting a continental approach to the effects of Covid-19. By May 2020, at least 42 AU member states had adopted measures to contain the pandemic, in some cases before their first Covid-19 case.⁶ Governments also established and activated emergency administrative and governance structures to coordinate tailored responses to the pandemic. For example, by 15 March 2020, several AU member states had implemented lockdowns and curfews and had closed their national borders and ports of entry to stop the spread of the virus.

On 27 March 2020, South Africa implemented one of the strictest lockdowns on the continent, which included forbidding people to leave their homes

except to seek medicine or medical care, buy food and supplies or collect social grants. The sale of alcohol and cigarettes was also prohibited. These measures were partly credited for cutting the infection rate from 42 to 4 per cent.⁷

Kenya's response was characterised by prompt adaptation to arising situations. The Government of Kenya opened a quarantine centre in Nairobi for suspected cases, prolonged the lockdown in regions with high rates of incidence and opened up those with lower case rates. Popular crowded markets were closed and traders were relocated to smaller markets in less populous areas. The government also trained rapid response teams in all its counties, ensuring that these personnel could respond in the case of an outbreak.

In addition to lockdowns, more than 45 African countries promoted evidence-based prevention interventions, such as social distancing, wearing of masks, use of sanitisers, and handwashing. Prevention guidelines were communicated via social media channels and traditional media, such as radio, and used community healthcare workers to raise public awareness about the virus and prevention measures.

While quick actions such as these bought time for member states as the pandemic first began its spread in Africa between February and June 2020, the negative socioeconomic impact and lack of public support and adherence to these measures during subsequent waves has been widely documented.

The second and third waves of the Covid-19 pandemic in Africa, from December 2020 to May 2021 and June to September 2021 respectively, have demonstrated that enforcing regulations alone will not guarantee adherence.⁸ Adherence requires holistic efforts that address the threats to public health as well as the attendant socioeconomic consequences of the pandemic and the measures taken to contain it.

The governance and legal instruments examined in this study are aligned to the UN's international disaster risk reduction framework, the Sendai Framework for Disaster Risk Reduction 2015–2030 (Sendai Framework) and the International Health Regulations (IHR). These are subject to the Constitutive Act of the African Union, and neither are legally binding. The Sendai Framework has contributed immensely to

5 Ngozi Okonjo-Iweala of Nigeria, Donald Kaberuka of Rwanda, Tidjane Thiam of Senegal and Trevor Manuel of South Africa.

6 UNECA, COVID-19 for Africa: Lockdown exit strategies

7 South African president, Cyril Ramaphosa, during a national address in April 2020. For details, see CNBC News, South Africa extends lockdown but offers roadmap for reopening (cnbc.com)

8 Salyer, S.J., Maeda, J., Sembuche, S., Kebede, Y., Tshangela, A., Moussif, M., Ihekweazu, C., Mayet, N., Abate, E., Ouma, A.O. and Nkengasong, J., 2021. The first and second waves of the COVID-19 pandemic in Africa: a cross-sectional study. *The Lancet*, 397(10281), pp.1265-1275.

the focus on disaster risk management (DRM) in the implementation of the global framework for disaster risk reduction (DRR) in Africa.

This study shows that although a significant amount of legislation has been adopted by several African countries since 2005 to strengthen the focus on disaster risk reduction, notable gaps remain, particularly in reference to the checklist of the Sendai Framework which sets out clear roles and responsibilities for agencies and the various levels of government, establishes funding and accountability mechanisms, and regulates private behaviour that might increase disaster risks. Almost all African Union member states have disaster management structures that undertake national activities, sometimes with assistance from international organisations and cooperating partners.

The eight strategic goals and four priority areas of the Sendai Framework correspond with the priorities of the Africa Regional Strategy for Disaster Risk Reduction (ARSDRR),⁹ the common and comprehensive framework around which to organise assessment of the extent of mainstreaming of disaster risk reduction at regional, subregional and national levels. Although the DRC, Kenya and Nigeria have prioritised and integrated disaster risk management policies and laws, there is still considerable potential for other countries to give these policy and legal frameworks higher priority with respect to their implementation.

Despite the advances cited above, by and large, the Africa continent still lacks a comprehensive legal and institutional framework to guide a common approach to disaster response. African states responded to the Covid-19 pandemic through a variety of institutional frameworks. Some countries set up committees while others set up task forces; others established disaster response departments, and so on. Likewise, African states have dealt with the issues raised in the Sendai Framework checklist in different ways: some have opted for policies, plans and strategies rather than laws or regulations.

The lack of a comprehensive continental legal and institutional framework also affects the ability to make timely decisions and take appropriate measures in the areas of research, knowledge production and dissemination, disease surveillance, evidence-based decision-making, vaccine production, testing and administration, amongst others concerns. Another important finding of this study is that most disaster management legislation and policy is not gender sensitive and gender inclusive, in that it fails to recognise the disproportionate burden disaster places on women.

⁹ African Union Commission and NEPAD, 2004. Africa regional strategy for disaster risk reduction.

The adoption of legislation and policies around disaster management demonstrates the levels of political will and commitment to the implementation of disaster risk reduction among AU member states. AU member states also concede that prevention and reduction of disaster risk is a legal obligation that requires proper risk assessment, establishment of early warning systems and the right to access risk information to achieve disaster risk management core objectives of preparedness, mitigation, response, rehabilitation, and recovery.

Although the Covid-19 response and recovery strategies adopted by AU member states are integrative, multisectoral and multidisciplinary, much needs to be done to ensure that African citizens are cushioned from the social, economic and political effects of the pandemic. More effort is needed to strengthen the capacity of AU member states to mitigate the impact of the pandemic on lives, livelihoods and economies. Covid-19 response and recovery plans often include core elements that seek to minimise vulnerabilities throughout society.

Countries like Democratic Republic of Congo, Egypt, Kenya, Nigeria, and South Africa have aligned their Covid-19 response and recovery plans to the concept of governance and disaster risk management as suggested in the Sendai Framework and International Health Regulations. The responses from these countries represent a deliberate integrative governance approach aimed at building resilience and promoting sustainable livelihoods among vulnerable individuals, households, communities and economies.

Although the various disaster risk reduction policy frameworks attempt to ensure policy action consistency, despite differences in the characteristics of the policies and strategies, the plethora of policy instruments on disaster risk reduction testifies to the peculiar regional, national and local risk situations. Some countries have non-integrative disaster risk reduction strategies while others have adopted integrative strategies that link across sectors and stakeholders.

SUBREGIONAL STRATEGIES

At a subregional level, there is evidence that regional economic communities (RECs) and regional mechanisms (RMs) have adopted legal and institutional frameworks to guide a common approach to disaster response by African states. The Intergovernmental Authority on Development (IGAD), East African Community (EAC), Southern Africa Development Community (SADC), Economic Community of West African States (ECOWAS), Economic Community of Central African States (ECCAS), North Africa (i.e. the Arab Maghreb Union [UMA], Egypt, and the

Sahrawi Arab Democratic Republic) have institutional mechanisms to provide strategic direction to member states on disaster risk reduction strategies and coordination of interstate initiatives. The EAC, ECCAS, SADC, IGAD and ECOWAS have developed strategies for disaster risk management or disaster management. In the IGAD and SADC regions these have been in place since the early 2000s and have been reviewed to accommodate developments like Covid-19.

RECs and RMs have taken several initiatives to anticipate and mitigate the health and socio-economic effects of Covid-19. These include the AU's Africa Joint Continental Strategy; IGAD's Emergency Fund Against Covid-19; COMESA's common guidelines for safe trade during Covid-19; and EAC's post-Covid-19 economic recovery plans.

TRACKING WITH TECH

The EAC invested in a regional electronic cargo and drivers tracking system (RECDS) to track Covid-19 cases across borders and enable EAC countries to digitally share the Covid-19 test results of truck drivers and quarantine and treat those who are infected. This innovation in cooperative governance was based on designing effective surveillance mechanisms to prevent the spread of the virus. Technology enabled the member states of the EAC to develop transparent modes of monitoring the pandemic.

The RECDS not only creates a channel for transparent information sharing but also maximises the use of scarce resources needed for testing essential workers who may have the virus but are asymptomatic. The system allows for expedited treatment of infected individuals and is integral to strategies adopted by the Regional Taskforce on Covid-19 (previously known as the East African community response unit), which comprises EAC partner states, to continue to improve the region's response capacity on disease prevention, safety, and surveillance at border points.

NATIONAL MECHANISMS

At national level, countries moved swiftly to curb the spread of the coronavirus by imposing lockdowns, curfews and movement restrictions and promoting social distancing to protect vulnerable groups like the elderly and those with underlying medical conditions (i.e., comorbidities) and in so doing delay an increase in cases that would have compromised the availability of hospital beds. Slowing the spread of the virus would also help to mitigate the economic impact of Covid-19 on livelihoods and economies.

This study found that AU member states use existing or new legal and institutional mechanisms aligned to strategic priorities and principles of the Sendai Framework and the International Health Regulations

to limit and contain the spread of the pandemic. These mechanisms focus on legal and institutional measures; disease prevention and containment; social and humanitarian measures; and, fiscal and monetary measures.

SOCIOECONOMIC OUTCOMES

The pandemic has affected lives and economies. Covid-19-related border closures, paired with locust infestations and extreme weather, threatened food production and led to surging prices. Informal workers, who account for a significant portion of workers in Africa, have borne the brunt of the crisis. Youth are also extremely vulnerable; some may find themselves pushed into crime, violence or extremism. It has also been noted that the pandemic has had far-reaching economic consequences for women and girls.

The economic slowdown caused by lockdowns, curfews, trade and movement restrictions has affected government effectiveness and resulted in political tensions in South Africa, Nigeria and the DRC, among others. The pandemic has also had an impact on service delivery because governments have had to downsize to adhere to social distancing protocols. During lockdowns in some countries, non-essential government workers were tasked with working remotely or were placed on administrative leave, leading to most public services being temporarily halted or severely restricted.

In addition, movement restrictions and lockdowns have been accompanied by an increase in gender-based violence. Increases in child marriage, teen pregnancy and school drop-out rates have also been recorded.

In addition to the economic impact of social distancing and movement restrictions, already weak healthcare systems and limited human and financial resources have been amplified by the pandemic, which affects the capacity of the state to sustain its citizenry. Health systems, already constrained by limited resources, are now under increased scrutiny in the light of the pandemic. Most African health systems have a shortage of doctors and nurses and rely on imported medical equipment and medicines. The pandemic has contributed to the neglect of basic health delivery, in addition to peripheralising other communicable diseases such as tuberculosis. It has also been noted that the pressure of Covid-19 on healthcare systems undermines access to sexual and reproductive health and rights. Movement restrictions have also affected access to maternal and newborn care services.

Although the Covid-19 responses of many African countries is proactive and agile, movement restrictions to prevent exported cases and contain transmission within and across countries have had massive socioeconomic, political and social impacts. The pandemic has demonstrated that a social contract

between the state and citizens is crucial, even in the context of managing disasters.

In many countries, including Nigeria, Kenya, Uganda and South Africa, there were demonstrations in the wake of the pandemic in response to movement restrictions or perceived excessive force by law enforcement authorities. In other instances, vendors and informal traders protested loss of livelihoods and growing food insecurity exacerbated by movement restrictions and mandated closure of businesses.

LESSONS FROM PAST CRISES

The study also found important lessons from previous health crises. Data disaggregation, for example, may provide a more nuanced insight into the disproportionate impact of Covid-19 on women and girls, are which may not be included in national statistics on Covid-19 incidence.

The five AU member states included in this study did not provide gender-disaggregated data on morbidity and mortality related to Covid-19. Analyses of the broader impacts of the pandemic and the public health

measures put in place to control its spread on women and girls should be encouraged.

ACTORS

Finally, the study identified the many actors in Covid-19 response and recovery in Africa. The main actors in the Covid-19 pandemic work with disaster risk reduction authorities and agencies, particularly the United Nations, World Health Organization (WHO), International Monetary Fund (IMF), African Development Bank (AfDB), the International Federation of the Red Cross and Red Crescent Societies, civil society organisations (international and national), and academic, scientific, research and technological institutions and networks.

Other international organisations, including faith-based organisations, community practitioners, youth, women's groups, private sector and professional associations and the media have contributed to encouraging and strengthening joint collaborative actions with governments seeking to contain and mitigate the impact of Covid-19.

CHARACTERISTICS OF AN INTEGRATED DISASTER GOVERNANCE FRAMEWORK

An integrated disaster governance management framework as a key component of preparedness for, response to and recovery from Covid-19 is recommended. The integrated framework should be characterised by:

- Evidence-based information disaggregated by gender at continental, regional and national levels;
- Community engagement when developing law;
- Development of an inclusive stakeholder's legislation on disaster management laws;
- Integration of laws dealing with public emergencies;
- Comprehensive multi-sectoral planning and frequent review of legislation;
- Use of the legal checklist in disaster management legislation;
- Political commitment as a matter of law; and,
- Flexible drafting of legislation on disaster management.



0-19

million people

WHAT IS IT?



TRANSMISSION



PREVENTION



CHAPTER 1:

INTRODUCTION

The unprecedented crisis triggered by the outbreak of the novel coronavirus SARS-CoV-2, referred to here as Covid-19, has intensified risks to socioeconomic systems and has revealed a governance deficit in the disaster risk management architecture on the African continent. The Mo Ibrahim Foundation, which created the Ibrahim Index of African Governance (IIAG) and other indices that measure and monitor governance performance in African countries, defines governance as ‘the provision of political, social and economic public goods and services that every citizen has the right to expect from their government, and that a government has the responsibility to deliver to its citizens.’¹⁰

In the context of the Covid-19 pandemic, governance describes authority, decision-making, participation and accountability. It also defines how programmes and interventions are selected, implemented, managed and enforced.

The Covid-19 pandemic has demonstrated the importance of governance in designing response measures and that public health is a social good that needs to be codesigned by state and society. Although AU member states acted swiftly to ‘flatten the curve’, critics have challenged some of Africa’s Covid-19 responses, noting that the default governance orientation for state–society relations is predominantly disciplinary and coercive.

The Covid-19 pandemic has resulted in increased numbers of people without access to primary health care and food. At a secondary level it has exacerbated gender-based violence; and at a tertiary level has driven economic recession in many countries, owing to the limited fiscal space to respond to the crisis. The extent to which the gains made by the Sustainable Development Goals and Africa Agenda 2063 are now challenged by losses resulting from the impact of Covid-19 on the economy and on livelihoods is yet to be determined.

It is slowly emerging that the short-term impact of Covid-19 on African economies will have a lasting long-term effect on human development and human security. There is overwhelming evidence of negative effects on social investments, particularly in the areas of health, gender-based violence and education and limited investment opportunities resulting in unemployment and loss of income. The pandemic has also been accompanied by the amplification of cases of gender-based violence, and spikes in the incidence of child marriage and teen pregnancy.

Covid-19 risk reduction and human development are inseparable goals. Mitigating the effects of Covid-19 is critical for vulnerable populations in Africa. The consequences for human development and economic growth call for an integrated disaster management and governance framework that directs disaster risk reduction, recovery and rehabilitation efforts.

This study interrogates the extent to which Covid-19 governance responses at continental, regional and national levels in Africa are derived from international disaster risk reduction frameworks, the International Health Regulations (WHO), and their implications for Agenda 2063 (The Africa we want), the UN’s SDGs and the APRM governance framework.

1.1 CONTEXTUAL ANALYSIS

An epidemic of Covid-19, an infectious disease caused by the SARS-CoV-2 virus, broke out in Wuhan, China in December 2019 and quickly spread to various parts of the world.

On 7 May 2020, the World Health Organization (WHO) projected that between 29 million and 44 million Africans were likely to be infected in the first year of the pandemic. An additional 3.6 to 5.5 million would need to be hospitalised, 82 000 to 167 000 of which would be severe cases requiring oxygen and 52 000 to 107 000 critical cases requiring breathing support. Estimated fatality rates of 0.66 per cent were much lower than the current rates of 3.1 per cent. As many as 470 000 people on the continent would be infected with Covid-19; the difference 370 000 are likely those unaccounted for due to limited testing.

1.1.1 Infection rate and fatalities

The first case recorded on the African continent was in Algeria on 14 Feb 2020. The virus soon took hold in Kenya and other countries, notably Egypt, South Africa and Morocco.

Distinct trends and patterns have emerged since. First, in a global comparison, comparatively lower numbers of Covid-19 infections and deaths have been reported in all five regions on the continent – Central Africa, East Africa, North Africa, Southern Africa and West Africa. As at 27 October Covid-19, Africa Centres for Disease Control and Prevention (Africa-CDC)¹¹ reported a total of 1 728 682 Covid-19 infections and 41 623 deaths in 55 African Union (AU) Member States. The number of infections represents 4 per cent of all cases reported globally.¹²

Of the countries actively reporting Covid-19 epidemiological data, 13 report case-fatality rates higher than the global rate of 2.7%. The countries include Sahrawi Arab Democratic Republic (7.1%), Chad (6.7%), Sudan (6.1%), Liberia (5.8%), Egypt (5.8%), Niger (5.7%), Mali (3.8%), Algeria (3.4%), Gambia (3.3%), Sierra Leone (3.2%), Malawi (3.1%), Zimbabwe (2.9%) and Angola (2.8%). The countries with the highest incidence (Covid-19 cases per 100,000 population)

11 Africa-CDC is a public health institution established by the African Union to support the public health initiatives of Member States and strengthen the capacity of their health institutions to deal with disease risks.

12 Outbreak Brief 41: Coronavirus Disease 2019 (COVID-19) Pandemic (<https://africacdc.org/download/outbreak-brief-41-coronavirus-disease-2019-covid-19-pandemic>)

during the week 19-25 October 2020 were Libya (110), Cabo Verde (107), Morocco (57), Tunisia (49), Botswana (26), South Africa (21) and Namibia (14).¹³

1.1.2 How Covid-19 has affected healthcare systems in Africa

The pandemic has also had a significant impact on the continent's healthcare systems. The closure of many in-person health facilities, coupled with the rising need for Covid-related care, has placed significant pressure on health workers, processes and infrastructure, which has, in turn, hampered the ability of healthcare systems to provide critical primary or secondary health services to populations in need. Furthermore, the continent is still vulnerable to the coronavirus; some countries are witnessing a third wave of the pandemic. Vigilance must be maintained to ensure that the pandemic is contained.

1.1.3 Economic and socioeconomic effects

The impact on economies is far more severe than the impact of the pandemic on public health. Even with appropriate policy measures in place, the impact on Africa's economies remains deep and severe. The UN Economic Commission for Africa (UNECA) estimates that, in a best-case scenario, Africa's average GDP growth for 2020 is likely to decrease by 1.4 percentage points; in the worst-case scenario, Africa's economy will contract by close to 2.6 per cent. A drop in real per capita GDP of 3.9 per cent translates into a projected 5 million to 29 million people relegated to extreme poverty and erasure of five years of poverty-reduction gains.¹⁴ The World Bank has projected that Covid-19 will cost sub-Saharan Africa between US\$37 billion and US\$79 billion in output losses for 2020 'due to a combination of effects'. These effects include: '... trade and value chain disruption, which impacts commodity exporters and countries with strong value chain participation; reduced foreign financing flows from remittances, tourism, foreign direct investment, foreign aid, combined with capital flight; and through direct impacts on health systems, and disruptions caused by containment measures and the public response'.¹⁵

The Covid-19 pandemic has had devastating consequences on global, regional and national economies. Within the African continent, economies suffered due to trade and movement restrictions. For example, reduced demand for travel caused oil prices to drop to their lowest level. The impact of the pandemic

13 Ibid

14 United Nations Economic Commission for Africa, 2020. Covid-19 in Africa: protecting lives and economies.

15 World Bank, 2020. Covid-19 (Coronavirus) Drives Sub-Saharan Africa Toward First Recession in 25 Years. <https://www.worldbank.org/en/news/press-release/2020/04/09/covid-19-coronavirus-drives-sub-saharan-africa-toward-first-recession-in-25-years>

on major oil exporters such as Algeria, Libya, Nigeria, Angola, Congo, Gabon and Equatorial Guinea, has been deep and enduring in the short and medium terms. In countries like Ethiopia, the pandemic threatens to upend economic progress hard-won over the past few decades, ultimately pushing many people back into poverty.

The World Bank has predicted that half of the new poor will be in five countries: Democratic Republic of Congo, Ethiopia, Kenya, Nigeria and South Africa; Nigeria is expected to contribute 6.6 million to this estimate. Various policy measures introduced to cushion the effects of the pandemic on health systems are having a devastating effect on lives, livelihoods and the national economies. Lockdowns, curfews and movement restrictions have hindered people from earning income to support their families, particularly in urban areas where informal economic activities are a key income source.

The pandemic is also compounded by existing conditions of vulnerability, such as people who live in unfavourable conditions in major cities, and internally displaced persons (IDPs) and refugees. Ethiopia, Kenya, Uganda and Tanzania are the leading refugee-hosting countries in Africa, with many refugees fleeing fighting and instability in neighbouring countries which include Eritrea, Sudan, South Sudan and Somalia. Refugee camps and informal settlements have also suffered the consequences of the pandemic.

Vulnerable groups such as women, the rural poor and youth, bear the brunt of socioeconomic consequences of the pandemic. The crisis is severely disrupting youth livelihoods, access to education and employment, and participation in governance processes, decision-making and public life. It is envisaged that the long-term impact of the crisis will include increased levels of youth unemployment and will exacerbate their vulnerability and exclusion. Conversely, the crisis could also activate youth agency by encouraging innovation and promoting intergenerational solidarity.

1.1.4 A threat multiplier

The pandemic is a threat multiplier. It is not the only disaster African countries are facing. Some countries must contend with cyclones, floods, droughts and locust invasions and myriad other disasters. In 2020, the Horn of Africa and parts of east Africa were hit by a combination of disasters, including a major locust infestation and massive flooding triggered by heavy rains. Travel and movement restrictions put in place to slow down the spread of Covid-19 also had the unforeseen effect of hampering efforts to combat the locusts that ravaged crops in these regions. Ultimately, the situation arising from a combination of pandemic, locusts and floods, deteriorated into a humanitarian crisis in countries like Somalia, Kenya and Ethiopia.

1.1.4 Response strategies

African heads of state and governments set up a high-level task force at continental and national levels to coordinate preparedness and response strategies to contain the spread of the virus. This high-level policy intervention launched the Africa Centres for Disease Control and Prevention (Africa-CDC) to the forefront of the response in providing timely statistics and developing policy guidelines on the virus. The AU and Africa-CDC developed policy guidelines on the recommendation for Stepwise Response to Covid-19 for AU Member States, and a Guidance on Community Physical Distancing During Covid-19 Pandemic, among others.

AU member states employed existing or new disaster risk governance mechanisms to limit and contain the spread of the pandemic. Governance mechanisms are in four focus areas: legal and institutional measures; disease prevention and containment measures; social and humanitarian measures; and, fiscal and monetary measures.

At the continental level, the policy response strategy to Covid-19, which focuses on containment and mitigation, is informed and aligned with the Sendai Framework and the Africa Regional Strategy for Disaster Risk Reduction (ARSDRR). On 22 February 2020, African health ministers adopted the Africa Joint Continental Strategy for Covid-19 to coordinate efforts of member states, African Union agencies, WHO, and other partners, to ensure synergy and minimise duplication; and to promote evidence-based public health practice for surveillance, prevention, diagnosis, treatment, and control of Covid-19.

Strategies to achieve the stated objectives include rapid diagnosis and isolation of infected persons, quarantining after exposure, and social distancing in the general population. Rigorous infection prevention and control practices in healthcare facilities and other high-risk congregate settings, such as schools, prisons, stadiums, transportation hubs, offices, shopping malls, and religious congregations were included to limit transmission and minimise harm. Healthcare facilities restricted hospital admission to infected persons who required a higher level of care, such as intravenous antibiotics, oxygen, ventilator or haemodynamic support, and management of complex comorbid conditions.

The responsibility of implementing the strategy rests on the Africa Task Force for Coronavirus (AFTCOR) and the Africa-CDC's incident management system. In February 2020, Africa-CDC established AFTCOR, focused on six pillars: 1) enhanced surveillance; 2) laboratory testing and subtyping; 3) risk communication and community engagement; 4) logistics and supply chain management; 5) infection prevention and control; and 6) case management.

AFTCOR's tasks include pooling the continent's technical expertise, reviewing latest evidence and best practices, providing policies and technical recommendations to inform public health actions on Covid-19, and ensuring continent-wide coordination of preparedness and response. The strategy was further endorsed at the meeting of African heads of state and government to facilitate cooperation, collaboration, coordination and communication related to Africa's Covid-19 response. This endorsement demonstrates the political will needed for an effective response to Covid-19.

The joint continental strategy was also supported by international health agencies and development partners. In February 2020, the Bill and Melinda Gates Foundation committed US\$20 million to help strengthen emergency operation centres, effective surveillance and contact tracing and isolation. The Ethiopian government and Jack Ma Foundation provided medical supplies, including diagnostics and equipment to each of the 55 countries in Africa.

In April 2020, the AU chair announced the African Union Covid-19 Response Fund, which supported Africa-CDC in equipping, training and advising public-health and healthcare delivery systems in Africa. This fund supported Africa-CDC's pooled procurement of diagnostics and other medical commodities via the partnership to accelerate Covid-19 Testing (the 'PACT initiative'). PACT has brought partners together as a collective to expand testing, contact tracing and treatment of Covid-19 cases across Africa. In November 2020, the African Development Bank (AfDB) approved a grant of US\$27.33 million to Africa-CDC. These collaborative partnerships have contributed to the increase in testing, evidence-based policy-making and partnerships with health agencies in the subregional economic blocs for further alignment and synergies of policy response.

1.1.6 Gender dimensions of the response strategy

Furthermore, noting that Covid-19 disproportionately affects women, including young women and girls, particularly the vulnerable and those living in crises and conflict affected countries, the AU sought to ensure a gendered perspective in the analysis and response to the pandemic.

The AU Guidelines on Gender-Responsive Responses to Covid-19¹⁶ adopted in June 2020, acknowledge the multi-dimensional, differential, multiple and complex ways in which the pandemic affects women. These guidelines align with instruments such as the United Nations Security Resolution on Women Peace and Security (UNSCR 1325), the Protocol to the African Charter on Human and Peoples' Rights on the Rights

of Women in Africa, i.e., the Maputo Protocol on the Rights of Women (2003) and the Solemn Declaration on Gender Equality in Africa (SDGEA), adopted in 2004. These legal and policy instruments are designed to ensure that women are integrated into Covid-19 DRR decision-making processes. The AU Guidelines complement existing AU responses under the coordination and leadership of Africa-CDC.

1.1.7 Challenges

Despite best efforts on the policy front, at continental and national levels, policymakers are having to confront the uncertainties of Covid-19 with state emergencies, lockdowns, restrictions on movement, social distancing, closure of international borders and travel bans – unfriendly policy measures taken with the best of intentions.

Many countries on the continent do not have the necessary legal and emergency preparedness policy frameworks to manage a pandemic; where legal and institutional frameworks exist, they are often not aligned to existing international and continent regulations for disaster management, including governance of public-health-related issues.

It is against this background that the APRM conducted a comprehensive study to assess the link between national and international frameworks for disaster management and public health governance in the context of the Covid-19 pandemic in Africa. The study maps out the legal and policy environment – including adoption, adherence and implementation of relevant legal and policy frameworks and analyses and how these legal and policy frameworks were relevant to preparedness for, response to and recovery from the Covid-19 pandemic among African Union member states.

The backdrop for this study is the preliminary study published by APRM on Africa's governance response to Covid-19,¹⁷ which is anchored on four thematic areas:

- Legal and institutional mechanisms;
- Disease prevention and containment;
- Social and humanitarian measures; and,
- Economic and fiscal measures.

The study concludes that an effective governance response is key to enhancing the effectiveness of initiatives in public health, biomedical, economic and social spheres.

16 African Union, 2020. AU Guidelines on Gender-Responsive Responses to Covid-19.

17 African Peer Review Mechanism, 2020. Africa's Governance Response to Covid-19.

1.2 OBJECTIVES AND SCOPE OF THE STUDY

1.2.1 Objectives of the study

The study objectives are to:

- **Enumerate and analyse** international and national policies for disaster management and public health governance;
- **Assess** African Union member states' adoption and coherence with international and continental codes and standards for disaster management and International Health Regulations; and,
- **Evaluate** the role of main actors involved in disaster management and international health governance.
- **Explore** and propose the principles, guidelines and parameters for an integrated framework consolidating disaster management and international health regulations for pandemics

The study is guided by the Sendai Framework for Disaster Risk Reduction 2015–2030, WHO International Health Regulations (IHR 2005) and the APRM governance framework in the context of strengthening partnerships and collaboration for disaster risk governance for prevention, mitigation, preparedness, response, recovery and rehabilitation.

1.2.2 Scope of the study

Based on the need to understand governance of disaster and public health, especially the Covid-19 pandemic at the global, African continental, regional and national levels explicated above, the scope of the study is to:

- Assess the Covid-19-related key public policy provisions in the United Nations Disaster Risk Reduction (UNDRR) framework, the WHO International Health Regulations (IHR 2005), the health governance dimensions of Agenda 2063, UN SDGs, African Charter on Democracy Elections and Governance (ACDEG) and the APRM governance framework across all AU member states;
- Map the disaster management and international health regulation policy coordination and strategy implementation arrangements employed to address the Covid-19 pandemic at continental, regional and national levels;
- Examine the legal, policy and institutional frameworks to determine which of the four strategic actions in the Sendai Framework are effectively integrated into Africa's response to Covid-19;
- Outline emerging and existing national responses and architecture on the pandemic, including assessment of operations in place to respond to the Covid-19 pandemic;
- Analyse how governments are relating to citizens, and informing and involving them in the Covid-19 disaster-management process; and,
- Analyse accountability in responses of African governments to the pandemic.

1.3 QUESTIONS GUIDING THE STUDY

The key research questions this study aims to answer are:

- Has the AU fostered collaboration across global and regional mechanisms and institutions for the implementation and coherence of instruments and tools relevant to disaster risk reduction, such as for climate change, biodiversity, sustainable development, poverty eradication, environment, agriculture, health, food and nutrition and others, as appropriate?
- Has the AU promoted transboundary cooperation to enable policy and planning for the implementation of ecosystem-based approaches with regard to shared resources, such as within river basins and along coastlines, to build resilience and reduce disaster risk, including epidemic and displacement risk?
- Has the AU promoted international voluntary mechanisms for monitoring and assessment of disaster risks, including relevant data and information among AU member states?
- Have the national governments of AU member states mainstreamed and integrated disaster risk reduction into and across all sectors and reviewed and promoted the coherence and further development of national and local frameworks of laws, regulations and public policies?
- Have AU member states adopted and implemented national and local disaster risk reduction strategies and plans, across different timescales, with targets, indicators and time frames, aimed at preventing the creation of risk, the reduction of existing risk and the strengthening of economic, social, health and environmental resilience?
- Have AU member states established government coordination forums composed of relevant stakeholders at national and local levels, such as national and local platforms for disaster risk reduction, and a designated national focal point for implementing the various global, continental, regional frameworks for disaster risk reduction and public health governance?
- Have AU member states updated laws and regulations to ensure an adequate focus on disaster risk management?
- Have AU member states established appropriate, mechanisms to follow up, periodically assess and publicly report on progress on national and local plans; and promote public scrutiny and encourage institutional debates (including by parliamentarians and other relevant officials, on progress reports of local and national plans for disaster risk reduction)?
- Have AU member states promoted accountability to citizens and oversight bodies, in addition to promoting accountable and transparent use of Covid resources, funds and infrastructure?

1.4 METHODOLOGY

The study used content and documentary analyses to account for the emerging nature of the Covid-19 pandemic and an appreciation that there is limited peer-reviewed literature on the linkages between Covid-19 and disaster-risk governance in Africa.

1.4.1 Content analysis

Content analysis involved a literature review of primary and secondary materials with a focus on instruments; international, continental charters, conventions and protocols, as well as national policy frameworks and legislation on governance response to disaster management and public health crisis. The legal, policy, strategy and institutional frameworks were reviewed and analysed to determine which of the four priority actions from the Sendai Framework are aligned with these instruments.

The study examined gaps in the legal and policy frameworks, the nature of governance institutional frameworks for public health crises during Covid-19 and the measures needed to ensure implementation of the key priority actions.

A checklist on disaster management approaches assessed the legal, policy and institutional framework, and determined the focus (i.e., drafting new laws or revision of existing laws and regulations) of Covid-19 interventions. The advantages of using the checklist in the legal analysis is that:

- There is a clear overview of the strengths and gaps in the existing legal framework, both in terms of the content of the legislation and its implementation;
- All priority areas to be addressed are identified to align the legal framework with the Sendai Framework; and,
- It strengthens dialogue and understanding between different actors involved in the regulation of disaster risk reduction.

A legal analysis of the following legal instruments was conducted: global disaster management and International Health Regulations frameworks, continental legal and policy frameworks, regional legal and policy frameworks and national legal and policy frameworks.

1.4.2 Documentary analysis

Documentary analysis of secondary literature focussed on the institutional mechanisms and processes governing and employed in disease prevention and containment measures, social and

humanitarian measures, and economic governance measures including fiscal measures.

The study relied on secondary data sources, especially from WHO, UNECA, Africa-CDC on trends for Covid-19 infection, AU, APRM internal research, key government reports/briefings, a rapid review of available national policy/programme documents, reports of international development agencies, national statistics agencies, professional research institutions and academic institutions and other secondary literature on Covid-19 responses in Africa.

The study also examined reports from international, continental and regional civil society organisations (CSO), which are critical to gaining national and regional perspectives on how populations are being impacted by the pandemic. The study used the Covid-19 Conflict and Resilience Monitor produced by the South African CSO, African Centre for the Constructive Resolution of Disputes (ACCORD), to assess Africa-wide responses to the pandemic and track trends in pandemic governance.

1.5 LIMITATIONS OF THE STUDY

A report of this magnitude on governance of crisis and disaster risk management of Covid-19 in Africa is multidisciplinary, multisectoral and multistakeholder. The pandemic is dynamic and our knowledge of its impact is still growing. As new data-driven insights emerge, what we know today may not be relevant tomorrow. There are thus dimensions of Covid-19 that this report did not address.

This study was aimed at contributing to the discussion around response and recovery intervention strategies from the perspective of governance and disaster risk management to assess alignment of continental, subregional and national level interventions with the international disaster risk reduction and International Health Regulations framework. It thus contributes to efforts to build Africa's resilience to Covid-19 and crisis or disasters broadly. The study drew from different sources of evidence including data from the WHO, Africa-CDC, Africa regional economic communities, national statistics, and policy pronouncements from AU member states. The wide range of sources offered vast stores of information for an in-depth analysis of governance and disaster risk management in the case of Covid-19 response and recovery in Africa.

Finally, this study is a desktop exercise conducted without the benefit of actual engagement with individuals, groups and officials.

1.6 OUTLINE OF THE REPORT

The report is divided into six chapters, as follows:

CHAPTER 1 INTRODUCTION

This chapter provides the background, objectives and methodology.

CHAPTER 2 HEALTH CRISIS AND DISASTER MANAGEMENT APPROACHES IN AFRICA: LANDSCAPE AND TRENDS

This chapter discusses the concept of disaster risk management as the underlying theoretical framework for understanding governance of crisis and disaster risk reduction. It maps out the various international, continental, subregional and national instruments including protocols, conventions, frameworks, policies and legal instruments guiding the Covid-19 response and recovery plans in five African Union (AU) member states.

CHAPTER 3 LEGAL, POLICY AND INSTITUTIONAL FRAMEWORKS

This chapter presents the legal interpretation of the institutional frameworks on disaster risk management in Africa.

CHAPTER 4 LEGAL ANALYSIS

This chapter provides the legal interpretations of the implementation of legislation for disaster management, frameworks and policies derived from the United Nations Disaster Risk Reduction (UNDRR) framework, the World Health Organization (WHO) International Health Regulations (IHR), the health governance dimensions of Agenda 2063, UN SDGs, ACDEG and the APRM governance frameworks.

CHAPTER 5 MAIN ACTORS IN AFRICA'S COVID-19 RESPONSES

This chapter provides an institutional and stakeholder analysis of the main actors driving the Covid-19 governance response and recovery in Africa.

CHAPTER 6 CONCLUSIONS AND RECOMMENDATIONS

The final chapter provides the key conclusions of the assessment and recommendations to enhance the governance response to Covid-19 response and recovery in Africa as analysed within the framework of international health regulations and disaster management. The chapter further presents a proposed integrated framework on governance for crisis and disaster management.



COVID-19
Confirmed cases per million people

WHAT IT IS?



CHAPTER 2

HEALTH CRISIS AND DISASTER MANAGEMENT APPROACHES IN AFRICA: LANDSCAPE AND TRENDS

At international, continental, subregional and national levels, policy frameworks have been established to guide preparedness to, and response and recovery from a disaster such as Covid-19, which is not just a public health disaster but a human disaster that affects every country in the world. This chapter explores the Covid-19 response and recovery interventions in five AU member states to demonstrate the extent to which these strategies are aligned to international, continental and sub-regional disaster risk reduction and International Health Regulations. The assessment presented in this chapter is premised on the concept of governance and disaster risk management, which calls for an adaptive integrated strategic approach to Covid-19 in Africa

2.1 UNDERSTANDING GOVERNANCE AND DISASTER RISK MANAGEMENT

Governance is defined by the United Nations Development Programme (UNDP) as the exercise of political, economic and administrative authority in the management of a country's affairs at all levels. It comprises mechanisms, processes and institutions through which citizens and groups articulate their interests, exercise their legal rights, meet their obligations and mediate their differences. Governance encompasses, but also transcends, government. It encompasses all relevant groups, including the private sector and civil society organisations.¹⁸

In this study, governance is defined as the sum of the many ways in which individuals, institutions, public and private sector regulate their affairs.¹⁹ However, the UNDP believes governance is the umbrella beneath which disaster risk reduction takes place, and should be dictated by the principles of good governance: broad participation, transparency, accountability, equity, rule of law, consensus orientation, efficiency and responsiveness.²⁰

Disasters include climate-related disasters like floods, drought and tropical cyclones which may be intensified by climate change; other natural disasters like earthquakes and volcanic eruptions; and, disease epidemics and outbreaks like HIV/AIDS and Ebola.

2.1.1 What is disaster risk governance?

Disaster governance, which is also referred to as adaptive governance or disaster risk governance,²¹ is a way to reduce disaster risk. The way in which a country manages disaster risk is a determinant of prosperity and sustainability and as such cannot be detached from broader governance issues.

Renn (2017) acknowledges that risk governance requires consideration of the legal, institutional, social and economic contexts in which risk is evaluated. Disaster risk management involves various actors and stakeholders in interacting networks making choices about risk and comprises a multifaceted group of actors, rules, conventions, processes and mechanisms that determine how relevant risk information is collected, analysed and communicated and how management decisions are taken.^{22 23}

Disaster risk governance has a normative element that informs how these actors and institutions deal with disaster risks. In this study, disaster risk governance refers to the ways in which public institutions, civil servants, media, private sector and civil society discharge their governance responsibilities and coordinate at community, national, regional and international levels to manage and reduce disaster risk and Covid-19-related risks. In practical terms, it relates to ensuring that sufficient legal and binding instruments, levels of capacity and resources are made available in a decentralised fashion, to prevent, prepare for, manage and enable recovery from disasters. It includes mechanisms, institutions and processes for citizens to articulate their interests, exercise their legal rights and obligations and mediate their differences).²⁴
^{25 26}

Thus, to successfully execute disaster risk governance requires accountable institutions, appropriately resourced local governments, functional judicial systems and low levels of poverty and social inequality.

The introduction of disaster governance into the domain of disaster risk reduction is an attempt to address two inherent weaknesses in the traditional approach to risk reduction.

18 United Nations Development Programme. 2015. Strengthening Disaster Risk Governance: UNDP Support During the HFA Implementation Period 2005-2015. UNDP.

19 Commission on Global Governance, 1995. Our global neighborhood: The report of the Commission on Global Governance.

20 United Nations Development Programme. Evaluation Office, 2010. Evaluation of UNDP contribution to disaster prevention and recovery. United Nations Publications.

21 Gall, M., S. L. Cutter, and K. Nguyen (2014). Governance in Disaster Risk Management (IRDR AIRDR Publication No. 3). Beijing: Integrated Research on Disaster Risk.

22 Renn, O., 2017. Risk governance: coping with uncertainty in a complex world. Routledge.

23 Renn, O., Klinke, A. and Van Asselt, M., 2011. Coping with complexity, uncertainty and ambiguity in risk governance: a synthesis. *Ambio*, 40(2), pp. 231–246.

24 Ibid

25 United Nations Development Programme. Evaluation Office, 2010. Evaluation of UNDP contribution to disaster prevention and recovery. United Nations Publications.

26 Van Niekerk, D., 2015. Disaster risk governance in Africa: A retrospective assessment of progress against the Hyogo Framework for Action (2000-2012). Disaster Prevention and Management.

First, the traditional approach divides disaster risk reduction into local, state and national, and sectors include different bureaucracies located within the state. Second, disaster risk management is seen from the perspective of agencies responsible for disaster emergency management with limited participation of other government departments, civil society organisations and corporate businesses. In this approach governance of risk is not considered part of everyday life, like planning, social development, investment or fiscal responsibility.

The function of the fundamental elements of disaster risk governance – norms, actors and practices – is to reduce the impact of, and losses from, natural, biological and technological disasters and other human-made disasters.

Norms include legal and policy frameworks and other mechanisms that promote collective action.²⁷ Van Niekerk (2015) defines disaster risk governance as the ways in which public authorities, civil servants, media, private sector and civil society coordinate at community, national and regional level, manage and reduce disaster and climate-related risks. According to Werg et al., (2013) the achievement of good disaster risk governance is possible when there is 'the existence of public capacities and local institutions designed to support vulnerability reduction measures'.²⁸ Current thinking on governance of disaster risk is that it cannot be separated from other types of risk, including that associated with Covid-19.

The disaster governance arena is not limited to government spaces, powers, processes and tools. It is about the coordinated engagement of all stakeholders, that is, governments, the private sector, the non-governmental sector and academia, at local, national and international levels. Important factors responsible for influencing disaster governance are stakeholder participation, cooperation and collaboration and flexibility.²⁹

2.1.2 A dynamic governance response to Covid-19

This study is conducted from the perspective of dynamic governance – the ways in which individuals and institutions, public and private, manage their common affairs in dealing with the Covid-19 pandemic.

A dynamic governance response to Covid-19 is built on the four categories of measures referred to in the Preliminary Study on Africa's Governance Response to Covid-19 conducted by the APRM – legal and institutional mechanisms, disease prevention and containment measures, social and humanitarian measures, and fiscal and monetary measures – which are also applied in this comprehensive study on governance and disaster management.

This study provides answers to the research questions posed in section 1.3 in the previous chapter. Thus, an analytical framework is derived from the conceptualisation of governance and disaster risk management based on the key principles and priority actions from international and continental disaster risk management which are clarified in this section.

The important components of disaster risk management identified from international and continental policy frameworks are: statutory and legal instruments; understanding disaster risks; adequate governance structures; human and financial resources; decentralisation of decision-making and implementation; political will; accountability; transparency; stakeholder involvement; collaboration; cooperation, flexibility; efficiency; responsiveness; predictability; participation; and planning to eliminate, reduce, prepare for and recover from disasters.³⁰

Actors include public institutions, the private sector, bureaucrats, legislators, civil society organisations and citizens.^{31 32}

The following section examines the governance dimension of the Sendai Framework for Disaster Risk Reduction 2015–2030 and continental policy frameworks on disaster risk management and International Health Regulations to locate the alignment of continental, subregional and national level Covid-19 responses to international policy frameworks.

27 Tierney, K., 2012. Disaster governance: Social, political, and economic dimensions. *Annual Review of Environment and Resources* 37, pp. 341–363.

28 Werg, J., Grothmann, T., Schmidt, P., 2013. Assessing social capacity and vulnerability of private households to natural hazards-integrating psychological and governance factors. *Natural Hazards & Earth System Sciences* 13.

29 Gall, M., S. L. Cutter, and K. Nguyen, 2014. Governance in Disaster Risk Management (IRDR AIRDR Publication No. 3). Beijing: Integrated Research on Disaster Risk.

30 Gall, M., S. L. Cutter, and K. Nguyen (2014). Governance in Disaster Risk Management (IRDR AIRDR Publication No. 3). Beijing: Integrated Research on Disaster Risk.

31 Djalante, R., 2012. Adaptive governance and resilience: the role of multi-stakeholder platforms in disaster risk reduction. *Natural Hazards and Earth System Sciences*, 12(9), pp.2923-2942.

32 Pelling, M., 2011. Urban governance and disaster risk reduction in the Caribbean: the experiences of Oxfam GB. *Environment and Urbanization*, 23(2), pp.383-400.

2.2 INTERNATIONAL POLICY FRAMEWORKS ON GOVERNANCE AND DISASTER RISK MANAGEMENT

Global health architecture was born out of a crisis. When the UN was formed 75 years ago, it was against the backdrop of the devastation of World War II: a global effort to unite the world around the common goals of peace and security.

The Charter of the UN signed on 26 June 1945 called for the establishment of a new international health organisation – the World Health Organization (WHO), which over the years has arguably emerged to build a healthier world.³³ The UN system strives to achieve the vision of a healthier world by facilitating international cooperation. The 1946 WHO Constitution gives WHO the mandate to negotiate international agreements on a plethora of health issues.

The International Health Regulations (IHR), the main WHO instrument governing pandemic threats, offers a framework to build the capacity of national health systems and strengthen WHO authority to respond to public health emergencies of international concerns.

Continental, regional and national level disaster risk management policy frameworks are predicated on international disaster risk reduction policy frameworks. Prominent are the International Health Regulations, World Health Organization (WHO), the Sendai Framework for Disaster Risk Reduction 2015 – 2030 (SFDRR);³⁴ the Sustainable Development Goals (SDGs); Global Action Plan for the Prevention and Control of Non-Communicable Diseases, 2013 – 2020; Global Compact for Safe, Orderly and Regular Migration; and, UN Agenda 2063.

All the above policy frameworks strive for mutual reinforcement and alignment of disaster risk reduction with public health crisis, climate change adaptation and mitigation, biodiversity and conservation, and sustainable economic and human development goals. This report focuses on the International Health Regulations and the Sendai Framework for Disaster Risk Reduction.

33 Cueto, M., Brown, T.M. and Fee, E., 2019. *The World Health Organization: A History*. Cambridge University Press.

34 United Nations (UN) International Strategy for Disaster Reduction Secretariat (UNISDR), 2015. Sendai framework for disaster risk reduction 2015–2030. Presented at the Proceedings of the 3rd United Nations World Conference on DRR, Sendai, Japan, pp. 14–18.





2.2.1 International Health Regulations

The primary mandate of the WHO's International Health Regulations is to manage the global health regime for the control of spread of disease. The regulations, which were adopted by the 58th World Health Assembly and came into force on 15 June 2007, prescribe *inter alia* that member states shall establish a national focal person to communicate between state parties and WHO. Article 2 of the regulations establish the purpose and scope of these regulations to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.

Furthermore, paragraph 4 Article 3 of the regulations affirm, following the Charter of the United Nations and the principles of international law, the sovereign right of countries to legislate and to implement legislation in pursuance of their health policies. In so doing, parties signatory to the agreement shall uphold the purpose of the International Health Regulations.

The International Health Regulations also give WHO the authority to independently collect surveillance data on potential public health emergencies of international concern (PHEIC) within a country's borders, report this information to other potentially affected countries, and to issue recommendations like trade and travel advisories to control the spread of these threats. Like most international policy instruments there are no formal penalties related to non-compliance of the IHR agreement.

Wilson and colleagues have noted that Covid-19 has exposed weaknesses and major challenges in the international approach to managing public health emergencies.³⁵ There is evidence that the IHR (2005) has failed to control Covid-19 without disrupting international movement and trade. Reasons for this include lack of compliance among countries in fulfilling their legal obligations to report to the WHO and follow WHO travel and trade guidance more faithfully, and the legalistic language used in the IHR (2005).

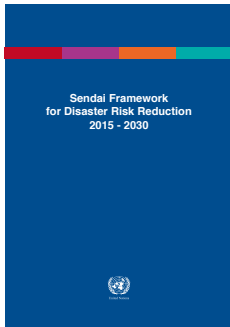
The IHR (2005) were formulated during an era of optimism in global institutional cooperation in contrast to the rising political epoch of narrow nationalism. Internationally, electoral outcomes are increasingly resembling nations giving their support and electing governments that appear to represent nation-state interest without regard for international agreements and institutions.^{36 37}

Renegotiation and revision of the IHR (2005) instrument are recommended if it is to be effective in addressing global public health objectives in the time of Covid-19.

35 Wilson, K., Halabi, S. and Gostin, L.O., 2020. The International Health Regulations (2005), the threat of populism and the COVID-19 pandemic. *Globalization and Health*, 16(1), pp.1-4.

36 Gostin, L.O., Moon, S. and Meier, B.M., 2020. Reimagining global health governance in the age of COVID-19.

37 Wilson, K., Halabi, S. and Gostin, L.O., 2020. The International Health Regulations (2005), the threat of populism and the COVID-19 pandemic. *Globalization and Health*, 16(1), pp.1-4.



2.2.2 Sendai Framework for Disaster Risk Reduction 2015–2030 (SFDRR)

The SFDRR was adopted by 187 member states of the UN, following the expiry of the Hyogo Framework for Action (HFA) 2005–2015, at the Third UN World Conference for Disaster Risk Reduction (WCDRR) in March 2015 in Sendai, Japan. The SFDRR seeks to build on the achievements of HFA by emphasising resilience.³⁸

The shift from disaster management in the Hyogo Framework to disaster risk management in the Sendai Framework is characterised by the importance of governance in the recovery, rehabilitation, and reconstruction after exposure to hazards.

The Sendai Framework reinforces the need for a broad approach to disaster risk management and emphasises the need to strengthen disaster risk reduction and establish a national health system strengthening mechanism to achieve this.

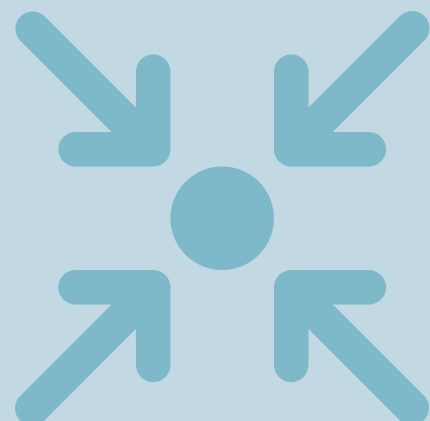
Disaster risk governance, the second priority for action in the Sendai Framework, is expressed as ‘strengthening disaster risk governance to manage disaster risk’ and focuses action within and across all state actors at local, national, regional and international levels. The framework covers all risk of all disasters: small-scale and large-scale, frequent and infrequent, and sudden and slow-onset disasters whether natural or human-made, as well as related environmental, technological and biological hazards and risks.

38 Manyena, B., 2016. After Sendai: Is Africa bouncing back or bouncing forward from disasters?. *International Journal of Disaster Risk Science*, 7(1), pp.41-53.

THE SENDAI FRAMEWORK FOUR AREAS FOR PRIORITY ACTION

The purpose of the Sendai Framework is to guide multi-hazard management of disaster risk in development at all levels as well as within and across all sectors. In the framework disaster risk governance is formulated as four priority action areas for implementation by the state at local, national, regional and global levels. These are:

1. **Understanding disaster risk in all possible dimensions** of vulnerability, capacity, exposure of persons and assets, hazard characteristics and the environment;
2. **Strengthening disaster risk governance** for prevention, mitigation, preparedness, response, recovery and rehabilitation through fostering collaboration and partnership across mechanisms and institutions for the implementation of instruments relevant to disaster risk reduction and sustainable development;
3. **Public and private sector investment** in disaster risk prevention and reduction through structural and non-structural measures to enhance the economic, social, health and cultural resilience of persons, communities, countries including the environment;
4. **Enhancing disaster preparedness** for effective response and to ‘Build Back Better’ in recovery, rehabilitation and reconstruction including through integrating disaster risk reduction into development measures, making nations and communities resilient to disaster.



THE SENDAI FRAMEWORK SEVEN TARGETS

The Sendai Framework has seven targets that members are encouraged to achieve. These are:

1. Substantially reduce global disaster mortality by 2030, aiming to lower the average per 100,000 global mortality rate in the decade 2020–2030 compared to the period 2005–2015;
2. Substantially reduce the number of affected people globally by 2030, aiming to lower the average global figure per 100,000 in the decade 2020–2030 compared to the period 2005–2015;
3. Reduce direct disaster economic loss in relation to the global gross domestic product (GDP) by 2030;
4. Substantially reduce disaster damage to critical infrastructure and disruption of basic services, among them health and educational facilities, including through developing their resilience by 2030;
5. Substantially increase the number of countries with national and local disaster risk reduction strategies by 2020;
6. Substantially enhance international cooperation to developing countries through adequate and sustainable support to complement their national actions for implementation of this framework by 2030; and,
7. Substantially increase the availability of, and access to, multihazard early warning systems and disaster risk information and assessments to the people by 2030.

Source: Implementation of the Sendai Framework for Disaster Risk Reduction 2015–2030

It is important to note that, like the International Health Regulations, the Sendai Framework is not a legally binding document but rather an international policy framework. It provides the opportunity to focus disaster risk management on implementing the global framework for disaster risk reduction in Africa to strengthen efforts to increase resilience and thereby drive poverty reduction, and sustainable development in line with the SDGs, Agenda 2063 and other development frameworks and processes. It also guides the response of continental and regional bodies, governments, international and national organisations, and the private sector in preparing and taking adequate actions to mitigate the impacts of natural and human-made disasters. While the Sendai Framework endorses the principle of collaboration, coordination and partnership among all stakeholders within the disaster risk governance ecosystem, it places the primary responsibility for disaster risk reduction on governments.

The Sendai Framework reinforces the need for a broad approach to disaster risk management and emphasises the need to strengthen disaster risk reduction and establish a national health system strengthening mechanism to achieve this.

The Sendai Framework argues for national and local governments to adopt and implement strategies and plans, across different time scales, that include targets, indicators and timeframes. Most importantly, the Sendai Framework aims to prevent the creation of risk, reduce existing risk and strengthen economic, social, health and environmental resilience.

Importantly, the Sendai Framework's Target E is captured in two SDG indicators namely: (i) number of countries that adopt and implement national DRR strategies in line with the Sendai Framework; and (ii) proportion of local governments that adopt and implement local DRR strategies in line with national DRR strategies.³⁹

39 United Nations General Assembly (2017). Global indicator framework for the Sustainable Development Goals and targets of the 2030 Agenda for Sustainable Development A/RES/71/313. https://unstats.un.org/sdgs/indicators/Global%20Indicator%20Framework_A.RES.71.313%20Annex.Pdf

THE SENDAI FRAMEWORK TEN PRINCIPLES TO GUIDE MONITORING

In aligning national and local DRR strategies to the Sendai Framework, ten elements are suggested as guiding principles for monitoring purposes. These are:

1. Different timescales, with targets, indicators and time frames.
2. Aims to prevent the creation of risk.
3. Aims to reduce existing risk.
4. Aims to strengthen economic, social, health and environmental resilience.
5. Addresses the recommendations of Priority 1, Understanding disaster risk: Based on risk knowledge and assessments to identify risks at the local and national levels of the technical, financial and administrative DRM capacity.
6. Addresses the recommendations of Priority 2, Strengthening disaster risk governance to manage disaster risk: Mainstream and integrate DRR within and across all sectors with defining roles and responsibilities.
7. Addresses the recommendations of Priority 3, Investing in DRR for resilience: Guide to allocation of the necessary resources at all levels of administration for the development and the implementation of DRR strategies in all relevant sectors.
8. Addresses the recommendations of Priority 4, Enhancing disaster preparedness for effective response and to 'Build Back Better' in recovery, rehabilitation and reconstruction: Strengthen disaster preparedness for response and integrate DRR response preparedness and development measures to make nations and communities resilient to disasters.
9. Promotes policy coherence relevant to DRR such as sustainable development, poverty eradication and climate change, notably with SDGs and the Paris Agreement.
10. Has mechanisms to follow up, periodically assess and publicly report on progress.

The assumption is that national and local DRR strategies and plans that satisfy all ten criteria summarised above are likely to create the best situation for reducing disaster risk and losses related to lives, livelihoods, health, economic, physical, social, cultural and environmental resources. Although some of the ten criteria are not new to DRR, the Sendai Framework's contribution to the global discourse of DRR is its emphasis on preventing the creation and accumulation of new risks, reducing existing risk, building the resilience of sectors, recovery, building back better and promoting policy coherence with SDGs and the Paris Agreement.

The coherence of policy framework and action always requires that plans at all levels of government (that is, regional, national and local) are aligned and designed for the context of the society and environment as defined by relevant hazards, high-priority risks and socioeconomic setting.⁴⁰

Policy strategy documents measure common actions and instruments that support the realisation of shared policy objectives to reduce vulnerability to disaster. The choice of risk reduction targets and measures should thus reflect the non-uniform characteristics of risk perception and tolerance across space and time.

An assessment of African DRR policy frameworks revealed attempts to ensure consistent policy action, despite differences in the character of the policies and strategies. The plethora of DRR policy instruments testifies to the peculiarities of regional, national and local risk situations. For instance, there are countries with non-integrative DRR strategies compared to strategies that have adopted the integrative approach linking across all sectors and acting together with different stakeholders.

40 UNDRR, 2019. Global Assessment Report on Disaster Risk Reduction, Geneva, Switzerland, United Nations Office for Disaster Risk Reduction (UNDRR).

In Kenya, the National Disaster Risk Management Policy is supported by the Kenya Vision 2030 Sector Plan for Drought Risk Management and Ending Drought Emergencies.

In Angola, a two-fold approach is adopted with a Strategic National Plan for Prevention and Disaster Risk Management, involving three of the Sendai Framework's global priorities, and a National Preparedness, Contingency, Response and Recovery Plan, which includes the Sendai Framework's fourth global priority.

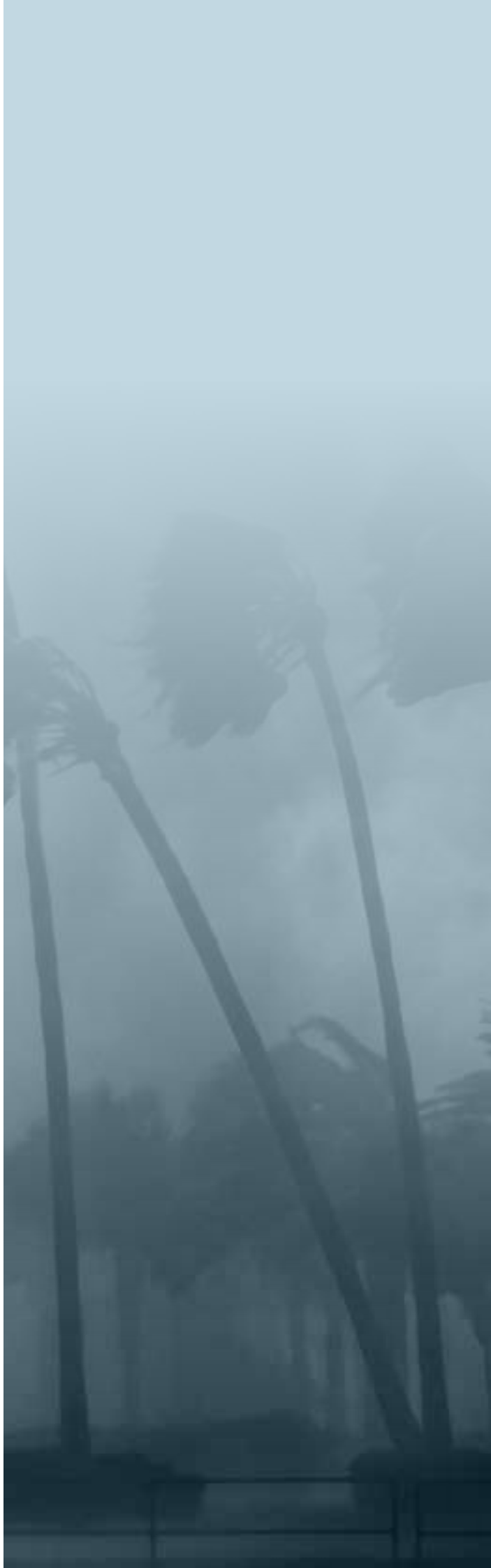
Another feature of DRR policy frameworks in Africa are the titles of their Sendai Framework-aligned DRR strategies or plans. Titles include: Master Plan for Disaster Risk Reduction (Mozambique); National DRM Plan or Strategy (Madagascar); National Disaster Management Policy Framework (South Africa); and, National Disaster Risk Management Framework (Zimbabwe).

The various names given to the policy frameworks does not reflect dissimilarity in intention. On the contrary, they show a greater semblance when compared with the HFA-aligned plans, which utilised language associated with civil protection, preparedness and emergency management, as in Burkina Faso, or Mali, despite addressing different DRR components.⁴¹

South Africa represents a case of best practice in integrating disaster risk reduction into all spheres of government through a decentralised approach.

In summary, aligning regional, national and local policy frameworks and actions with the Sendai Framework is an opportunity for capacity strengthening in addressing risks associated with disaster as well as a reminder of the ever-increasing intensity and continued vulnerability of the African continent due to gaps in disaster governance policy framework conceptions and actions. The gaps in disaster governance architecture demonstrate the importance of mapping the existing institutional arrangement such as legislative, policy, administrative and regulatory framework for disaster risk reduction.

41 UNDRR, 2019. Global Assessment Report on Disaster Risk Reduction, Geneva, Switzerland, United Nations Office for Disaster Risk Reduction (UNDRR).



2.3 CONTINENTAL POLICY FRAMEWORKS ON GOVERNANCE AND DISASTER RISK MANAGEMENT

In seeking to enhance effective governance for improved policy and strategy implementation in the area of disaster risk reduction and disaster risk management, the African Union has developed a host of continental policy frameworks. These include the Agenda 2063, Africa Regional Strategy for Disaster Risk Reduction (ARSDRR) and the Extended Programme of Action (PoA) for the Implementation of the Africa Regional Strategy for Disaster Risk Reduction, the African Union Humanitarian Policy and Policy on Disaster Management, the African Union Policy on Post-Conflict Reconstruction and Development, as well as related mechanisms and structures. These policy frameworks are, in turn, assessed to determine their alignment to international disaster risk governance frameworks – the Sendai Framework and IHRs.

2.3.1 Constitutive Act of the African Union

The implementation of the Sendai Framework is subject to the Constitutive Act of the African Union, which was signed by 53 member states following the determination to address the socioeconomic and political challenges confronting the African continent and its people) and entered into force on May 26, 2001. AU member states that signed the Constitutive Act were resolute on the need to accelerate the process of implementing the Treaty establishing the African Economic Community to promote socioeconomic development of Africa and face the challenges of globalisation effectively.

The AU member states recognised that confronting the multiple challenges facing the continent requires partnership between governments and all sectors in society, which is one of the cardinal principles of governance and disaster risk management.

The AU Constitutive Act also provides the basis for all policies, strategies and actions of the African Union and all its member states. Article 13 (1) of the Constitutive Act of the African Union states that the Executive Council shall coordinate and take decisions on policies in areas of common interest to the Member States, including the following: (e) environmental protection, humanitarian action and disaster response and relief. Similarly, Article 13(1)(e) is the enabling instrument that provides for all activities related to disaster risk management. It states that the Executive Council of the African Union shall coordinate and take decisions on policies in areas of common interest to the Member States, amongst others environmental protection, humanitarian action and disaster response and relief. It is in this sense that the AU Constitutive Act provided a broad mandate for the African Union Commission to facilitate the development of treaties, policies, strategies, protocols and various instruments on issues of disaster risk reduction in Africa. Despite the provision of the Constitutive Act, some member states are yet to dutifully and consistently domesticate into national legislation following the signing and ratification of the treaties. There are no infrastructural frameworks instituted to make these provision legally binding on all member states and African institutions. This apparent weakness in the AU Constitutive Act raises a challenge in monitoring implementation of continental disaster risk management.

2.3.2 AU Agenda 2063

The African Union's Agenda 2063 (The Africa we want) offers a framework to harness and unite in action all Africans and the diaspora around the common vision of a peaceful, integrated and prosperous Africa. As a guiding framework, Agenda 2063 provides internal coherence to different sectoral frameworks and plans adopted under the Organisation of African Unity (OAU) and the African Union. It connects and coordinates Africa's numerous national and subregional frameworks into a common purpose for Africa's transformation in the realisation of the vision of the African Union.

As Africa's long-term socioeconomic and integrative transformation strategy, Agenda 2063 makes two references to disaster risk management.

The first mention is reflected in aspiration 1 – a prosperous Africa, based on inclusive growth and sustainable development. Goal 3 – healthy and well-nourished citizens, and priority area (1), which calls for the establishment of Africa Centres for Disease Control to provide the leadership in coordinating continental efforts in preventing and managing communicable diseases within and across countries and supported by a functioning Africa Volunteer Health Corp (African Union Commission, 2015).

Similarly, aspiration 1, goal 7, priority area (3), addresses the issues of climate resilience and natural disasters arising from climate change. Although this is not a direct reference to public health governance, it sets targets and indicative strategies from achieving the goal of ensuring farmers, fisher folk and pastoralists practice climate-resilient production system, to reducing emission levels arising from agriculture biodiversity loss, land use and deforestation.

Priority area (3) further argues for alignment of the Africa Regional Strategy and its Plan of Action with the post-2015 Framework on Disaster Risk Reduction; implementation of the revised Africa Strategy on Disaster Risk Reduction and its Plan of Action; and, support for the capacity enhancement of the regional economic communities (RECs) on disaster risk reduction.

These two references in the Agenda 2063 strategy document clearly show the institutions responsible for coordination and the capacity-strengthening of disaster risk management institutions at continental and regional levels. This mandate emanates from the AU Constitutive Act, which is a normative instrument of the African Union and the relevant subregional economic communities.





2.3.3 APRM Governance Framework

The APRM is a self-monitoring mechanism voluntarily acceded to by African Union member states. It aims to foster the adoption of policies, standards and practices that will lead to political stability, high economic growth and sustainable development and accelerate regional and economic integration. The mechanism allows the performance of governments and states to be assessed on a range of criteria with an emphasis on state–citizen–corporate accountability, namely, democracy and political governance; economic governance and management; corporate governance; and, socioeconomic development.

The APRM’s four governance pillars constitute an important framework to assess the extent to which Covid-19 governance responses on the continent fall under these components, particularly political and economic governance and socioeconomic development. It is this concern that partly motivated the APRM to conduct a preliminary study on Africa’s governance response to Covid-19 that examined the responses of AU member states to Covid-19.³³ The study revealed that AU member states use existing or new legal and institutional mechanisms to limit and contain the spread of the pandemic. Evidence shows that governance response to Covid-19 should consist of legal and institutional measures; disease prevention and containment measures; social and humanitarian measures; and fiscal and monetary measures.⁴²

The APRM, as a governance monitoring tool, offers the opportunity to comprehensively assess Africa’s governance response to Covid-19 as a cross-cutting theme using specific indicators for monitoring domestication of the Sendai Framework. Integrating Africa’s governance Covid-19 response in the APRM process would contribute to assessing preparedness for, response to and recovery from the Covid-19 pandemic among AU member states, particularly important as the subsequent waves of coronavirus infection approach. At the same time, the race to produce effective and accessible vaccines continues among highly developed nations (HDNs).

42 APRM, 2020. Africa’s governance response to Covid-19: Preliminary report.



2.3.4 African Risk Capacity (ARC) Agency

According to article 2 of the African Risk Capacity (ARC) treaty, ARC was established as a specialised agency of the AU to assist AU member states to reduce the risk of loss and damage caused by extreme weather events and natural disasters affecting Africa's populations by providing targeted responses to disasters in a more timely, cost-effective, objective and transparent manner.

The ARC uses Africa Risk View, an advanced satellite weather surveillance software – developed by the UN World Food Programme (WFP) – to estimate and trigger readily available funds to African countries hit by severe drought. ARC's objective is to capitalise on the natural diversification of weather risk across Africa, allowing countries to manage their risk as a group in a financially efficient manner in order to respond to probable but uncertain risks. ARC employs modern financial mechanisms like risk pooling and risk transfer to establish the contingency financing facility. These techniques are applied by African countries in innovative ways to lower the cost of the response to disasters, before they become humanitarian crises, and provide better services to those affected. In the current structure the international system for responding to natural disasters is not as timely or equitable as it could be. For example, funding is often secured on an ad hoc basis after disaster strikes and only then can relief be mobilised toward those who need it. In the meantime, lives are lost, assets are depleted, and development gains suffer major setbacks – forcing more people into chronic poverty and food insecurity in the world's least developed countries.

The ARC works in collaboration with Africa-CDC to develop Covid-19 modelling tools for Africa to enable member states to better manage the pandemic and assist populations that need it most. The ARC is an extreme weather insurance mechanism established to assist AU member states in resisting and recovering from the effect of droughts without reference to public health emergencies. The ARC is an African-owned, AU-led financial entity index-based weather risk insurance pool and early response mechanism that combines the concepts of early warning, disaster risk management, and risk finance.



2.3.5 Africa Regional Strategy for Disaster Risk Reduction (ARSDRR)

In 2004, when AU heads of state and government adopted the Africa Regional Strategy for Disaster Risk Reduction (ARSDRR), the stage was set for disaster risk governance in Africa. The ARSDRR recognises the African Union Commission (AUC), and its organs as the primary actors in disaster risk governance at continental level. The AUC, as detailed in the ARSDRR, is to provide strategic guidance, facilitation, promotion of the implementation of the strategy, and seek support from development partners and coordinating actions at continental level. To enable of disaster risk management on the continent, the AUC rationalises capacities to support national and local levels where necessary, including through providing scientific advice, implementation support, capacity building and other services where regional capacities are insufficient.

The ARSDRR outlines the detailed strategic actions required to achieve each of the objectives and defines the roles and responsibilities of the various actors and stakeholders involved in its implementation. The AUC is responsible for coordination, strategic guidance, advocacy and promoting the implementation of the ARSDRR across the region. The main mechanism suggested for implementation of the ARSDRR is the Africa Working Group (AWG) on Disaster Risk Reduction. The AWG is moderated by the African Union, and its members include the African Union Commission, the NEPAD Secretariat and all regional economic communities. The AUC key partners include organisations such as UNDP, the World Bank Global Facility for Disaster Reduction and Recovery, the African Development Bank (AfDB), UNISDR, the International Federation of Red Cross and Red Crescent Societies and representatives of higher education institutions and civil society. The Africa Working Group on Disaster Risk Reduction provides coordination and technical support to regional economic communities, member states and all stakeholders on the mainstreaming and integration of disaster risk reduction into all stages of development and implementation of the strategy.

Adoption of the ARSDRR demonstrates a strong commitment and political will to implement the Sendai Framework among the AU heads of state and government. It is important to underscore that the Africa Regional Strategy (2004) was developed before the Hyogo Framework for Action (HFA) was adopted in 2005 as the global framework on disaster risk reduction.

The Sendai Framework provides an opportunity to focus disaster risk management on implementation of the new global framework for disaster risk reduction in Africa. It also strengthens the resolve of African governments to respond to the Covid-19 pandemic without undermining other policy drives that aim to reduce poverty and pursue the agenda of sustainable development in line with Agenda 2063 and other development frameworks and processes.

Member states of the AU adopted the Programme of Action (PoA) for implementation of the Sendai Framework in 2016. The PoA offers guidance and direction around effective actions for prevention and reduction of disaster risks, and for promoting resilience at the continental, regional, national, and local levels. Further efforts to consolidate and accelerate implementation of the PoA, saw the African ministers and heads of government responsible for disaster risk reduction on the continent adopting the Tunis Declaration on Accelerating the Implementation of the Sendai Framework for Disaster Risk Reduction and the Africa Regional Strategy for Disaster Risk Reduction at the Africa–Arab Platform on Disaster Risk Reduction in October 2018.

The AUC provides guidance and coordination of the Covid-19 response at the continental level through the Africa Task Force for Coronavirus (AFTCOR) and the Africa-CDC with technical assistance from the WHO and UNISDR in the form of Covid-19 containment and mitigation. Overall, the ARSDRR strategy emphasises public awareness, partnerships and institutional arrangements as key components of disaster risk management. At the centre, ARSDRR identifies national governments that are taking the lead in developing disaster risk reduction capacities and the integrating disaster risk reduction into sustainable development.

2.3.6 Assessing alignment of Africa’s Covid-19 responses with the Sendai Framework

The next section focuses on assessing alignment of Africa’s Covid-19 actions to the Sendai Framework for Disaster Risk Reduction. The four priority areas of the Sendai Framework for Action, with the corresponding priorities of the Africa Regional Strategy, summarised in Table 2.1, show the alignment of the two policy frameworks, which can be applied in conducting a more detailed analysis of the tools for mainstreaming Covid-19 response and recovery strategies at all levels of government.

Table 2.1: Priorities of the Sendai Framework for Action and the Africa Regional Strategy for Disaster Risk Reduction

Four Priorities of Sendai Framework for Action	Six Priorities of the Africa Regional Strategy
Understand disaster risk	Increase political commitment to disaster risk reduction
Strengthen disaster risk governance to manage disaster risk	Improve the identification and assessment of disaster risks
Invest in disaster risk reduction for resilience	Increase public awareness of disaster risk reduction and enhance knowledge management
Enhance disaster preparedness for effective response and to ‘Build Back Better’ in recovery, rehabilitation and reconstruction	Improve governance of disaster risk reduction institutions and reduce the underlying risk factors (linkage with climate change) Integrate disaster risk reduction in emergency response management Overall coordination and monitoring of the implementation of the strategy

The argument in favour of policy framework alignment lies in the potential for misalignment of policy goals, process, and content, thereby creating waste, inefficiency and ineffective Covid-19 intervention outcomes. As the socioeconomic impact of Covid-19 intensifies, governments are likely to find themselves under increasing pressure to address associated policy challenges on traversing national boundaries because Covid-19 is globalised. One of the ways to deal with one of many proposed responses is closely related to forging policy alignment across all governance institutions and mechanisms in the governance and disaster risk management ecosystem. The innovation of coherent Covid-19 policy responses is in enhancing alignment of governance architecture in preparedness for, response to and recovery from Covid-19.

The APRM is encouraging policy discussion on alignment of policy responses to Covid-19, at continental, regional and national levels, with international disaster risk management and International Health Regulations frameworks. Table 2.2 below shows the alignment of the continental disaster risk reduction policy frameworks reviewed in this study with the Sendai Framework’s four priority action areas, namely: understanding disaster risk (P1); strengthening disaster risk governance to manage disaster risk (P2); investing in disaster risk reduction for resilience (P3); and enhancing disaster preparedness for effective response and to ‘Build Back Better’ in recovery, rehabilitation and reconstruction (P4). The four core priority action points based on the Sendai Framework (2015) were endorsed by all members of the United Nations and adopted at the Third UN World Conference in Sendai, Japan on March 18, 2015.

Table 2.2: Summary analysis of selected policy frameworks

Document to Review	Core Priority Action Points by African States				
	Policies	P1	P2	P3	P4
Global policy frameworks	Yes	Yes	Yes	Yes	
African Union Constitutive Act		Yes	Yes	Yes	Yes
AU agenda 2063		Yes	Yes	Yes	Yes
APRM Governance framework		Yes	Yes	Yes	Yes
African Regional Strategy for Disaster Risk Reduction and its Plan of Action (ARSDRR)		Yes	Yes	Yes	Yes

The different continental policy frameworks analysed in this study underscore the substantial progress made by the African Union in mainstreaming and integrating disaster risk reduction and disaster risk management, in terms of policies or strategies and institutional mechanisms. These developments emanate from the mandates provided by the African Union constitutive or normative instruments of the African Union, and it informs most of the policy actions taken at the continental level in response to Covid-19 including the respective regional economic communities, which is discussed in section 2.4.

2.3.6.1 *Continental governance responses to Covid-19*

Drawing from its continental experience of disaster risk reduction and the 2014 Ebola public health crisis in West Africa, the approach adopted by the African Union on containment and mitigation of Covid-19 seeks to foster partnership, collaboration, coordination and information sharing among member states. On 22 February 2020, African health ministers met and adopted the Africa Joint Continental Strategy for Covid-19 to coordinate efforts of member states, African Union agencies, WHO and other partners, to ensure synergy and minimise duplication and promote evidence-based public health practice for surveillance, prevention, diagnosis, treatment, and control of Covid-19.

Strategies included rapid diagnosis and isolation of infected persons, quarantine of people who had close contact with an infected person, and social distancing within the general population. Also, rigorous infection prevention and control practices in healthcare facilities and other high-risk settings, such as schools and prisons were included in strategies to limit transmission and minimise impact. Healthcare facilities restricted hospital admission to infected persons who required a higher level of care, such as intravenous antibiotics, oxygen, ventilator or hemodynamic support, and/or management of complex comorbid conditions.

Responsibility for implementing the strategy rests on the Africa Task Force for Coronavirus (AFTCOR) and the Africa-CDC incident management system. These two agencies are expected *inter alia* to pool technical expertise available on the continent, review latest evidence and best practices, provide policies and technical recommendations to inform public health actions on Covid-19, and ensure coordination of preparedness and response across the continent.

The Africa-CDC works closely with member states, through their national public health institutes (NPHIs), which are mandated to streamline and coordinate outbreak responses. At national level, NPHIs are expected to provide a platform to ensure that the pillars of the Africa-CDC are integrated and coordinated. NPHIs are science-based government institutions or organisations that coordinate public health functions and programmes to prevent, detect, and respond to public health threats, including infectious and non-infectious diseases and other health events. Since the onset of the pandemic, the Africa-CDC has trained government officials from African countries in public information management. In addition, individual countries in Africa are taking steps to enhance their preparedness and limit the risk of spread of the coronavirus.

In February 2020, the Africa Joint Continental Strategy for Covid-19 was further endorsed at the meeting of African Heads of States and Government as a demonstration of political will to providing an effective response to Covid-19. Equally, implementation of the joint continental strategy was supported by international health agencies and development partners. These collaborative partnership efforts among member states contributed to increasing the number of testing facilities across the continent from 2 to 43 between February and mid-March 2020. There are also partnerships with health agencies in the sub-regional economic blocs for alignment and synergies of policy response.

The Joint Continental Strategy also received support from international health agencies and development partners who supported the implementation of the Joint Continental Strategy. In early February 2020, the Bill & Melinda Gates Foundation committed US\$20 million to help strengthen emergency operations centres, effective surveillance and contact tracing and isolation on the continent.

The continent equally enjoyed the partnership of the World Health Organization (WHO), especially in containing and mitigating the spread of the novel coronavirus. The WHO, working with the World Food Programme (WFP), the African Union, the Ethiopian government and the Jack Ma Foundation provided medical supplies, including diagnostics, and equipment to each of the 55 countries in Africa. In April 2020, the AU chair announced the African Union Covid-19 Response Fund, which provided support to Africa CDC in equipping, training and advising public-health and healthcare delivery systems in Africa. The AU-Covid-19 response fund supported Africa CDC's pooled procurement of diagnostics and other medical commodities for purposes of accelerating Covid-19 testing (the 'PACT initiative').

Other policy responses include the facilitation for regional workshops aimed at strengthening the capacity of AU member states for enhanced surveillance at points of entry, infection prevention and control, risk communication and clinical case management. These regional workshops were conducted through webinars in early March 2020 in the wake of border closures and lockdowns were implemented across the continent. These policy actions demonstrate the extent to which the AU has managed to foster international cooperation and collective action for Covid-19 management without disregard for international and continental policy codes and standards for disaster management and International Health Regulations.

2.4 REGIONAL POLICY FRAMEWORK ON GOVERNANCE AND DISASTER RISK MANAGEMENT OF COVID-19

The respective regional economic communities derive their mandates from the African Union Constitutive Act namely the Regional Economic Communities (RECs) – Intergovernmental Authority on Development (IGAD), East African Community (EAC), Southern Africa Development Community (SADC), Economic Community of West African States (ECOWAS), Economic Community of Central African States (ECCAS), and North Africa (i.e. the Arab Maghreb Union [UMA], Egypt, and the Sahrawi Arab Democratic Republic).

These regional economic blocs are effective institutional mechanisms for providing the strategic direction to member states through developing and implementing disaster risk reduction (DRR) strategies and coordinating interstate DRR initiatives at a regional level. The majority of these subregions have developed disaster risk management or disaster management policies or strategies. IGAD and SADC have had disaster risk management policies or strategies since early 2000, and these should be reviewed to accommodate new developments like Covid-19.

The following section examines the alignment of regional disaster risk governance policy frameworks with the Sendai Framework at the level of policy framework and policy actions. Policy frameworks are assessed to determine whether regional economic communities have a disaster risk governance framework in place and whether such a framework is aligned with the Sendai Framework. We also assess whether, at policy action level, actions taken at all regional level in preparedness for, response to, recovery from and the impact of Covid-19 are aligned with the Sendai Framework.



2.4.1 Intergovernmental Authority on Development (IGAD)

The Intergovernmental Authority on Development (IGAD) is a regional organisation with Djibouti, Eritrea, Ethiopia, Kenya, Somalia, South Sudan, Sudan and Uganda as members. The IGAD region has a population of over 200 million and an area of about 5.2 million km². It was established in 1986 to combat drought and desertification and faces persistent disaster arising from various natural and human-made hazards like drought, flood, landslides, epidemics and pandemics and, notably, conflict, which is impacting negatively on millions of its people.



The IGAD region is struggling to recover from the first round of the worst desert locust invasion in 25 years which began in December 2019 with a second invasion looming, threatening livelihoods in Kenya, Ethiopia, South Sudan and Somalia.

Based on data recorded on the novel coronavirus (Covid-19) situation as at 14 December 2020, the total number of tests conducted in the region was 3 253 005 million, with confirmed and active cases at 245 269 and 79 730 respectively. The number of people who had recovered from coronavirus during the same time was 160 664 and the total number of fatalities recorded was 4 855.⁴³ The meeting of the Heads of State and Governments on 30 March 2020 adopted a collective regional strategy to combat Covid-19 in the IGAD region within the context of governance and disaster risk management, which is one of IGAD's priority strategic core programme areas implemented since 2004.

The strategy pillar of IGAD's Covid-19 response has five indicative areas, namely:

- Formulation of an IGAD Covid-19 response strategy;
- Establishment of an IGAD emergency fund for the control of Covid-19 and strengthening of health systems in the region;
- Mobilisation of support from the international community to combat Covid-19, strengthening national health systems and building local manufacturing capacity for medical equipment and supplies to fight pandemic outbreaks;
- Soliciting international financial institutions to cancel the debts of IGAD member states in order to free up resources to fight the coronavirus; and,
- Mobilising support from IGAD medical professionals in the diaspora.

In response to the call of the Heads of State and Governments, the international community, in partnership with the European Union (EU) and the United Nations Office for Project Services (UNOPS) gave an estimated 14 million euros worth of medical supplies and equipment within the framework of the broader 60 million euro package of the EU response to health and socioeconomic impact of Covid-19 in the IGAD region at Bole International Airport in Addis Ababa, Ethiopia on 31 August 2020.

43 Data sources: Member States reports, Ministries of health, WHO data

2.4.2 East African Community (EAC)

The EAC is a regional intergovernmental economic bloc of six member states: Burundi, Kenya, Rwanda, South Sudan, Tanzania and Uganda. Its secretariat is located in Arusha, Tanzania. The situation in the EAC continues to change rapidly and varies by country. As at 15 December 2020, 132 054 confirmed Covid-19 cases were reported and 1 430 deaths recorded (see Table 2.3). These include 741 confirmed cases in Burundi; 92 459 confirmed in Kenya; 6 954 confirmed in Rwanda; 3 223 confirmed in South Sudan; 509 confirmed in the United Republic of Tanzania; and 28 168 confirmed in Uganda. In total, the region conducted nearly 2.5 million tests and has 36 732 active cases.⁴⁴



Table 2.3: EAC reported Covid-19 cases

EAC reported Covid-19 cases at 15 December 2020					
Countries	Number of tests	Total cases	Total recovered	Total deaths	Total active cases
Burundi	70 060	741	630	1	110
Kenya	978 683	92 459	73 979	1 064	17 416
Rwanda	676 078	6 954	6 057	57	840
South Sudan	63 980	3 223	3 043	62	118
United Republic of Tanzania	3 880	509	178	21	310
Uganda	686 847	28 168	10 005	225	17 938
Total	2 479 528	132 054	93 892	1 430	36 732

Source: Africa-CDC

On 25 March 2020, as part of its coordinated regional response to the Covid-19 pandemic, the EAC region organised a joint meeting of the ministers of health and ministers responsible for EAC affairs. The meeting developed a comprehensive indicative strategy, that aimed, among other things, to:

- Ensure a collaborative, well-coordinated mechanism to fight Covid-19 in the region;
- Facilitate the movement of goods and services;
- Minimise the number of people who become infected or sick with Covid-19; and,
- Minimise morbidity and mortality from the Covid-19 pandemic.

Furthermore, the region is working with member states and development partners have mobilised several stakeholders to set up a preparedness mechanism against Covid-19. The regional task force on Covid-19 is managed via links with the national task force of each member state, which are working with implementation partners including GIZ, Trademark, Japan International Cooperation Agency (JICA) and United States Agency for International Development Kenya and East Africa (USAID KEA). Members of the task force include health officers from national EAC health departments, members from the East Africa Health Research Commission (EAHRC), staff from finance and administration departments, customs, trade, agriculture, environment, tourism, peace and security, human resources and administration and ICT staff of the EAC secretariat organs and institutions, and a representative from each member state who is responsible for communication.

The EAC regional interventions and support to member states was estimated at US\$100 million with activities consisting of, but not limited to, community engagement, infection control and prevention public awareness raising, Covid-19 capacity building on surveillance, monitoring and coordination of preparedness and response to the pandemic, mitigation of social and economic impact on businesses.

⁴⁴ <https://africacdc.org/Covid-19/> accessed on 15 December 2020

2.4.3 Economic Community of West African States (ECOWAS)

The Economic Community of West African States (ECOWAS) is an interstate organisation with 15 member states (Benin, Burkina Faso, Cabo Verde, Côte d'Ivoire, Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Senegal, Sierra Leone, and Togo). The region is home to ten of the world's 25 poorest nations; support of ECOWAS is thus valuable to global and continental Covid-19 efforts to avoid regions from being left behind in resolving the challenges presented by the pandemic. As shown in Table 2.4, as at 15 December 2020, 220 559 confirmed Covid-19 cases were reported, and 2 995 deaths were recorded in the region. These figures show the insufficient testing capacity among states in the region, as a mere 3.3 million people were tested. Nigeria conducted the highest number of tests in the region with 848 194 tests as at 15 December 2020.



Table 2.4: ECOWAS reported Covid-19 cases

ECOWAS reported Covid-19 cases at 15 December 2020					
Countries	Number of tests	Total cases	Total recovered	Total deaths	Total active cases
Benin	360 194	3 090	2 972	44	74
Burkina Faso	81 418	4 300	2 940	73	1 287
Cabo Verde	107 404	11 395	11 055	110	230
Côte d'Ivoire	235 378	21 717	21 339	133	245
Gambia	27 303	3 782	3 647	123	12
Ghana	622 086	53 270	51 965	327	978
Guinea	275 638	13 457	12 713	80	664
Guinea Bissau	33 033	2 444	2 337	44	63
Liberia	51 745	1 771	1 358	83	330
Mali	118 337	5 878	3 697	205	1 976
Niger	54 217	2 361	1 329	82	950
Nigeria	848 194	74 132	66 494	1 200	6 429
Senegal	259 393	17 216	16 243	350	623
Sierra Leone	65 275	2 451	1 853	75	523
Togo	162 805	3 295	2 821	66	408
Total	3 302 420	220 559	202 763	2 995	14 792

Source: Africa-CDC

ECOWAS and the West African Economic and Monetary Union (UEMOA) coordinated the efforts of member states around Covid-19. On 23 April 2020, the ECOWAS Head of States and Government convened a virtual meeting and appointed Nigeria's President Muhammadu Buhari to coordinate response activities. The UEMOA member states, which share a common central bank and currency, held a meeting on 27 April 2020 to discuss Covid-19 measures with an emphasis on economic responses. A decision was taken to allocate almost US\$9 billion to alleviating the pandemic's impact on employment and production. The region's experience with Ebola outbreaks has proven invaluable to managing Covid-19 responses and member states rely heavily on the Regional Centre for Surveillance and Disease Control set up in response to Ebola.

ECOWAS established regional mechanisms to create linkages between the scientific communities and exchange good practice. In contrast to other regional interstate organs, ECOWAS took the decision not to create a special fund but rather to use the fund formed by the AU in early April 2020 following a meeting of the bureau convened by President Cyril Ramaphosa. On 25 July 2020, West African leaders demonstrated strong partnership, coordination, collaboration, and solidarity when ECOWAS announced a commitment of US\$25 million over five years towards Covid-19 relief and recovery plans. The funded is expected to be shared into two parts – US\$15 million for education and skills development and US\$10 million to support health care, health, food and nutrition, clean water, sanitation and hygiene, as well as gender equality across the region.

A month before the first Covid-19 case was confirmed in Africa, ECOWAS had already started working with the West African Health Organisation (WAHO) to undertake proactive surveillance and monitoring. WAHO has continued to provide ECOWAS member states with guidelines on managing the pandemic and continues to provide detailed, regular updates on the pandemic response.

2.4.4 Economic Community of Central African States (ECCAS)

The ECCAS regional interstate institution comprises 11 member states, namely, Angola, Burundi, Cameroon, Central African Republic, Chad, Congo, the Democratic Republic of the Congo, Equatorial Guinea, Gabon, Rwanda and Sao Tome and Principe. They have a total population estimated at 187 million.



Like other regions on the continent while the number of coronavirus infections is increasing, the number of infections is lower than in other regions of the world. As at 15 December 2020, there was a total of 93 119 confirmed Covid-19 cases reported and 1 676 deaths were recorded (see Table 2.5). These include 16 407 confirmed cases in Angola; 741 confirmed in Burundi; 25 472 confirmed in Cameroon; 4 936 confirmed in the Central African Republic; 1 800 confirmed in Chad; 6 200 in Congo; 14 941 in the Democratic Republic of Congo; 5 195 in Equatorial Guinea; 9 373 in Gabon; 6 954 in Rwanda; and 1 010 confirmed in Sao Tome and Principe. In total, the region conducted nearly 2.5 million tests with 36 625 active cases.

Table 2.5: ECCAS reported Covid-19 cases

ECCAS reported Covid-19 cases at 15 December 2020					
Countries	Number of tests	Total cases	Total recovered	Total deaths	Total active cases
Angola	171 247	16 497	9 194	379	6 924
Burundi	70 060	741	630	1	10
Cameroon	659 314	25 472	22 177	445	2 850
Central African Republic	34 679	4 936	4 852	63	21
Chad	61 373	1 800	1 620	102	78
Congo	48 174	6 200	4 891	100	1 209
Democratic Republic of Congo	87 554	14 941	12 859	364	1 682
Equatorial Guinea	73 143	5 195	5 061	85	49
Gabon	340 013	9 373	9 223	63	87
Rwanda	676 078	6 954	6 057	57	840
Sao Tome and Principe	7 498	1 010	955	17	38
Total	2 229 133	93 119	77 519	1 676	13 7888

Source: Africa-CDC

ECCAS has a four-pronged Covid-19 response strategy:

- Prevent the spread of the virus;
- Limit the mortality rate and manage positive cases;
- Respond to the socioeconomic and security impact; and,
- Deal with cross-border security issues caused by the pandemic.

Effective implementation of this strategy depends on the extent to which each country mitigates the effects of the pandemic at a national level.

2.4.5 North Africa

North Africa, from the perspective of regional economic integration, represents quite a peculiar case. While it is the dominant economic engine in Africa, it is not a regional economic community like the EAC, ECOWAS, IGAD, and SADC. Five of the six countries in North Africa are middle income and account for nearly a third of Africa's GDP. The countries in North Africa trade outside their zone more than other regional economic communities in Africa, which trade more among themselves.



Covid-19 arrived against the backdrop of an uncoordinated and fragmented regional economic community; North Africa does not enjoy enough political support to sustain the governance and disaster risk governance needed to contain – and mitigate the effects of – the Covid-19 pandemic.

The North African region (the Arab Maghreb Union [UMA], Egypt, and the Sahrawi Arab Democratic Republic) comprises Algeria, Egypt, Libya, Mauritania, Morocco and Western Sahara. North Africa was the first region in Africa to confirm a case of Covid-19 when Egypt reported the first Covid-19 case in Africa on 14 February 2020. Egypt's total number of reported cases as at 15 December 2020 was 123 153 and, at 69 900, had the highest number of Covid-19 deaths in the region. However, Algeria had the highest number of reported Covid-19 cases (i.e., 406 970) and 6 749 deaths. The total number of Covid-19 confirmed cases are 727 866 and Western Sahara is the only country in Africa with no active Covid-19 cases.

Table 2.6: North Africa reported Covid-19 cases

North Africa reported Covid-19 cases at 15 December 2020					
Countries	Number of tests	Total cases	Total recovered	Total deaths	Total active cases
Algeria	230 553	93 507	61 700	2 631	29 176
Egypt	1 000 000	123 153	105 719	6 990	10 444
Libya	490 905	92 577	62 720	1 324	28 533
Mauritania	124 786	11 629	8 281	244	3 104
Morocco	4 237 689	406 970	366 835	244	33 386
Western Sahara	903	30	27	3	0
Total	6 084 836	727 866	605 282	11 436	104 643

Source: Africa CDC

2.4.6 Southern African Development Community (SADC)

The Southern African Development Community (SADC) region has 16 member states: Angola, Botswana, Comoros, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, Tanzania, Zambia, and Zimbabwe.



The SADC was established in 1980 as the Southern African Development Co-ordination Conference (SADCC) with nine countries and became a Development Community in 1992. The vision of SADC is one of a common future, within a regional community that will ensure economic wellbeing, improvement of standards of living and quality of life, freedom and social justice and peace and security for the people of Southern Africa.

The SADC vision is set against the backdrop of increased levels of human insecurity in the region characterised by floods, drought, volcanic eruption, landslides, tsunamis, tropical cyclones, storms, wildfires, earthquakes, epidemics such as malaria, cholera, other diarrhoea diseases, malnutrition and stunted growth. Animal diseases such as foot-and-mouth disease and anthrax are among the health risks that the SADC region was facing before the advent of Covid-19.

SADC is the epicentre of the Covid-19 pandemic in Africa. According to data recorded on the novel coronavirus (Covid-19) situation as at 15 December 2020 (see Table 2.7), the total number of test conducted in the region was 8 435 714 million, with the number of confirmed and active cases reaching 1 022 477 and 106 167 respectively. The number of people who had recovered from coronavirus during the same time stood at 890 225 and the total number of deaths recorded was 26 085.⁴⁵ South Africa accounts for 71 per cent of Covid-19 cases, with South Africa alone accounting for 87 per cent of the region's total cases and 92 per cent of deaths recorded.

Table 2.7: SADC reported Covid-19 cases

SADC reported Covid-19 cases at 15 December 2020					
Countries	Number of tests	Total cases	Total recovered	Total deaths	Total active cases
Angola	171 247	16 497	9 194	379	6 924
Botswana	489 264	12 873	10 456	38	2 379
Comoros	6 227	643	610	7	26
Eswatini	72 928	7 093	6 579	135	379
Lesotho	29 359	2 365	1 423	46	896
Madagascar	96 565	17 587	16 992	259	336
Malawi	80 778	6 138	5 661	187	290
Mauritius	301 345	524	489	10	25
Mozambique	253 364	17 256	15 257	145	1 854
Namibia	182 969	17 607	15 373	164	2 070
Seychelles	16 401	202	184	0	18
South Africa	6 011 235	892 813	780 313	24 011	88 489
United Republic of Tanzania	3 880	509	178	21	310
Zambia	505 896	18 504	17 680	369	455
Zimbabwe	214 256	11 866	9 836	314	1 716
Total	8 435 714	1 022 477	890 225	26 085	106 167

Source: Africa-CDC

The Covid-19 pandemic has complicated pursuit of economic growth in the region. As shown in Table 2.8, from 2011 to 2015, Southern Africa experienced GDP growth of only 3.2 per cent, the lowest of the five regions. In 2017 and 2018, Southern Africa only just managed to outperform Central Africa but consistently maintained a lower performance in 1.2 and 2019 compared to other regions in Africa. In the last five years, economic growth in Southern Africa has been less than half that of East Africa. However, before the outbreak of coronavirus, economic growth in Southern Africa had been projected to recover from an estimated 0.7 per cent in 2019 to 2.1 per cent in 2020, with South Africa expected to contribute an average of 60 per cent of regional economic output in 2020.⁴⁶

45 Data sources: Member States reports, Ministries of health, WHO data

46 African Development Bank, 2020. Southern Africa Economic Outlook 2020. Coping with the COVID-19 Pandemic.

Table 2.8: Real GDP growth in Africa by region, 2011–2019 (%)

Region	2011–15	2016	2017	2018	2019
Central Africa	4.9	0.3	1.2	2.8	2.8
East Africa	4.3	5.1	5.4	5.3	5.2
North Africa	3.6	3.2	4.9	3.9	3.7
Southern Africa	3.2	0.6	1.3	1.2	0.3
West Africa	5.1	0.8	3.0	3.4	3.6
Africa	4.1	2.2	3.6	3.4	3.2

Source: African Development Bank

Forecasts for the regional SADC economy, which according to the October 2019 World Economic Outlook was set to recover in 2020, were revised downwards to negative 3 per cent due to the adverse effects of Covid-19.

Disruption of economic activity and increased expenditure by governments, coupled with economic packages in response to the pandemic were expected to affect the fiscal position of SADC member states. The fiscal deficit was forecast to widen to 5.7 per cent of GDP compared to the previous estimate of 3 per cent of GDP. Debt levels were forecast to increase beyond the regional threshold of 60 per cent of GDP to 63.6 per cent from the earlier projection of 53.6 per cent.

The regional and global economic contraction and weak demand in commodities were expected to result in a deterioration of the SADC external position, with the current account deficit forecast to widen to about 9 per cent of GDP from an initial estimate of 4.2 per cent of GDP. The deterioration of the external position, coupled with the increased imports of medication and medical equipment, has put pressure on the foreign reserves and exchange rates of SADC member states, and significant depreciation of currencies across the region is expected.

In response to Covid-19 at the regional level, SADC adopted a ten-point, coordinated regional strategy to strengthen disaster risk management by suspending regional face-to-face meetings; coordinating and monitoring the implementation of the SADC Protocol on Health, utilisation of the SADC Pooled Procurement Services for pharmaceuticals and medical supplies and the adoption of regional Guidelines on Harmonisation

and Facilitation of Cross Border Transport Operations across the Region during the Covid-19. Furthermore, SADC acted to mobilise regional support towards containment and mitigation of the socioeconomic impact of the pandemic on the SADC region and collaborated with the United Nations Educational, Scientific and Cultural Organisation (UNESCO) to ensure continuity of education and learning programmes.

The SADC subcommittee on macroeconomics and the secretariat are also monitoring and analysing the socioeconomic impact of Covid-19 on SADC economies as well as providing weekly regional status reports and daily updates on the status of Covid-19 in the region.

Despite the progressive nature of the region's Covid-19 strategic policy priority actions, the major challenges to successful implementation of Covid-19 disaster risk reduction strategies are a lack of funds to deal with the short- to medium-term effects of the pandemic of lives and economies; and, in some instances limited participation of stakeholders, including citizen groups, in the response and recovery strategies, given that the SADC regional Covid-19 disaster preparedness and response strategy is aligned to the Sendai Framework.

Importantly, not all the member states have established national emergency trust funds and national resource mobilisation strategies in support of effective implementation of a Covid-19 response and recovery strategy. As the dynamics of the pandemic continue to change, the COMESA-EAC-SADC Tripartite Cooperation – the SADC, together with its tripartite partners, the Common Market for East and Southern Africa (COMESA) and the East African Community (EAC) – have adopted harmonised Tripartite Guidelines on Trade and Transport Facilitation Guidelines for Safe, Efficient and Cost-effective Movement of Goods and Services during the Covid-19 pandemic.⁴⁷

These guidelines aim to reduce the spread of Covid-19 and facilitate trade and the movement of goods and services across the tripartite area during the pandemic. Although these policy actions are commendable, steps must also be taken to enhance safe and efficient movement of people, promote the tourism sector and foster regional integration among people in the region. However, the promotion of regional integration should not come at the expense of small and medium enterprises involved in cross-border trade and largely dominated by women.

47 Tripartite Guidelines on Trade and Transport Facilitation for the Movement of Persons, Goods and Services across the Tripartite region COVID-19 Pandemic.

2.5 ADOPTION OF THE SENDAI FRAMEWORK AND INTERNATIONAL HEALTH REGULATIONS BY AFRICAN UNION MEMBER STATES

The governments on the continent rapidly adopted public health measures in line with WHO guidelines as Covid-19 started to spread in different parts of the world. The policy response strategy was focused on containment and mitigation of Covid-19. Many African countries were quick to set up border screening, diagnostic centres, contact tracing, treatment and dissemination of public health information.

In the WHO's initial assessment in March 2020 of Africa's capacity readiness Africa's national readiness scored 66 per cent; it is now almost 90 per cent.⁴⁸

In this section, we assess the alignment of national policy responses on Covid-19 of African states according to the Sendai Framework and International Health Regulations with regard to preparedness for, response to and recovery from Covid-19 in Democratic Republic of Congo, Egypt, Kenya, Nigeria and South Africa based on the APRM governance framework. The analysis examines alignment of the national disaster risk governance policy frameworks to the Sendai Framework at the level of policy actions taken by AU member states to limit and contain the spread of Covid-19.

Similarly, in the analysis of policy choices and actions, this study assesses whether national governments have a disaster risk governance framework in place and whether such a framework is aligned to the Sendai Framework and International Health Regulations, that is, whether actions taken at the national level in preparedness for, response to, recovery from and the impact of Covid-19 derive from the principles and strategies outlined in the Sendai Framework and International Health Regulations.

AU member states have adopted the World Health Organization (WHO) guidelines on Covid-19, in terms of preparedness and response mechanisms, coordination, planning and monitoring, surveillance, case investigation, infection prevention and control, water, sanitation and hygiene (WASH), risk communication and community engagement, as well as guidance to schools, workplaces and institutions. Other measures include suspension of inbound and outbound flights, suspension of business and tourism travel, setting up of border and in-country testing centres, social distancing and cancellation of gatherings, adoption of self-isolation and mandatory quarantines for 10 to 14 days and treatment for those who test positive.

Some member states introduced lockdown measures that allowed only essential services to remain open. The majority of decisions to implement lockdown measures were conducted in consultation with the public health experts and relevant multi-sectoral advisory committees. The pandemic fostered coordinated approaches to governance, which reflected the need for the legislature to work more closely with other arms of government, including the executive, judiciary, security actors and non-state actors. For example, the Government of Kenya established the National Emergency Response Committee on the Coronavirus Disease, through Executive Order No.2 of 2020⁴⁹ and South Africa established the Ministerial Advisory Committee Technical Working Group on Covid-19.

The objective of lockdowns was to protect vulnerable individuals like the elderly and those with underlying medical conditions (comorbidities) and in so doing delay an increase in cases that could severely compromise the availability of hospital beds. By 20 March 2020, AU member states with fewer than 100 cases were imposing lockdowns and restriction of movements to prevent further Covid-19 transmission within their countries.

The analysis from this study further confirms the findings of the APRM preliminary study on Africa's governance response to Covid-19, which revealed that AU member states use existing or new legal and institutional mechanisms to limit and contain the spread of the pandemic. The focus of these mechanisms is fourfold: legal and institutional measures; disease prevention and containment measures; social and humanitarian measures; and fiscal and monetary measures.













48 <https://www.afro.who.int/Covid-19-africa-response-areas#preparedness>.

49 [Executive-Order-No-2-of-2020_National-Emergency-Response-Committee-on-Coronavirus-28.2.20.pdf](#) (health.go.ke).

2.5.1 Democratic Republic of Congo



Covid-19 timeline DRC

	10 March 2020	First case reported
	15 March 2020	National Assembly and Senate released a statement indicating suspension of activities until 5 April due to the pandemic.
	March 2020	The movement <i>Lutte pour le changement</i> said it feared a “humanitarian catastrophe or riots” when authorities announced the lockdown.
	April 2020	463 new cases
	22 April 2020	IMF decision to release US\$363.27 million to help the DRC as a part of its Rapid Credit Facility plan
	26 April 2020	Radio-based learning programme launched by the government
	May 2020	Multi-sectoral response plan (PMUAIC-19) launched
	1 June 2020	New Ebola outbreak declared in Mbandaka
	June 2020	Deconfinement of the Gombe business district in Kinshasa and the gradual deconfinement of workers in mining sites announced. Entry restrictions in airports, ports and borders lifted.
	8 November 2020	Government announced that it had contained an outbreak of Ebola in Equateur Province with assistance from the WHO
	15 December 2020	14 941 confirmed cases, 12 859 recoveries, 364 deaths, and 1 682 active cases
	18 December 2020	Curfew, obligatory mask-wearing and compulsory Covid testing for domestic and external travelers

In the Democratic Republic of Congo (DRC) Covid-19 emerged while the government was battling to eradicate chronic challenges related to poverty, food insecurity, lack of access to basic services, armed conflict and insecurity, epidemics (cholera, Ebola virus disease [EVD], measles and malaria) and population displacement. From the time DRC reported its first case of Covid-19 on 10 March 2020, as at 15 December 2020, the country had 14 941 confirmed cases, 12 859 recoveries, 364 deaths, and 1 682 active cases (see Table 2.5).

2.5.1.1 Disease prevention and containment

The government responded to the pandemic by declaring a state of emergency with urgent and essential measures including the closure of borders, a partial lockdown of the capital, Kinshasa, movement restrictions and the closure of all schools. As in the case of Egypt, while the restrictive measures put in place by the government were necessary, they contributed to deepening vulnerabilities and the already fragile situation in the country. The closure of borders, movement restrictions and disruption in local and global supply chains for a country with heavy reliance on imports resulted in price increases, which contributed to reducing the availability of and access to food and non-essential items, and made survival difficult for households that could not generate an income, especially for those in the agriculture sector who were either left without or with reduced purchasing power.

PREVENTION AND CONTAINMENT MEASURES

Since the first case, the government has taken the following measures: prohibition of all travel from and to Kinshasa; suspension of passenger flights from high-risk countries; limiting the public service to essential civil servants; prohibition of public gatherings involving more than 20 people; and, closure of schools, churches, bars and restaurants for a four-week period. As the case count continued to climb, the authorities are envisaging a lockdown of Kinshasa. The government’s Covid-19 national response plan aimed at strengthening the medical response includes the creation of a Covid-19 response team, setting up specialised wards in public hospitals to cater for Covid-19 patients, procurement of essential medical supplies, and training of medical personnel. The national plan and its associated measures are estimated to cost US\$138 million (0.3 per cent of GDP).

MULTI-SECTORAL NATIONAL COMMITTEE

A multi-sectoral national committee – PMUAIC-19 – to coordinate the Covid-19 response, builds on the DRC's four decades of experience with outbreaks of Ebola virus disease (EVD), which has caused 3 000 deaths. The committee comprises a Presidential Task Force that liaises with the President's Office and a Strategic and Operational Management Task Force comparable to that of the Ebola Incident Management System, which is supported by the WHO, the US and Africa-CDC, World Bank, and the UK Department for International Development (DFID).

All these agencies form DRC's Covid-19 strategic response plan. The committee's secretariat is made up of five divisions each with distinct responsibilities. Similar organisations set up to manage the response in each province are coordinated by the provincial governors and provincial ministers of health.

Other organisations involved in the Covid-19 fight in the DRC, supported by the US Health Resources and Services Administration, are implementing multidisciplinary teams of physicians, nurses, midwives, pharmacists, medical students, and community health workers for Covid-19 sensitisation, screening and testing activities endorsed by the Ministry of Health, the community and faith leaders. The DRC government's Covid-19 task response structure was incorporated into existing health system structures for HIV, tuberculosis, malaria and other non-communicable diseases.

WOMEN AND GIRLS

One of the criticisms levelled at government's efforts to contain and mitigate the impact of Covid-19 is that the pandemic response on women and girls in the DRC has further sharpened and increased disparities between women and men in relation to health, social protection and economic status. In the DRC, women's employment is concentrated in agriculture, small businesses in the formal sector and cross-border trading. During the economic lockdown, women's livelihoods and economic opportunities were limited, which left them vulnerable with no access to their workplaces, customers or products to sell.

Although some of the lockdown restrictions were lifted in June 2020, the long-term and enduring gendered impact of Covid response measures cannot be understated. Not only did movement restrictions result in loss of income and livelihoods for many families, especially those that rely on the informal sector; the pandemic also affected women through the increased burden of unpaid care work. Rising market prices, declining income, reduced transport accessibility and the depreciation of the Congolese Franc against the US

dollar also contributed to the disproportionate effect of Covid-19 on women and girls, to which the Covid-19 response and recovery did not give enough attention.

SOCIAL ASSISTANCE

The government's announcement on 18 March 2020 of 13 measures to halt the spread of coronavirus was misguided in some respects because it failed to consult with various stakeholders, including citizen groups. For instance, the unconditional cash transfer project to the elderly was blocked to curb gatherings of people. Normally, older people collect their cash manually as only a few have bank accounts. As a result, survival became difficult for older people and their families, and even more so for families of people living with disabilities.

2.5.1.2 Fiscal and monetary measures

The Banque Centrale du Congo (BCC) announced a package of fiscal and monetary measures to alleviate the impact of the Covid-19 pandemic on the economy and the financial system. The BCC's policy actions were aligned to its objective of maintaining general price level stability, and it implemented a set of measures to stabilise the economy following closure of the economy due to Covid-19 pandemic. The BCC reduced its policy interest rate by 150 base points to 7.5 per cent. It introduced a six-month exemption from all taxes, duties, levies and fees on the import and sales of farm inputs and pharmaceuticals and medical equipment was imposed as part of Covid-19 recovery measure. A three-month suspension of the application of penalties in a situation of delay in the custom clearance of commodities and a three-month suspension of numerous company controls were also implemented.

The government opened a new collateralised long-term facility for commercial banks (up to 24 months) to support the import and production of food and basic goods. It also reduced the ratio of minimum reserves to demand deposits in local currency by 200 basis points (to 0 per cent) and postponed the reform minimum capital requirement. Loan repayment terms were relaxed. Although the financial system appears to be generally robust, it is imperative that financial institutions continue to comply with international supervisory standards and that the banking supervisor adheres to a rigorous loan quality classification scheme. If necessary, the BCC could give banks more time to comply with prudential requirements in order to cope with a deterioration in the quality of their balance sheets. The BCC should also strengthen its collateral management during its refinancing operations with commercial banks to limit the risks on its own balance sheet.

2.5.2 Egypt

Egypt's first confirmed case of Covid-19 was reported on 15 February 2020, and as at 15 December 2020, it had 124 280 confirmed cases and 7 041 deaths (see Table 2.6). Like any other country in the world, the novel coronavirus pandemic in Egypt has affected both lives and the economy. In response, the Egyptian government put in place a comprehensive Covid-19 response and recovery plan with different components, including direct and indirect tax measures for sectors of the economy.

2.5.2.1 Disease prevention and containment

The Egyptian government imposed a combination of disease prevention and containment measures and social and humanitarian measures in its Covid-19 response and recovery strategy. The government issued several public health measures and programmes, including awareness-raising campaigns to stop the spread of the virus. Other measures imposed during the first phase of the pandemic included restriction of movement, social distancing, wearing of masks in public spaces, and closure of schools, shopping malls and retail outlets, and restaurants.

THREE-STAGE PLAN

The Egyptian health ministry published a three-stage plan for coronavirus management with procedures to prepare for the gradual return to normal life. From the last week of April 2020, shopping malls and retail outlets were allowed to open on weekends until 5 pm and customers could place takeaway orders in-store. Further relaxation of prevention and containment measures resulted in hotels being allowed to operate at 25 per cent capacity from May 4 to June 2020 after which they could operate at 50 per cent capacity.

2.5.2.2 Fiscal and monetary measures

A series of social, humanitarian, fiscal and monetary measures to cushion the effects of Covid-19 on citizens and corporations and to recalibrate the economy included various policy measures initiated by the government. Government expanded the existing Takaful and Karama social safety net programmes, in addition to the formation of an interministerial committee for irregular workers and a workers' emergency benefit fund. To mitigate the impact of school closures, government deployed the Egyptian Knowledge Bank (EKB), an online platform that provides students with access to digitised curricula and partnered with telecommunication companies to ensure reduced communication charges for students accessing the EKB. From 1 June 2020, night-time curfew was an hour shorter – from 8 pm to 5 am instead of 6 am.

ECONOMIC IMPACT

The measures to contain and mitigate the spread of the Covid-19 were not without casualties. Sectors like tourism and aviation were severally impacted, as were remittances from Egyptian expats and revenues generated from the Suez Canal through goods export. The government introduced a host of fiscal and monetary policy measures to limit the negative impact of containment and mitigation on people and the economy.

ECONOMIC STIMULUS PACKAGE

An economic stimulus package of US\$6.13 million (100 billion Egyptian pounds, 1.8 per cent of GDP)⁵⁰ rolled out to reinvigorate the economy, provides a detailed path to economic recovery. Amongst the fiscal and monetary measures introduced are:

- A 14 per cent increase of pensions, and expansion of targeted cash transfer social programmes;
- A targeted monthly support initiative of 500 Egyptian pounds to irregular workers for three months;
- A two-year consumer spending initiative of 10 billion Egyptian pounds;
- Low-interest loans for consumer goods discounted of 10-25 per cent guarantee mortgages and consumer loans made by banks and consumer finance companies of 2 billion Egyptian pounds;
- Healthcare sector support of 5 billion Egyptian pounds, and 75 per cent allowances on healthcare workers;
- Lowering of energy costs for the industrial sector;
- Real-estate tax relief for the industrial and tourism sectors;
- Subsidy pay-outs for exporters;
- Fuel discounts for the aviation sector as part of the EGP 100 billion stimulus;
- 50 billion Egyptian pounds for the tourism sector, which contributes almost 12 per cent of Egypt's GDP, 10 per cent of employment, and almost 4 per cent of GDP in terms of receipts, as of 2019;
- A two-year extension on the moratorium on the tax law on agricultural land;
- A reduction of stamp duties on transactions and tax on dividends;
- Indefinite postponement of capital gains;
- 1 per cent corona tax on all public and private sector salaries and 0.5 per cent on state pensions.

50 Policy response to Covid-19: <https://www.imf.org/en/Topics/imf-and-covid19/Policy-Responses-to-Covid-19>, accessed on 15 December 2020

OTHER MONETARY MEASURES

Furthermore, the Central Bank of Egypt put additional mitigating monetary and macro-finance policy measures in place. For instance, the Central Bank reduced its policy rate by 100bps and its preferential interest rate to 8 per cent from 10 per cent on loans to tourism, industry, agriculture and construction sectors, as well as for housing for low-income and middle-class families. It also extended its tourism lending initiative and retail loan initiative for workers in the tourism sector until end of 2021.

Government introduced a new lending initiative with soft loans at zero-to-low interest rates from banks aiming to replace old cars with natural gas-powered vehicles. A government guarantee of EGP 3 billion on low-interest loans by the Central Bank was announced for the tourism industry as soft loans. The central bank of Egypt approved a EGP 100 billion guarantee loan to cover lending at preferential rates to the manufacturing, agriculture and contracting sectors.






Aviation sector firms received loans with a two-year grace period. Small projects affected by Covid-19, especially in the industrial and labour-intensive sectors, were supported through the availability of short-term loans of up to a year, to secure the necessary liquidity for operational expenses until the crisis is over. Microlenders were included in the reform package and are to give up to 50 per cent of the value of monthly instalments to struggling clients. The suspension of credit score blacklists for irregular clients and waiver of court cases for defaulted customers has been announced.

These response and recovery plans represent an extensive and well-coordinated recovery plan that combines a variety of public health and economic measures including fiscal and monetary response to stop the anticipated economic recession during Covid-19.

The measures detailed in the paragraphs above cover multiple sectors, e.g., shipping, aviation, retail and trading, banks and financial, logistics, passenger transport, automotive and rail and include policy actions around humanitarian and social protection measures.



Covid-19 timeline Egypt

	15 February 2020	First case reported in the country
	Last week of April 2020	Shopping malls and retail outlets allowed to open on weekends until 5 pm, while restaurant customers had been allowed to place takeaway orders in-store
	May 4, 2020	Hotels allowed to operate at 25 per cent capacity until June 2020, and at 50 percent capacity, thereafter
	1 June 2020	Curfew one hour shorter – from 8pm to 5am instead of 6am
	21 September 2020	Funeral prayers and wedding ceremonies held in open-air venues allowed, for a maximum of 300 people
	15 December 2020	124 280 confirmed cases and 7 041 deaths

2.5.3 Kenya

According to Kenya's Ministry of Health, the first Covid-19 case was detected on 12 March 2020. The primary objective of Kenya's preparedness of, response to and recovery from Covid-19 strategy is to stop human-to-human transmission of the virus and to care for those affected. Cases have risen steadily and have spread rapidly across the country since the first case. Covid-19 has impacted every sector and disrupted lives, livelihoods and economy. As at 15 December 2020, Kenya had 92 459 confirmed cases of Covid-19 with 73 979 recoveries, and 1 064 deaths (see Table 2.3). In response to the pandemic, the government developed a Covid-19 collaborative response and recovery plan with development partners, businesses, civil society, community groups and citizens.

2.5.3.1 Disease prevention and containment

THE NATIONAL EMERGENCY RESPONSE COMMITTEE

Kenya responded to the pandemic by establishing national and local infrastructures for DRR, that were specific to Covid-19. The Kenyan Public Health Emergency Operations Centre (PHEOC) met with the Centre for Disease Control to determine what to do, before the first case of Covid-19 was identified in Kenya. The National Emergency Response Committee on Coronavirus was announced on 28 February 2020 by President Kenyatta. Chaired by the Cabinet Secretary for Health, the committee, which adopted a multi-agency approach in dealing with the pandemic, was mandated to guide and coordinate the response to the pandemic, and was characterised by preparedness and proactive approaches. The committee coordinates capacity-building of medical and public health professionals, while ensuring enhanced surveillance at points of entry, and creating and maintaining entry requirements for travellers from affected areas.

The committee also ensures that isolation and treatment facilities are in good working order and coordinates sourcing of medical supplies and personal protective equipment (PPE), through domestic and external financial support. Additionally, the committee is responsible for conducting economic impact assessments, developing mitigation strategies.

ENHANCED SURVEILLANCE OF BORDERS AND PORTS OF ENTRY

Another immediate action of the government of Kenya was to close all borders, restrict flights into and out of Kenya,⁵¹ close down or limit major distribution and travel routes (road, rail, and air), and to enforce curfews. In the first few months of the pandemic, Kenya closed

51 On March 25 2020, Kenya suspended all international flights into and out of the country and closed its borders with neighbouring countries.

its borders with neighbouring countries (Tanzania, Somalia, and Uganda), except for cargo transport.

A survey conducted by Kantar on Covid-19 in Kenya, examined the complex policy challenges facing the government, and found widespread trust and approval among Kenyans for the immediate actions taken to limit the spread of the virus. 80 per cent of survey respondents approved of the way in which the government responded to the Covid-19 outbreak, with 49 per cent strongly approving and only 15 per cent disagreeing with the government's approach. 82 per cent stated that they trust the government to make the right decisions in the future.⁵² It must be noted that some virus containment actions were eventually relaxed or lifted, as domestic and international air travel resumed on 15 July 2020 and 1 August 2020, respectively.

To comply with International Health Regulations, all passengers on international flights arriving in Kenya had to take a SarsCoV2 RT PCR Swab test; any contravention of regulations resulted in a two-week quarantine at the passenger's cost. However, as the pandemic progressed, and air travel was resumed, air travellers were required to present a negative Covid-19 test at the port of entry. The PCR Test result required by Kenya must be less than 48 hours old. Government continues to observe developments in other countries and regions, to ensure that passengers from 'hotspot countries' undergo compulsory quarantine for 14 days irrespective of the test result from their country of departure.

CAPACITY BUILDING AND ESTABLISHMENT OF AN INTEGRATED DISEASE SURVEILLANCE SYSTEM

Kenya's health ministry introduced an integrated disease surveillance and response (IDSR) system that guides rapid detection, reporting, management and treatment of infections.⁵³ The IDSR estimates numbers of Covid-19 infections across Kenya, and determines the diversity of strains in circulation. It has also been a useful strategy for providing more informed, more robust, customised public health responses.

The Ministry of Health also held a training of trainers programme that prepared county-level leaders to share knowledge of Covid-19 testing and management in their respective home counties. By July 2020, more than 11 000 health workers in Kenya had been trained to support the Covid-19 response.

52 <https://www.kantar.com/inspiration/society/2020---Covid-19-in-kenya/>.

53 Toda, M., Zurovac, D., Njeru, I., Kareko, D., Mwau, M. and Morita, K., 2018. Health worker knowledge of Integrated Disease Surveillance and Response standard case definitions: a cross-sectional survey at rural health facilities in Kenya. *BMC Public Health*, 18(1), pp.1-8.

DESIGNATION OF COVID-19 HEALTH CENTRES

By April 2020, the Ministry of Health had directed all 47 counties to identify and designate at least one Covid-19 hospital. As of June 2020, close to 2 000 hospitals across the country were certified as being prepared for Covid-19 cases.

OUTREACH, COMMUNICATION AND AWARENESS-RAISING CAMPAIGNS

To promote outreach and communication, the Kenyan government ramped up education and awareness-raising efforts. The Ministry of Health provides daily updates via all media outlets of the number of confirmed cases, fatalities, recoveries, overall Covid-19 related bed occupancy in various hospitals, and prevalence in all 47 counties.

To promote citizen engagement, the government also established the Covid-19 risk communication and community engagement sub-committee, in conjunction with media agencies, healthcare stakeholders and the International Organization for Migration (IOM) to enhance strategic communication and community engagement, promote trust and influence risk perception.

MOVEMENT RESTRICTIONS AND CLOSURE OF SCHOOLS AND CENTRES OF LEARNING

The government responded swiftly to news of the first Covid-19 case, which was reported on 13 March 2020, by enforcing a curfew and movement restrictions. Social distancing has been one of the most difficult measures to enforce, due to high population densities, especially in Nairobi and Mombasa counties, and in low-income neighbourhoods and informal settlements. This challenge is compounded by the population's heavy reliance on the informal sector's small-scale business activities, most of which are conducted outdoors.

Tensions and conflict dynamics around pandemic adherence measures enforced by the government were in part because people were forced to stay at home with no credible socioeconomic alternatives to cushion them. The first day of the curfew in Kenya was marked by clashes between police and members of the public, and tensions were reported throughout the first few months of the curfew.

Schools, colleges and universities have reopened partially. Those age 65 years and above may not participate in religious observance for more than 90 minutes, and attendance is limited to 50 to 200 persons for weddings, religious services and funerals. No more than 15 people are allowed at burial ceremonies.

Non-essential travel into and out of the major cities of Nairobi and Mombasa, both of which have had high Covid-19 infection rates, was also restricted. When the virus began to spread to rural areas where

healthcare facilities are limited the government imposed a temporary ban on movement into and out of the Nairobi metropolitan area and the most affected counties except for transportation of food supplies and other cargo.

DECONGESTION OF PRISONS AND CORRECTIONAL FACILITIES

In a move to decongest prisons and correctional facilities and help curb the spread of the novel coronavirus in these institutions, on 4 April 2020, the Government of Kenya announced that the release of about 4,800 prisoners who were serving sentences for petty offences. Despite these measures, there were documented infections among the prisoner population.

REFUGEE CAMPS

Refugee camps in Kenya were not spared the impact of the pandemic. According to the Centre for Policy Impact in Global Health (2020), Dadaab and Kakuma refugee camps, which collectively host nearly half a million people, have also faced movement restrictions over the last several months in accordance with national government policies.

VACCINATION

Now in its third wave of the pandemic, Kenya received its vaccines under the Covax initiative, which is co-led by WHO and vaccine alliance, Gavi. The Covax scheme aims to ensure equitable access to and distribution of Covid-19 vaccine doses worldwide. Kenya has developed an ambitious Covid-19 vaccination rollout plan, but has only received enough doses for a million of its 50 million citizens. The country's rollout plan is an online registration platform known as Chanjo-Ke (*Chanjo* is Swahili for immunisation). The platform became operational in early April and is intended to reduce the crowd numbers in vaccination centres across the country.

2.5.3.2 Fiscal and monetary measures

Kenya's economy has not been spared by the Covid-19 pandemic. In March 2020, the Central Bank of Kenya (CBK) lowered its 2020 growth forecast from 6.2 per cent to 3.4 per cent. The sectors most negatively affected are aviation, hospitality, tourism and horticulture. The tourism and hospitality industry, one of the biggest foreign exchange earners for Kenya, suffered huge losses due to global restriction of movement. Estimates from the Kenya National Bureau of Statistics (KNBS) indicate that up to 1.7 million Kenyans across all sectors lost employment between March and May of 2020.⁵⁴

⁵⁴ Kenya National Bureau of Statistics, 2020. Survey on Socio Economic Impact of Covid-19 on Households Report – Wave Two.

Unemployment figures were compounded by the closure of borders which significantly affected trade, and disrupted the supply of staple foods from Uganda and Tanzania. The pandemic also put a huge strain on the agriculture sector, already suffering from locust invasions, thereby amplifying food shortages.

ECONOMIC GOVERNANCE AND MOBILISATION OF FINANCIAL RESOURCES

The African Development Bank and the World Bank are the two largest external funders, providing US\$1.6 billion and US\$1.2 billion, respectively.

On 3 December 2020, the government of Kenya rolled out a fiscal stimulus package of 40 billion Kenyan shillings (0.4 per cent of GDP) for Covid-19-related expenditure for the health sector (enhanced surveillance, laboratory services, isolation units, equipment, supplies, and communication); social protection (cash transfers and food relief); and funds for expediting payments of existing obligations to maintain cash flow for businesses during the crisis. A Covid-19 Emergency Response Fund was created and Kenya's National Treasury was directed to utilise 2 billion Kenyan shillings of recovered corruption proceeds and reallocate the travel budgets of state agencies to support the most vulnerable.

CASH TRANSFER PROGRAMME AND FOOD DISTRIBUTION

The Government of Kenya unveiled a cash transfer programme targeting the elderly, poor and vulnerable. The cash transfer programme grants 2 000 Kenyan shillings (approximately US\$20) per individual per month.

Kenya has implemented food aid programmes at national and county levels to support citizens struggling to obtain essential food items. In addition, the government provided seed capital to small and medium enterprises through a credit guarantee scheme. However, there is need for a clear framework and modalities for identifying those with the greatest need.

To mitigate the impact of the pandemic on food security, Kenya established the County Government Coordination and Food Supply Working Group. Some of its achievements include allowing food and agriculture markets to remain open when proper hygiene and social distancing is observed, as well as suspending taxes on foodstuffs in all counties, as well as allowing for the importation of maize. The Working Group also announced that the transport of food items would be exempted from the curfew.

TAX CONCESSIONS

On 25 March 2020, the President of the Republic of Kenya delivered a speech outlining a number of measures aimed at cushioning Kenyans against the economic effects of the Covid-19 pandemic. These include social and economic recovery stimulus measures to rejuvenate the economy in the areas of youth employment scheme, provision of credit guarantees, fast-tracking payment of VAT refunds and other government obligations, increased funding for cash transfers, and several other initiatives.⁵⁵

Additionally, the Kenya Revenue Authority (KRA) also fast-tracked tax refunds and other pending payments to cushion affected businesses, corporations and individuals. In the FY2020/21 budget the economic stimulus package was reviewed upward to Ksh 56.6 million representing 0.5 per cent of Kenya's GDP.⁵⁶

Additionally, the Republic of Kenya implemented the Tax Law (Amendment) Act, 2020 to reduce the tax burden on citizens. The Tax Law (Amendment) Act, 2020, came into effect on 25 April 2020, and provided for several measures. Through this act, the government also announced a reduction of the Value-Added Tax (VAT) rate, through Legal Notice No 35 published in the Kenya Gazette supplement no 30 of 26 March 2020.

A basket of tax measures was adopted. These included full income tax relief for persons earning below 24 000 Kenyan shillings, the equivalent of US\$225 per month; a reduction in the top pay-as-you-earn rate from 30 to 25 per cent; reduction of the base corporate income tax rate from 30 to 25 per cent, in addition to reducing the turnover tax rate on small businesses from 3 to 1 per cent; and, a reduction of the standard VAT rate from 16 to 14 per cent.⁵⁷

SOFT LOANS AND EXTENSION OF LINES OF CREDIT

Economic cushioning measures included soft loans to hotels and other establishments that had been negatively affected by the pandemic.

The Central Bank of Kenya (CBK) lowered the central bank rate (CBR) from 8.25 per cent to 7.25 per cent and the cash reserve ratio (CRR) from 5.25 percent to 4.25 percent. Through the latter, additional liquidity of KES35 billion was made available to commercial banks to directly support borrowers. The CBK also lowered its policy rate by 100 bps to 7.25 per cent; lowering banks' cash reserve ratios by 100 bps to 4.25 per cent; increased the maximum tenor of repurchase agreements from 28 to 91 days; and introduced flexibility to banks' loan classifications and provisioning for loans that were performing on 2 March 2020 but were restructured due to the pandemic.⁵⁸

55 IMF, 2020. Policy responses to COVID-19.

56 Ibid.

57 Ibid.

58 IMF, 2020. Policy responses to COVID-19.

The CBK encouraged other commercial banks to provide flexibility to borrowers' loan terms based on pandemic-related circumstances and encouraged waiving of or reducing of charges on mobile money transactions to disincentivise the use of cash (International Monetary Fund, 2020). The CBK suspended listing of negative credit information for borrowers whose loans became non-performing after April 1 for six months on 15 April 2020, established a new minimum threshold of \$10 for negative credit information submitted to credit reference bureaus and lowered its policy rate by 25 bps to 7.0 per cent on 29 April 2020 (International Monetary Fund, 2020). There were no measures introduced on exchange rate and balance of payments.

REDUCTION OF EXECUTIVE SALARIES AND EXTENSION OF HEALTH INSURANCE

On 25 March 2020, the President of Kenya announced a voluntary reduction of the salaries of the President and the Deputy President by 80 per cent and those of the cabinet by up to 30 per cent. Government also announced the extension of civil servant health insurance to all county-level health workers.

VULNERABLE POPULATIONS AND GOVERNMENT ASSISTANCE

Financial restraints have greatly affected Kenya's large informal sector. It is estimated that about 70 per cent of Kenyans work in the informal sector which is characterised by daily wages, and limited social protection measures and savings.⁵⁹ Although government launched a series of measures to cushion vulnerable populations against the negative socioeconomic effects of the pandemic, it is alleged that allocated funds have not reached the target population because of corruption, and a lack of proper community-level structures to coordinate these processes.

The government of Kenya could take advantage of existing community structures, including local county administration, religious and cultural leaders as well as Peace and Development Committees, to ensure that resources reach vulnerable populations efficiently and effectively. These structures could assist in the identification and distribution of resources to target populations. The use of local infrastructure for governance will not only promote local ownership and transparency but will ensure that the country builds better back better in the post-pandemic recovery processes.

Furthermore, while the government of Kenya has done well in terms of mobilising external funding for its Covid-19 response, there have been allegations that

the finances have not been allocated efficiently or in some cases, ethically. The perceptions of citizens of the responses to the pandemic have also been shrouded by mistrust as people began doubting the existence of the virus, stating that the virus was a ploy for the state actors to plunder resources allocated to the Covid-19 responses.



Kenya's Policy Response to Covid-19

	20 February 2020	National Emergency Response Committee Established
	12 March 2020	First Covid-19 Case reported in Kenya
	18 March 2020	Schools, tertiary and higher education institutions closed
	25 March 2020	International travel ban implemented
	27 March 2020	Curfew implemented (dawn to dusk) and ban on social gatherings. Social protection measures announced.
	25 April 2020	Tax Amendment Act comes into effect
	5 July 2020	Phased reopening of schools begins
	15 July 2020	International flights resume
	15 August 2020	Domestic air travel resumes
	15 December 2020	92 459 confirmed cases, 73 979 recoveries and 1 064 deaths

59 Kenya National Bureau of Statistics, 2019. Economic Survey 2019, Kenya National Bureau of Statistics, Nairobi; See also: Kenya National Bureau of Statistics, 2021. Economic-Survey-2021.pdf (knbs.or.ke).

2.5.4 Nigeria

Nigeria, Africa's most populous nation with 196 million people, confirmed its first coronavirus case on 27 February 2020. As at 15 December 2020 it had 74 132 confirmed cases of coronavirus, 66 494 recoveries and 1 200 deaths, the highest in the West African region. Covid-19 lockdown has frozen the economy, creating millions of job losses and disrupting the supply chain. Nigeria's dependence on oil revenue and foreign exchange exacerbated the effect of Covid-19 with an unprecedented crash in the oil price because of the collapse of international demand for oil. It is forecasts by some that Nigeria's unemployment rate will increase to 33.6 per cent (39.4 million people) by the end of 2020.⁶⁰

A household survey conducted by Nigeria National Bureau of Statistics (2020) estimated that over 40 per cent of Nigerian households are classified as poor.⁶¹ Similarly, it projected that the economy could shrink by between 4.4 per cent and 8.91 per cent depending on the length of the lockdown and the effectiveness of the post-Covid-19 economic recovery plan put in place to stimulate the economy.

In March 2020, the Nigerian government announced a stimulus package as part of its post-Covid-19 economic sustainability plan that promised a N2.3 trillion (about US\$5.9 billion) stimulus spending package. The aim of the recovery plan is to keep economic contraction to minus 0.59 per cent. These policy incentives were intended to cushion citizens from the socioeconomic impact of the pandemic, in line with the need for a governance construct that advances social protection.

In the same month the president also announced policy incentives to cushion its citizens against the socioeconomic impact of the pandemic. These included the advance payment of two-month cash transfers to vulnerable citizens as well as distribution of two-month food rations to internally displaced persons (IDPs). During the pandemic, the Nigerian government also utilised the existing National Social Register (NSR), designed to facilitate transmission of cash transfers to vulnerable individuals and groups. According to a report by the Brookings Institution (2020), before the pandemic, there were about 2.6 million people registered on NSR. It expected that this figure would increase to 3.6 million during the pandemic.

One of the challenges faced by the cash transfer programme is the lack of a robust information tracking system. This lack of adequate data to determine who is most vulnerable has meant that people who are supposed to benefit from such social programmes end up being excluded. Although the Central Bank of Nigeria (CBN) offered a \$7 800 credit 'stimulus package' to some of the poorest households in the country, it is conditional on presenting collateral, which defeats the intention of the programme – to target the vulnerable, who, for the most part, do not have such collateral.

The cash transfer system was also criticised for not being gender-responsive. Therefore, going forward, the cash transfers meant to cushion the Covid-19 pandemic's impact on livelihoods should target vulnerable women. Nigeria must ensure that its recovery from the pandemic promotes a more gender inclusive society, where the rights of women and girls are protected and their opportunities promoted.

Following the federal lockdown in Abuja, Lagos and Ogun state, Nigeria's Federal Ministry of Humanitarian Affairs, Disaster Management and Social Development provided food relief packages in response to shortages of food being experienced by many households. However, this state support was not widespread. Corruption and lack of accountability deprived many of this assistance.

On 16 March 2020, the CBN announced new measures, including a one-year extension of a moratorium on principal repayments for CBN intervention facilities, and reduced the interest rate on intervention loans from 9 per cent to 5 per cent.

Nigeria's House of Representatives passed the Emergency Economic Stimulus Bill, which grants 50 per cent tax rebates to companies registered under the Companies and Allied Matters Act, so that they could continue employing their existing workers during the pandemic. However, critics have pointed out that while these efforts are commendable, the Stimulus Bill focuses more on the formal sector; neither those employed in the informal sector, which account for more than 65 per cent of the population⁶² nor Nigeria's many unregistered businesses, would have access to the rebate.

60 World Bank, 2020. Nigeria COVID-19 preparedness and response project

61 <https://www.nigerianstat.gov.ng/>

62 Nigeria National Bureau of Statistics (2021)

Another challenge regarding Nigeria's Covid-19 response was the government's perceived aggression and lack of coordination to curtail the spread of the virus. Citizens felt that the lockdown measures were not harmonised, and that they did not effectively engage with the urban poor. There were calls for more attention to be directed at the urban poor who have been marginalised with respect to the government responses to Covid-19.

The Nigerian government was therefore urged to broaden citizen engagement in Covid-19 response initiatives. There were calls for the government to work with community and faith-based leaders to reach the urban and rural poor in response to the pandemic crisis. This would facilitate effective coordination of government and ease accessibility of humanitarian support by most vulnerable groups.

2.5.4.1 Disease prevention and containment

PRESIDENTIAL TASK FORCE ON COVID-19

The realisation that Covid-19 could have a lasting impact on Nigeria's future economic performance prompted the government to implement stringent policy measures to stop the spread of the virus and several public health measures aligned to International Health Regulations (IHRs) in managing public health crisis were implemented, including establishing the Presidential Taskforce (PTF) on Covid-19 which was mandated to provide daily updates on the outbreak to the public; however, little planning went towards the preparation of palliative measures for the citizens.

SURVEILLANCE DEVELOPMENT OF MONITORING AND TRACKING SYSTEMS

Prior to the arrival of the first Covid-19 case (patient zero), the Federal Government, through its disease outbreak response agency – the Nigeria Centre for Disease Control (NCDC) – took measures to prevent entry of the virus into the country or ensure its rapid detection on arrival. Measures included increased surveillance at ports of entry through temperature checks, travel history documentation and collection of contact details of passengers arriving from Covid-19 hotspots.

The government also activated the national Incident Coordination Centre (ICC) to facilitate coordination of preparedness and response efforts and, to effectively track incidences of the pandemic, launched the Surveillance and Outbreak Response Management System (SORMAS) and the Mobile Strengthening Epidemic Response System (mSers) to enable case-based reporting and aggregate reporting of suspected cases respectively.

The NCDC also played an instrumental role. Two days after the first Covid-19 case was confirmed in Nigeria, the NCDC began publishing daily situation reports detailing the exact number of cases, tests, deaths and recoveries, as well as the spread of infection in the country. The NCDC transmitted information on prevention and control of the disease, safety measures pertaining to travel, social gatherings, and in anticipation of the elections, produced a document detailing the necessary measures for conducting elections under the special circumstances created by the pandemic. The NCDC was also responsible for training medical workers and distributing equipment, among other activities. Through the NDC, the government trained rapid response teams in all 36 states; these can be deployed in the event of an outbreak.

SCHOOL CLOSURES, MOVEMENT RESTRICTION AND SOCIAL DISTANCING

Other non-pharmaceutical interventions (NPIs) were implemented to reduce contact rates in the population and thereby reduce transmission of the virus. NPIs require a combination of social distancing of the entire population, isolation of confirmed cases, and household quarantine of family members and contacts (World Bank, 2020b) supplemented by school and university closures, closure of international airports and travel bans, prohibition of public gatherings, and promotion of face masks and frequent handwashing.

A partial lockdown was declared in Lagos, Abuja and Ogun states. Declaring an emergency under the provisions of the Constitution requires the involvement of the National Assembly.⁶³ The president avoided this by opting for the Quarantine Act of 1926 which does not require a review by both Senate and House of Representatives. President Buhari drew on the Infectious Diseases Act, which enabled him to rely on the Quarantine Act. The Quarantine Act gives the president the power to initiate the measures deemed necessary to prevent the exposure to and spread of the disease both within domestic borders and from countries outside of those borders.⁶⁴

Following the Federal Government's lockdown announcement, many states followed suit. Federal and state government agencies promoted work from home while quarantine centres were established in Lagos state. In the early stages of the outbreak, testing

63 Under the Nigerian Constitution, a national state of emergency can be declared by the president in the event of 'imminent danger or disaster or natural calamity affecting a community, or any other public danger constituting a threat to the country.'

64 Abdulrauf, L., 2020. Nigeria's Emergency (Legal) Response to COVID-19: A Worthy Sacrifice for Public Health? Verfassungsblog: On Matters Constitutional.

capacity of the NCDC⁶⁵ was limited; currently, with the deployment of digital platforms for people to get results faster, NCDC testing capacity has increased.

On April 13 and 27, 2020, the President of Nigeria extended the national lockdown initially announced on March 30 for two weeks to May 4. Nigeria imposed a four-week lockdown in Lagos State, the epicentre of the virus in the country. During these four weeks, people were required to stay indoors except those working in essential services such as medical personnel and security, among others. Businesses and worship centres were closed, transportation and public gatherings were suspended, interstate movement was prohibited and street hawking was forbidden.⁶⁶

However, the measures instituted during the initial lockdown proved insufficient to stem the outbreak. The country has seen a rapidly evolving epidemic that now covers the entire 36 plus federal capital territory in Nigeria. Inadequate implementation of appropriate health interventions, poor surveillance and less-than-sufficient testing initially obfuscated the true extent of locally driven transmission. The extreme population-wide social distancing and travel restrictions, sustained over a long period, have harmed Nigeria's fragile, export-dependent economy and have outstripped people's ability to cope with the impact on their livelihoods. This has, in turn, disincentivised adherence to control measures. Implementing and enforcing NPIs is especially challenging in densely populated urban areas, particularly if households or neighbourhoods lack in-home access to water and toilets.

RELEASE OF PRISONERS

The president ordered the release of inmates in correctional facilities to decongest prisons. On May 4, 2020, phase 1 of a three-phase economic reopening commenced, following a full lockdown that had been in place since March 30. In phase 2, which began on June 2, 2020, most offices and schools were allowed to reopen. However, a comprehensive list of restrictions remains in place, including night time curfew, a ban on non-essential interstate passenger travel, partial and controlled interstate movement of goods and services, and mandatory use of face masks or coverings in public.

65 The Government of Nigeria enacted two laws that address health care and public health and specifically facilitate implementation of the International Health Regulations (IHR 2005). Nigeria enacted the National Health Act of 2014 and the Nigeria Center for Disease Control (NCDC) Act of 2018 to provide key public health institutions the legal mandate needed to accomplish these national goals. The NCDC's mandate is to lead the preparedness, detection and response to infectious disease outbreaks and public health emergencies in the country.

66 Kalu, B., 2020. COVID-19 in Nigeria: a disease of hunger. *The Lancet. Respiratory Medicine*, 8(6), p.556.

EASING OF RESTRICTIONS AND VACCINATION

On September 4 2020, Nigeria moved into phase 3. Night curfew was revised to 12 a.m. to 4 a.m. Groups of up to 50 people were allowed to attend parties and gathering. More opening hours were allowed for parks and gardens but clubs and bars remained closed. Schools around the country reopened on 12 October 2020.

The Nigerian authorities continue to work with the WHO to access Covid-19 vaccines and Nigeria may receive 20 million doses by January 2021. Nigeria has entered a second wave of Covid-19 infections, and daily cases of confirmed coronavirus are on the increase.

OUTREACH AND AWARENESS RAISING

What is interesting about the social response to the pandemic in Nigeria is the role played by religious organisations. The Christian Association of Nigeria and the Nigerian Supreme Council of Islamic Affairs (NSCIA) have both been influential in upholding lockdown regulations and have also assisted in community education about the virus. The NSCIA further decided to close mosques in the state capital a full week before the government-imposed lockdown.

Overall, government responses to the pandemic were applauded as they succeeded in preventing the rapid spread of the coronavirus in this populous African country. Critics indicated that the government's preparedness and response efforts were generally instrumental in flattening the epidemic curve. However, while the measures were commendable, the reality is that the pandemic played out in the context of existing and ongoing public health challenges. Before the Covid-19 pandemic, Nigeria's healthcare system had been plagued by numerous challenges which included shortage of qualified healthcare personnel, inadequate budgetary allocation to health, and a deteriorating healthcare infrastructure. Umar et al (2020) noted that in the early phase of the pandemic, Nigeria struggled to ensure that its medical and public health staff were provided with adequate personal protective equipment (PPE).⁶⁷

2.5.4.2 Fiscal and monetary measures

Nigeria's federal government adopted a revised budget for 2020 in response to the Covid-19 shock. A N500 billion (0.3 per cent of GDP) Covid-19 intervention fund is included in the revised budget to channel resources to additional health-related current and capital

67 Umar, S.S., Muhammad, B.O. and Babandi, Z.S., 2020. Preparedness of Nigerian Health Institutions toward managing Lassa fever epidemic and COVID19 pandemic. *Nigerian Journal of Medicine*, 29(2), pp.303-307.

spending (tests, supplies and facilities) and public works programmes to support the incomes of the vulnerable, including N7.5 billion to Nigeria's Centre for Disease Control and grant of N10 billion to Lagos State. Coverage of the conditional cash transfer programme has been broadened and an allocation of N150 billion to support state and local government spending needs has been made available through the budget.

Import duty waivers for pharmaceutical firms were introduced. Regulated fuel prices have been reduced, and an automatic fuel price formula was introduced to ensure fuel subsidies are eliminated. Electricity tariffs were increased. The social register was increased by 1 million households to 3.6 million to ameliorate the effects of the lockdown.

A broader economic stimulus plan that includes the N500 billion Covid-19 intervention fund was introduced to support the real sector.

The bulk of the plan's financing is to be provided by the CBN-supported credit facilities and from sovereign wealth and other savings funds.

In response to the crisis, the CBN cut the monetary policy rate by 100 basis points in May 2020 and another 100 basis points in September while expanding liquidity available for non-bank financial institutions, leading to significant lowering of market yield of government securities. Additional measures include:

- Reducing interest rates on all applicable CBN interventions from 9 to 5 per cent and introducing a one year moratorium on CBN intervention facilities;
- Creating a 50 billion naira (\$139 million) targeted credit facility; and,
- Liquidity injection of 3.6 trillion naira (2.4 per cent of GDP) into the banking system, including 100 billion naira to support the health sector, 2 trillion naira to the manufacturing sector, and 1.5 trillion naira to the real sector to impacted industries.

Regulatory forbearance was also introduced to restructure loans in affected sectors.

The CBN is also coordinating a private sector special intervention initiative of 120 billion naira (US\$333 million) to fight Covid-19. As of September 2020, the CBN has disbursed a total of 3.5 trillion naira in intervention funds since the onset of the Covid-19 pandemic, including 73.7 billion naira in targeted credit facilities to help households and small and medium enterprises, which has exceeded initial plans of 50 billion naira.

The official exchange rate was adjusted from N307/\$ before Covid-19 to N361/\$ at the beginning of the crisis and more recently to N380/\$, with an ongoing unification of various exchange rates under the investors and exporters (I&E) window, Bureau de Change, and retail and wholesale windows. The authorities committed to allowing the I&E rates move, in line with market forces. A few pharmaceutical companies have been identified to ensure they can receive FX and naira funding. While the I&E window turnover has been low since April, the CBN has resumed FX supply in some of the other windows.

The Nigerian government's Covid-19 response and recovery plan has not escaped criticism. Although many observers have lauded the response and recovery plan as a worthy initiative that could contribute positively to steering the economy out of recession, the country already struggles with other economic challenges. The combined effects of Covid-19, and low global oil prices have put Nigeria in a precarious financial position that has placed it in a weak macroeconomic situation. Prior to the onset of the pandemic, Nigeria faced major economic challenges, including low economic growth, high unemployment, plunging oil prices, and a huge debt burden. The situation is expected to worsen, and requires the country to ensure a more equitable, transparent and efficient use of national resources.

Additionally, concerns have been raised about the plan's silence on fundamental issues confronting previous economic plans, namely, the need to revamp crucial sectors of the economy like power and education. Nigeria's electricity supply is both erratic and expensive and is one of the reasons the prospects for productivity and business remain bleak. Investing in the power sector would improve the storage and processing of agricultural produce while investing in entrepreneurial and skills-orientated education will contribute significantly to reducing poverty and unemployment rate, especially among women and the youth.

The Covid-19 pandemic has been seen to magnify existing threats to the civic space in Nigeria. There were reports that lockdown and other restrictions have largely been enforced through violence. Critics felt that the state was using Covid-19 as an excuse to impose and enforce regulations to curtail civic rights. A report by Amnesty International (2020/2021) concluded that in Nigeria, as in some of the other countries on the continent, the pandemic was weaponised to trample upon citizen human rights.⁶⁸

68 Amnesty International, 2021. Amnesty International Report, 2021. The State of the World's Human Rights, p.270.












Use of excessive force by the police resulted in street protests by citizens demanding their rights and calling for accountability. As such, social unrest became an issue of particular concern to Nigeria, especially in the context of the pandemic. During the pandemic the country faced resistance to social distancing policies that limited movement and work and was also rocked by the #EndSARS⁶⁹ protests.



In May 2020, the National Human Rights Commission in Nigeria issued a petition cautioning that emergency measures to reduce the spread of Covid-19 should not be used to violate human rights.

The pandemic in Nigeria was also accompanied by an increase in cases of gender-based violence. This confirms observations from the UNFPA (2020), which indicate that violence, in all shapes and forms, tends to be amplified during pandemics. This is mainly because pandemics, since they are crisis situations, are often accompanied by an erosion of social norms and increase in desperation. According to UNFPA (2020), pandemics often lead to a breakdown of social infrastructure thus compounding the existing weaknesses and faultlines for conflict. Several organisations, including the International Rescue Committee have indicated that millions of women and girls face heightened insecurity and violence during the Covid-19 pandemic and that gender inequality is worsened by pandemic conditions. Additionally, lack of coordination amongst key stakeholders, and poor implementation of legal frameworks, combined with entrenched gender discriminatory norms have hampered the efforts of government and civil society to address gender-based violence. These efforts have in turn been further compromised by the Covid-19 pandemic.⁷⁰

Nigeria's Policy Response to Covid-19

	27 February 2020	First Covid-19 Case reported in Nigeria
	9 March 2020-	Presidential Task Force on Covid-19 established
	18 March 2020	Travel ban of 33 hotspot countries announced
	19 March 2020	School closures and more travel bans announced
	24 March 2020	All land borders closed
	29 March 2020	One-week lockdown implemented in Lagos, Ogun and FCT, ban on social gatherings
	13 April 2020	Lockdown extended for another two weeks
	18 May 2020	Lockdown in Kano extended
	15-18 June	Phased re-opening, resumption of domestic travel
	29 August 2020	Resumption of international travel by air resumes
	15 December 2020	74 132 confirmed cases, 66 494 recoveries and 1 200 deaths

69 SARS refers to the Special Anti-Robbery Squad

70 UNFPA, 2020. Annual report 2020.

2.5.5 South Africa

South Africa has the highest number of Covid-19 cases in Africa and is thus the epicentre of the pandemic on the continent.⁷¹

The Covid-19 pandemic in South Africa has played out against the backdrop of a health system battling high incidences of HIV/AIDS, tuberculosis and malaria and comorbidities like diabetes. A scarcity of healthcare practitioners – South Africa only has a third of the ideal ratio of 30 health practitioners to every 10 000 people (WHO guidelines) – is also a matter of concern.

The first confirmed Covid-19 case in South Africa was announced on 5 March 2020 and by 11 November 2020, the country had registered 742 394 confirmed cases, with 686 458 recoveries and 20 011 deaths. At one point South Africa had the fifth highest number of total infections in the world, after the US, Brazil, India and Russia.

The country's leadership made bold, quick and controversial moves in response to Covid-19. President Cyril Ramaphosa imposed contentious but important restrictions to combat the spread of the virus. South Africa declared a national state of disaster in terms of section 27 (2) of the Disaster Management Act, 2002 and implemented a phased approach to lockdown.⁷² Stage 5, introduced on 27 March 2020, included social distancing, travel bans on visitors from high-risk countries and quarantine for nationals returning from those countries, screening at ports of entry, school closures, screening visits to homes and mobile technology to track and trace contacts of those infected to inform individuals whether they had been in close proximity to a person diagnosed with Covid-19.

ESTABLISHMENT OF COORDINATION STRUCTURES AND PROVISION OF LEADERSHIP AND GUIDANCE

On 25 March 2020, two consultative bodies were established to advise government: the National Command Council (NCC) and the Ministerial Advisory Committee (MAC) on Covid-19. The NCC is composed of 19 cabinet ministers (including members of the Inter-Ministerial Committee on Covid-19), their respective directors-general, the National Police Commissioner, the head of the South African National Defence Force (SANDF), and a secretariat.

The NCC receives information from the National Joint Operations and Intelligence Structure (NatJoints). The

NCC is also supported with bespoke and real-time data generation and predictions from the National Institute for Communicable Diseases (NICD). Both the NICD and the South African Ministry of Health publish daily statistics related to Covid-19. The South African government also relied on predictive models by expert researchers, in particular the Covid-19 Modelling Consortium, for data based on six-month forecasts for worst and best case scenarios.

The MAC comprises four sub-committees: (i) pathologists and laboratory; (ii) clinicians; (iii) public health; and (iv) research. MAC works closely with the minister of health, the minister for disaster management regulations, the minister of home affairs, and the leadership of the National Planning Commission. One of the roles of the Advisory Committee on Covid-19 is to provide advisories on how best the government should be communicating with South Africans. The advisory committee has recognised that misinformation and mistrust around the pandemic are priority areas to tackle, in order to strengthen state-citizen trust.

President Cyril Ramaphosa has been widely praised for displaying decisive leadership during the pandemic, at both continental and national levels. On 15 March 2020, Ramaphosa addressed the nation for the first time regarding Covid-19, after reaching out to scientific experts, other political parties, government, business, organised labour and civil society and continued to provide regular updates. The government's swift reaction in March 2020 was credited with buying the time needed to delay the peak of the pandemic to October 2020.

2.5.5.1 Disease prevention and containment

LOCKDOWN AND MOVEMENT RESTRICTIONS

A nationwide lockdown from midnight on 26 March 2020, gave only critical workers and transport services, the banking sector, essential food and medicine production, and retail the right to operate. A dawn-to-dusk curfew was imposed, and movement was restricted within urban areas and into and out of cities with a high Covid-19 incidence to rural areas with lower infection rates. Non-essential businesses were advised to allow individuals to work from home and to effect physical distancing measures if workers were required to access their workstations. Furthermore, all mass gatherings, faith-based events, festivals, conferences and meetings, trade fairs, and sporting and cultural events were prohibited to minimise person-to-person contact. Schools were also closed.

Limiting of contact between persons (social distancing) was encouraged and a travel ban was imposed on foreign nationals traveling from countries classified as high risk. South African citizens were advised to refrain from traveling and those returning from high-risk countries were asked to self-isolate upon return. Several

71 'Coronavirus in Africa Tracker: How Many Covid-19 Cases and Where?', African Arguments, October 15, 2020, <https://africanarguments.org/2020/07/26/coronavirus-in-africa-tracker-how-many-cases-and-where-latest/>.

72 The declaration of a national state of disaster was published in Government Gazette No. 43096 on 15 March 2020, in terms of section 27(2) of the Disaster Management Act, 2002, after consultation with the relevant Cabinet members.

ports were shut and health surveillance was increased at international airports.

This total national lockdown effectively kept the population in their homes for five weeks, with the exception of essential service workers.

The president also ordered the deployment of the SANDF to assist the police in enforcing lockdown regulations, which marked a transition from self-isolation to government-mandated isolation. This move was criticised by some sectors, which noted that excessive reliance on coercion in the enforcement of Covid-19 measures could be detrimental to building and strengthening trust between the state and citizens.

On 27 April 2020, a delegation of 217 infectious disease experts arrived at the request of the government to support the health response to Covid-19. On 1 May 2020, a phased lifting of the lockdown began, allowing a few sectors to resume operation and others only partially. On 13 May 2020, a further relaxation of the lockdown was announced effective from 1 June 2020. Most economic sectors were at a standstill until the end of May 2020. On 24 May 2020, it was specified that the June 1 relaxation would be broader than previously announced. Most economic activities reopened, under strict health and social distancing practices, except for high-risk ones (restaurants, bars, taverns, accommodation, domestic air travel, conferences, events, entertainment, sporting activities and personal services).

The sale of alcohol was allowed on a restricted basis while the sale of tobacco remained banned. Remote work was still encouraged wherever possible. From 8 June 2020, schools started to reopen and on 17 June 2020, restrictions on sit-down restaurants, hotels, conference centres, casinos, non-contact sports, and personal care services were relaxed, with strict adherence to health protocols. On 12 July 2020, in response to a growing number of Covid-19 cases, a curfew and an alcohol ban were reintroduced and the wearing of face masks in public was made mandatory. From 27 July 2020 public schools were closed for one month with minor exceptions.

On 17 August 2020, following a drop in the number of daily cases, sale of alcohol was allowed to resume, subject to certain restrictions, while restrictions on interprovincial travel and the operation of accommodation, hospitality venues, beaches, restaurants, bars and taverns was relaxed subject to strict adherence to health protocols and social distancing.

By September 2020, the country had moved to level 1 (the lowest of the five levels).⁷³ On 21 September 2020, following a flattening of the Covid-19 case curve, almost all restrictions were lifted, including on international travel to certain countries from 1 October 2020. The list of high-risk countries for international travel was revised on 20 October 2020 and was reduced from 60 to 22 countries.

On December 14, 2020, President Ramaphosa introduced restrictions in locations with high infections, such as Nelson Mandela Bay municipality, and Sarah Baartman and Garden Route district municipalities. These included an extended curfew, alcohol sale and consumption limitations, beach closures, and a tightening of rules for indoor and outdoor events. A nationwide curfew from 11 pm to 4 am was put in place.

AWARENESS-RAISING AND OUTREACH

Government collaborated with civil society organisations, development partners, the private sector and community-based organisations, the government launched nationwide media campaigns to educate the population on adherence measures. Community social workers were also deployed to raise awareness among the public on physical distancing and handwashing and Covid-19 prevention control measures, and to offer psychosocial support to affected communities. Such measures of support to the vulnerable have been key to ensuring that those who cannot afford to adhere to prevention measures on their own are given the assistance they need to do so.

South Africa's president consulted with community leaders and publicly acknowledged their contributions in sensitising and encouraging compliance in their communities.

VACCINATION CAMPAIGNS

On 3 November 2020, South Africa's participation in the WHO's Covid-19 Global Vaccine Access Facility was announced.

73 Ramaphosa C. Measures to combat coronavirus Covid-19 epidemic. Presidency, South Africa, 15 March 2020. <https://www.gov.za/speeches/statement-president-cyril-ramaphosa-measures-combat-Covid-19-epidemic-15-mar-2020-0000>

2.5.5.2 Fiscal and monetary measures

Net capital outflows (bonds and equities) since the beginning of the pandemic have amounted to US\$12.1 billion (4.2 per cent of GDP); the sovereign's dollar credit spread has increased more than 18 per cent to 199 bps; and the rand has depreciated by about 0.5 per cent vis-à-vis the US dollar. Following a request from the government, on 27 July 2020 the IMF approved emergency assistance under the Rapid Financing Instrument equivalent to US\$4.3 billion.

In collaboration with civil society organisations, the South African government provided PPE such as face masks, gloves, sanitisers, medical supplies and soap, as well as water and food rations to affected informal settlements across the country.

The government assisted companies and workers facing distress through the Unemployment Insurance Fund (UIF) and special programmes from the Industrial Development Corporation (IDC). Additional funds were made available for the health response to Covid-19, workers with an income below a certain threshold received a small tax subsidy for four months; the most vulnerable families received higher social grant amounts until end October 2020. To support the poor and vulnerable include, the Government of the Republic of South Africa established a Solidarity Fund, which committed ZAR 2 billion (US\$140 250 000). A new temporary Covid-19 grant was also created to cover unemployed workers that do not receive grants or UIF benefits and was extended for an additional three months through January 2021.

The government set up a solidarity fund for financial contributions from individuals, firms and foreign governments to help combat the spread of the virus, support municipal provision of emergency water supply, increase sanitation in public transport, and provide food and shelter for the homeless.

A temporary employee relief scheme (TERS) was introduced to enable employers to continue to pay workers. Government also called for funds from the Unemployment Insurance Fund (UIF) to be used to support small, medium and micro enterprises (SMMEs) as well as other assistance. Tax breaks for the poor and tax relief for certain businesses were announced. In addition to introducing price ceilings and controls on essential items, the government put in place measures to prohibit unjustified price hikes. On 3 April 2020, the government relaxed restrictions on informal food vendors to provide the poor with a means to access food.

The numbers of food parcels for distribution was increased. Funds were made available to assist SMEs under stress, mainly in the tourism and hospitality sectors, and small-scale farmers operating in the

poultry, livestock and fresh produce sectors. A new loan guarantee scheme which came into effect on 12 May 2020 helps companies with a turnover below a certain threshold to get bank financing to pay operating expenses. The revenue administration accelerated reimbursements and tax credits, allowing SMEs to defer certain tax liabilities, and issued a list of essential goods for a full rebate of customs duty and import VAT exemption. A four-month skills development levy (SDL) tax holiday was also implemented.

The South African Reserve Bank (SARB) has reduced the policy interest rate several times since the pandemic started: 100 bps to 5.25 per cent on 19 March 2020, another 100 bps to 4.25 per cent on 14 April 2020, 50 bps to 3.75 per cent on 21 May 2020, and 25 bps to 3.5 per cent on 23 July 2020. On 20 March 2020, it announced measures to ease liquidity conditions by: (i) increasing the number of repo auctions to two to provide intraday liquidity support to clearing banks at the policy rate; (ii) reducing the upper and lower limits of the standing facility to lend at repo-rate and borrow at repo-rate less 200 bps; and (iii) raising the size of the main weekly refinancing operations as needed.

On 23 March 2020, the government announced the launch of a unified approach to enable banks to provide debt relief to borrowers. On 25 March 2020, the SARB announced further measures to ease liquidity strains observed in funding markets by purchasing government securities in the secondary market across the entire yield curve and extending the main refinancing instrument maturities from 3 to 12 months. On 26 March 2020, the SARB issued guidelines on modalities to provide debt relief to bank customers and on 28 March 2020, announced temporary relief on bank capital requirements and a reduction in the liquidity coverage ratio from 100 to 80 per cent to provide additional liquidity and counter financial system risks.

On 6 April 2020, the SARB issued guidance on the distribution of dividend and cash bonuses to ensure the preservation of bank capital. Effective 11 May 2020, the SARB returned the number of repo auctions to once a day and, on 12 May, announced a series of prudential priority measures for cooperative financial institutions on prudential matters, supervisory activities, as well as governance and operational issues. On 3 August 2020, SARB announced that easing of macroprudential policies would be extended until further notice. As of 19 August 2020, noting a normalisation of liquidity conditions, the SARB reverted to standard standing facility borrowing rates (repo rate less 100 basis points).

The SARB announced it would continue its longstanding practice of not intervening in the foreign exchange market. On 19 and 27 March 2020, the Department of

Trade, Industry and Competition (the dtic) introduced regulations against price gouging, and export control measures on essential goods. The government also outlined measures for Covid-19 emergency procurement including specifications of the health essentials it would purchase and the maximum prices for the personal protective equipment it would procure.

In October 2020, President Ramaphosa outlined the country's economic recovery plan, which, most importantly, targets unemployment, infrastructure development, improving electricity generation and improving social welfare. However, in 2021, South Africa is still experiencing load shedding because of a shortage of generation capacity.

GENDER-BASED VIOLENCE AND COVID-19

South Africa has some of the world's highest rates of gender-based violence (GBV). While reports suggest there was a decrease in crime during lockdown due to restricted movement, violence against women increased. President Ramaphosa described this as a 'scourge' and a 'declaration of war' against women. Described as the 'shadow pandemic,' the increase in GBV has been attributed to lockdown measures forcing women and girls to be confined with their abusers.

South Africa is not alone in pandemic-induced GBV cases. In May 2020, the UN issued an alert about the alarming rise of GBV domestic violence and sexual violence during coronavirus lockdowns. GBV is perpetuated by lack of effective governance and enforcement, limited women's rights and, in some cases, cultural norms that regard women as second-class citizens.

SOCIAL, ECONOMIC AND POLITICAL EFFECTS

While South Africa's response to the pandemic demonstrated leadership, public ownership and political will, the lockdown was severely criticised for its adverse effect on jobs and livelihoods, and the lack of transparency and accountability. Lockdown measures had a profound impact on the social and economic fabric, as most sectors of the economy were forced to close to mitigate the risk of the virus spreading. The stringent lockdown measures announced between March and May 2020 forced poor people to choose between their lives and their livelihoods, and the situation soon became untenable.

Amid rising levels of hunger and desperation, people began to lose faith in the value of the lockdown measures and there were concerns that the strict lockdown measures lacked empathy and that government was blind to the negative effect the measures would have on the everyday lived realities of South Africa's poor.

The lockdown in South Africa had stark effects:

social, economic and political. Although statistics demonstrate that the strict lockdown from March to May 2020 saved lives, it was criticised for destroying livelihoods because so many businesses had to close, approximately 3 million people lost their jobs, and an estimated 1 million fell into poverty.⁷⁴ Currently, more than 8 million South Africans aged 15-34 are classified as NEET – not in employment, education or training.

The call for schools to shut down also left millions of children without education.

The lessons from the strict lockdown in South Africa have highlighted the need to strike a balance between saving lives and saving livelihoods. The ongoing and multiple revisions of the country's lockdown regulations demonstrate that the government tried to be responsive to the concerns of its people.

South Africa's precarious economic position and social inequalities were exacerbated by the pandemic. The country was already characterised by massive inequalities between rich and poor and had the second highest Gini Coefficient in the world (0.625). The densely populated informal settlements and townships in South Africa made social distancing almost impossible, given the confined spaces. This was compounded by the lack of adequate water and sanitation facilities, which are critical in reducing Covid-19 infection. Furthermore, South Africa's public healthcare system is fragile, and the country has a high percentage of people with comorbidities like HIV/AIDS, tuberculosis and diabetes.

With the onset of the pandemic, trade was severely disrupted and many small businesses struggled to stay afloat. South Africa already had major economic problems, including low growth, high unemployment, a volatile currency, and credit rating downgrades. The country was in recession and had been downgraded by the major credit rating agencies to sub-investment grade, which made borrowing much more expensive. The country's indebtedness was projected to reach almost \$255 billion, or 81.8 per cent of GDP by the end of the 2020–2021 fiscal year, an increase from the estimate of 65.6 per cent of GDP projected in February 2020.

Although the South African government took extensive measures from the onset of the pandemic, the economic impact is likely to be more enduring, as job losses continue, and poverty and inequality rates continue to widen. The pandemic caused tensions to rise and complex state–society relations were challenged as some segments of the population felt government's responses were not balanced, constitutional, inclusive or justified.

74 UNDP, 2020. Covid-19 in South Africa. Socio-economic impact assessment.










MANAGEMENT OF PANDEMIC RESOURCES

There were also concerns over the management of pandemic resources. For example, the South African Human Rights Commission (SAHRC) acknowledged government's prompt response as a well-intentioned strategy but expressed its concerns regarding excessive use of force. There were fears that Covid-19 had strengthened the powers of the police and army against citizens in the absence of the scrutiny of parliament or civil society. Similarly, the High Court in South Africa ruled that lockdown-related restrictions resulted in the curtailment of constitutional rights like freedom of movement, dignity and the right to earn a living, among others and argued that many self-employed citizens were unable to support themselves and their families.

There were also calls for transparency in the allocation of public funds to economic recovery and improvement, and post-Covid economic recovery programmes.



South Africa's Policy Response to Covid-19

	5 March 2020	First Covid-19 case reported in South Africa
	26 March 2020	Nationwide lockdown with only critical workers, transport services, banking, essential food and medicine production and retail operating
	27 April 2020	A delegation of 217 infectious disease experts arrives at the request of the government to support its health response to Covid-19
	1 May 2020	Phased lifting of the lockdown begins, allowing a few sectors to resume operation and others only partially
	8 June 2020	Phased reopening of schools begins
	12 July 2020	Curfew and alcohol ban reintroduced and wearing of face masks in public made mandatory
	1 October 2020	List of high-risk countries for international travel was revised and the number of such countries was reduced from 60 to 22
	15 December 2020	892 813 confirmed cases, 780 313 recoveries and 24 011 deaths
	28 December 2020	To combat the increase in infections driven by the faster-spreading new variant, the president tightened restrictions (adjusted Level 3)



CHAPTER 3

LEGAL, POLICY AND INSTITUTIONAL FRAMEWORKS

This chapter discusses, reviews, and interprets various legal, policy and institutional frameworks that deal with disaster management and International Health Regulations in the African context by looking at the implementation of legislation for disaster management, frameworks and policies derived from the United Nations Disaster Risk Reduction (UNDRR) framework, the World Health Organization (WHO) international regulations for health on the health governance dimensions of Agenda 2063, the UN's sustainable development goals (SDGs), the African Charter on Democracy, Elections and Governance (ACDEG) and the APRM governance frameworks. The chapter also includes a review and analysis of institutional arrangements for preparedness for, response to and recovery from crises and epidemics in the Africa.

3.1 LEGAL, POLICY AND INSTITUTIONAL FRAMEWORKS AS CONCEPTS

Disaster risk management is guided by legal, policy and institutional frameworks which together constitute the mechanisms needed to implement and maintain disaster risk reduction actions at all levels: international, continental and national. Each level must be strong enough to deal adequately with disasters. In other words, the foundation for managing disaster risks is in the three frameworks as discussed.⁷⁵

The legal framework for disaster mitigation and management refers to executive orders and other legal instruments that set the ground rules for governmental and non-governmental activities. It includes statutes and executive acts and orders and implementing regulations that establish legal authority behind programmes and organisations and create the foundation for the policies, practices, and processes developed at any level. They also assign responsibilities and authority to individuals and institutions and create institutions or mechanisms to coordinate action and collaboration among and between institutions.⁷⁶

The policy framework for disaster mitigation and management: The Cambridge Dictionary (2002) defines policy as 'a set of ideas or a plan of what to do in particular situations that has been agreed to officially by a group of people, a business organisation, a government, or a political party' and the Oxford Dictionary as a 'course of action adopted by a government, business and individual'. According to Alesch et al, 'A policy may consist of or include, an allocation or reallocation of resources applied toward the desired end state or set of outcomes, and a policy may focus on input, process, or output values'.⁷⁷

For the purposes of this study, policy may also be referred to public policies that relate directly or indirectly to hazards and their impacts on humans, their activities, and the natural and built environment, the concept which then are developed into a plan or course of action which is subsequently approved and adopted by a government, community, or other entity.⁷⁸

The institutional framework for disaster mitigation and management comprises:

- Organisations or institutions, both governmental and non-governmental, with a recognised role to play in hazard and risk management; and,
- The mechanisms for coordination among organisations and institutions.

For this study, these networks are involved in planning, supporting and implementing the disaster risk management framework.

The legal, policy and institutional frameworks are therefore instruments that address each action in the framework while identifying the roles and responsibilities of the actors and the resources required to put the framework into practice.

75 Carter, W.N., 2008. Disaster management: A disaster manager's handbook.

76 Mattingly, S., 2005, September. Policy, legal and institutional arrangements. In Proceedings. Regional Workshop on Best Practices in Disaster Mitigation (pp. 19-36).

77 Alesch, D.J., Holly, J.N., Mittler, E. and Nagy, R., 2001. Organizations at risk: What happens when small businesses and not-for-profits encounter natural disasters.

78 Mattingly, S., 2005, September. Policy, legal and institutional arrangements. In Proceedings. Regional Workshop on Best Practices in Disaster Mitigation (pp. 19-36).

3.2 GLOBAL DISASTER MANAGEMENT FRAMEWORKS

Disasters, natural or manmade, cause devastation across the globe. In the last decade, disasters have caused approximately 75 000 deaths and have affected almost 200 million people a year and the cost of disaster-related damage is estimated at, on average, US\$162.2 billion per year.⁷⁹

There are many ways in which experience and scientific methods can be used to ensure preparedness, resilience, and deal with the after effects of disaster. Laws and regulations serve as a foundation for building resilience. 'The law and regulations are essential to creating an enabling environment for reducing disaster risks, preventing new risks from arising and making communities safer'.⁸⁰

The role of legal frameworks in providing an enabling environment for disaster risk reduction was recognised by 168 UN member states when they adopted the Hyogo Framework for Action 2005–2015 (HFA). This role was afforded even greater recognition a decade later in the Sendai Framework for Disaster Risk Reduction 2015–2030 (the Sendai Framework).⁸¹

3.3.1 The Hyogo Framework for Action 2005–2015 (HFA)

The HFA stipulates that all states must: 'Adopt, or modify where necessary, legislation to support disaster risk reduction, including regulations and mechanisms that encourage compliance and that promote incentives for undertaking risk reduction and mitigation activities'.⁸² Although the HFA was not legally binding, it was among the first international instruments to prompt states to develop and establish laws, policies and institutions to manage disasters. It was unique in that it was the first plan to coordinate information, research, and best practice to reduce the losses associated with disasters. This coordination involved multiple actors including governments, international agencies, disaster experts, and many others. However, because the HFA lacked an explicit health or public health component it is regarded as having diminished the overall conceptual framework for action.⁸³

Legislation that followed the HFA had no significant impact because it did not cover disaster risk reduction in detail and only dealt with either preparedness or response. Other more detailed legislation was unrealistic because its demands on the capacity of many states made implementation burdensome.

79 International Federation of Red Cross and Red Crescent Societies, 2015. World Disasters Report 2015.

80 United Nations Development Programme, 2015. Checklist on Law and Disaster Risk Reduction, an annotated outline.

81 Murray, V., Aitsi-Selmi, A. and Blanchard, K., 2015. The role of public health within the United Nations post-2015 framework for disaster risk reduction. *International Journal of Disaster Risk Science*, 6(1), pp. 28-37.

82 Ibid, p.6.

83 Ibid.

3.3.2 Sendai Framework for Disaster Risk Reduction 2015–2030

The broadest, most significant international instrument in disaster risk management is the Sendai Framework, which focuses on promoting coherence in the entire national legal and policy framework and strengthening the means of implementation, including through dedicated financing for disaster risk reduction at all levels of administration.

The Sendai Framework for Disaster Risk Reduction 2015–2030 was adopted at the Third United Nations World Conference on Disaster Risk Reduction, which was held from 14 to 18 March 2015 in Sendai, in Miyagi Prefecture, Japan. The objective of the Sendai Framework is to significantly reduce disaster risk and losses in lives, livelihoods, health and in the economic, physical, social, cultural and environmental assets of persons, businesses, communities and countries. This instrument objective is to prevent, reduce existing disaster risk through the implementation of integrated and inclusive economic, structural, legal, social, health, cultural, educational, environmental, technological, political and institutional measures that prevent and reduce hazard exposure and vulnerability to disaster, increase preparedness for response and recovery, and thus strengthen resilience.⁸⁴

The following articles of the Sendai Framework are crucial to the integration of disaster management and health regulations:

Adoption and Implementation: 27(a) To mainstream and integrate disaster risk reduction within and across all sectors and review and promote the coherence and further development, as appropriate, of national and local frameworks of laws, regulations and public policies, which, by defining roles and responsibilities, guide the public and private sectors in:

- Addressing disaster risk in publicly owned, managed, or regulated services and infrastructures.
- Promoting and providing incentives, as relevant, for actions by persons, households, communities, and businesses.
- Enhancing relevant mechanisms and initiatives for disaster risk transparency, which may include financial incentives, public awareness-raising and training initiatives, reporting requirements and legal and administrative measures; and
- Putting in place coordination and organisational structures.

Institutionalisation: 27(d) To encourage the establishment of necessary mechanisms and incentives to ensure high levels of compliance with the existing safety-enhancing provisions of sectoral laws and regulations, including those addressing land use and urban planning, building codes, environmental and resource management and health and safety standards, and update them, where needed, to ensure an adequate focus on disaster risk management.

Inclusion: 27(f) To assign, as appropriate, clear roles and tasks to community representatives within disaster risk management institutions and processes and decision-making through relevant legal frameworks, and undertake comprehensive public and community consultations during the development of such laws and regulations to support their implementation.

Legislative Support: 27(l) To encourage parliamentarians to support the implementation of disaster risk reduction by developing new or amending relevant legislation and setting budget allocations.

Public Investment: 30(a) To allocate the necessary resources, including finance and logistics, as appropriate, at all levels of administration for the development and the implementation of disaster risk reduction strategies, policies, plans, laws and regulations in all relevant sectors.

Domestication: 33(p) To review and strengthen, as appropriate, national laws and procedures on international cooperation, based on the Guidelines for the Domestic Facilitation and Regulation of International Disaster Relief and Initial Recovery Assistance.

From: Sendai Framework for Disaster Risk Reduction 2015–2030

⁸⁴ United Nations Development Programme, 2015. Checklist on Law and Disaster Risk Reduction, an annotated outline.

Even though the HFA was among the first international instruments to encourage governments to enact laws that deal with disaster risk reduction, it was not detailed enough with regard to the content and quality of such laws. The Sendai Framework has seven targets and four priorities for action. It recognises that the state has the primary role to reduce disaster risk but that responsibility should be shared with other stakeholders, including local government, the private sector and other stakeholders.

Under the Sendai Framework, states are encouraged to delegate roles and responsibilities to community representatives and undertake community consultations for the development of DRM laws and regulations. The Sendai Framework also places greater emphasis on the establishment of accountability mechanisms, particularly in areas that have been weakly enforced in many countries (including those addressing land use and urban planning, building codes, environmental and resource management, and health and safety standards).

From: Sendai Framework for Disaster Risk Reduction 2015–2030

3.3.3 The World Health Organization (WHO) international regulations for health on the health governance dimensions of Agenda 2063

The World Health Organization (WHO) is a specialised agency of the UN tasked with the responsibility of international health. Its main objective is to attain the highest possible level of health for people across the globe. WHO has been managing the global regime for the control of the international spread of disease, including Covid-19.

Articles 21(a) and 22 of the WHO Constitution give the World Health Assembly the power to come up with regulations designed to prevent the international spread of disease. According to this mandate, WHO passed the international health regulations (IHR) which came into force on 15 June 2007.

The stated purpose and scope of the IHR are: 'to prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade.'

A number of issues are covered in these regulations as to the scope, which includes:

- The regulations give an unlimited mandate to WHO when it comes to diseases. They are not limited to any specific disease or manner of transmission but cover illness or medical condition, irrespective of origin or source that presents or could present significant harm to humans;
- That States have an obligation to develop certain minimum core public health capacities. State Parties have an obligation to notify WHO of events that may constitute a public health emergency of international concern according to defined criteria;
- The regulations give powers to WHO to take into consideration unofficial reports of public health events and to obtain verification from States Parties concerning such events;
- The regulations lay down the procedure in which the Director General of WHO can determine public health emergency of international concern and issuance of corresponding temporary recommendations, after considering the views of an Emergency Committee;
- It lays down the protection of the human rights of persons and travellers; and,
- It establishes National IHR Focal Points and WHO IHR Contact Points for urgent communications between States Parties and WHO.

Disaster management has been accepted to be a global issue and countries are encouraged to improve their disaster preparedness, along with the growing international commitment to strengthen health system as discussed above. WHO 64th World Health Assembly (2011) adopted a resolution on strengthening national health emergency and disaster management capacities and resilience of health systems, therefore a holistic health system approach to disaster management is the one which is being recommended.

WHO defines public health as: 'All organized measures (whether public or private) to prevent disease, promote health, and prolong life among the population as a whole.'⁸⁵

Public health deals with entire community or population healthy issues and not individuals. Public health systems and functions thus crucial to DRR. WHO describes them as follows:

- Assessment and monitoring of the health of communities and populations at risk, to identify health problems and priorities.
- Formulation of public policies designed to solve identified local and national health problems and priorities.
- To assure that all populations have access to appropriate and cost-effective care, including health promotion and disease prevention services.

3.3.4 United Nations Disaster Risk Reduction (UNDRR) framework

The control of non-communicable diseases (NCDs) was addressed by the 66th United Nations (UN) General Assembly and by the World Health Organization's NCD 2020 action plan. In 2015, the United Nations Disaster Risk Reduction (UNDRR) framework introduced three landmark agreements of particular importance to international health management: the Sendai Framework; the Sustainable Development Goals (September 2015) and the climate change agreements through the United Nations Framework. All three demonstrate to a certain extent of how crucial public health is to disaster risk reduction.

The United Nations General Assembly Resolution 59/2122 calls upon states to adopt and continue to implement effectively necessary legislative measures to mitigate the effects of natural disasters and integrate disaster risk reduction strategies into development planning as well as disaster preparedness and capacity building in disaster response and mitigation.

The above international instruments oblige African governments to develop laws that integrate disaster management and International Health Regulations.

This study includes a legal analysis that explores how Africa has adopted these international regulations at regional and national levels.

85 WHO, 2011. Glossary of globalization, trade and health terms. Geneva.

3.3.5 Global Action Plan for the Prevention and Control of Non-Communicable Diseases (2013–2020)

The WHO Global NCD Action Plan 2013–2020 follows commitments made at a High-Level Meeting of the General Assembly on the Prevention and Control of NCDs, and recognises the primary role and responsibility of governments in responding to the challenge of NCDs and the important role of international cooperation to support national efforts.⁸⁶

The WHO first adopted a global strategy for the prevention and control of non-communicable diseases at the 53rd World Health Assembly in May 2000. Since then several health assembly resolutions have been adopted or endorsed in support of its key components. These include:

- WHO Framework Convention on Tobacco Control (WHO FCTC) (resolution WHA56.1);
- Global strategy on diet, physical activity, and health (resolution WHA57.17);
- Global strategy to reduce the harmful use of alcohol (resolution WHA63.13);
- Sustainable health financing structures and universal coverage (resolution WHA64.9);
- Global strategy and plan of action on public health, innovation, and intellectual property (resolution WHA61.21);
- Outcome of the World Conference on Social Determinants of Health (resolution WHA65.8); and,
- Moscow Declaration of the First Global Ministerial Conference on Healthy Lifestyles and Non-Communicable Disease Control (resolution WHA64.11).

The Global NCD Action Plan 2013–2020 provides a framework to support and strengthen implementation of existing regional resolutions, frameworks, strategies and plans on prevention and control of non-communicable diseases at the continental, regional and national levels. The plan is consistent with WHO's reform agenda, which requires of a state or organisation to engage an increasing number of public health actors, including foundations, civil society organisations, partnerships, and the private sector, in work related to the prevention and control of non-communicable diseases.⁸⁷

The action plan provides a roadmap and menu of policy options for UN member states and other stakeholders to take coordinated and coherent action at all levels from local to global to attain the nine voluntary global targets, including that of a 25 per cent relative reduction in premature mortality from cardiovascular disease, cancer, diabetes and chronic respiratory diseases, by 2025.⁸⁸

The framework is to be adopted from regional to national level, considering region-specific situations and in accordance with national legislation and priorities and specific national circumstances.

86 UN General Assembly, resolution A/RES/66/2

87 World Health Organization, 2013. Global action plan for the prevention and control of noncommunicable diseases 2013-2020. World Health Organization.

88 Ibid

3.3.6 Global Compact for Safe, Orderly and Regular Migration (WHO, 2018)

On 19 September 2016, the UN General Assembly discussed issues related to migration and refugees which sent a powerful political message that these matters had become major issues that were squarely in the international agenda. In adopting the New York Declaration for Refugees and Migrants, the 193 UN member states recognised the need for a comprehensive approach to human mobility and enhanced cooperation at the global level.⁸⁹

The Global Compact for Safe, Orderly and Regular Migration (GCM) is an 'intergovernmental negotiated agreement, prepared under the auspices of the United Nations, that covers all dimensions of international migration in a holistic and comprehensive manner'.⁹⁰

However, the GCM is not an international treaty; it is non-binding under international law. The argument behind it being non-binding is that it 'respects the sovereign right of a state to determine who enters and stays in their territory and demonstrates commitment to international cooperation on migration. It presents a significant opportunity to improve the governance of migration, to address the challenges associated with today's migration, and to strengthen the contribution of migrants and migration to sustainable development'.⁹¹

The Global Compact is framed in a way consistent with target 10.7 of the 2030 Agenda for Sustainable Development in which member states committed to cooperate internationally to facilitate safe, orderly and regular migration.

The Global Compact is designed to:

- Support international cooperation on the governance of international migration;
- Provide a comprehensive menu of options for States from which they can select policy options to address some of the most pressing issues around international migration;
- Give states the space and flexibility to pursue implementation based on their own migration realities and capacities;
- Address all aspects of international migration, including the humanitarian, developmental, human rights-related and other aspects;
- Make an important contribution to global governance and enhance coordination on international migration;
- Present a framework for comprehensive international cooperation on migrants and human mobility;
- Set out a range of actionable commitments, means of implementation and a framework for follow-up and review among Member States regarding international migration in all its dimensions;
- Be guided by the 2030 Agenda for Sustainable Development and the Addis Ababa Action Agenda; and,
- Be informed by the Declaration of the 2013 High-Level Dialogue on International Migration and Development

The Global Compact for Safe, Orderly and Regular Migration, 2016

89 UNHCR, 2016. New York Declaration for Refugees and Migrants

90 <https://www.iom.int/global-compact-migration>

91 Ibid

3.3.6 International Legal Framework Governing Public Health Emergencies

The Health Emergency and Disaster Risk Management (EDRM) Framework is a substantial response to health challenges that emphasises the critical importance of prevention, preparedness, and readiness, together with response and recovery, to save lives and protect health). The framework recognises that all sectors must work together during a health emergency to manage the risk.

The framework also recognises the need for community engagement and information sharing by all stakeholders and, that while emergencies affect everyone, they disproportionately affect the most vulnerable. The needs and rights of the poorest, as well as women, children, people with disabilities, older persons, migrants, refugees and displaced persons, and people with chronic diseases must be at the centre of dealing with health emergencies and disaster management.

The Health Emergency and Disaster Risk Management Framework states:

Health EDRM considerations should be integrated into relevant policies and strategies, supported by appropriate legislation. They should be included in national health policies, strategies, and plans, be aligned with national planning and budget cycles, and be mainstreamed in the broad range of national and subnational health programmes. A national policy or strategy on Health EDRM should outline the roles and responsibilities of all public, private, and civil society stakeholders, across the components of all-hazards Health EDRM, and include those responsible for planning and coordination, IHR (2005), surveillance and early warning, emergency preparedness and response, recovery, safe hospitals, and health and related services. Similarly, multisectoral EDRM policies and legislation should refer to the protection of people's health and the minimisation of health consequences as specific aims and outcomes (WHO) of action by all sectors. Since health issues are not often well represented in intersectoral policies and strategies, strong advocacy may be required to ensure a more central place for health in these important multisectoral policies, strategies, and initiatives.⁹²

92 World Health Organization, 2019. Health emergency and disaster risk management framework.

3.4 LAWS GOVERNING INTERNATIONAL PUBLIC HEALTH EMERGENCIES

Strict rules and regulations need to be included in the legislation, policies, and institutional frameworks for disaster risk management strategies and related programmes and initiatives to be successfully implemented during a health emergency. This is not limited to the health sector; all sectors must collaborate to collectively reduce the health risks and consequences of emergencies and disasters. In so doing a country will be equipped to implement the Sendai Framework, the SDGs, IHR (2005), the Paris Agreement, and other relevant national, regional, and global frameworks.⁹³

The following analysis of the laws governing public health emergencies and the exceptions to those laws aims to explain the actions of states during the Covid-19 pandemic. Legal frameworks cover international human rights treaties that set out the parameters for protecting fundamental rights during times of emergency, and various guidelines developed by human rights mechanisms of the United Nations (UN) and the African Commission on Human and Peoples' Rights (ACHPR) to assist states in ensuring a response to the Covid-19 health crisis that respects the rights of its people.⁹⁴

93 Ibid.

94 International Legal Framework Governing Public Health Emergencies, ICNL, 2020, www.icnl.org



3.4.1 International Covenant on Civil and Political Rights (ICCPR)

In situations where the level of the emergency at hand demands it, and provided such measures are not inconsistent with the state's obligations under international law, states may derogate from their obligation under international law to protect certain rights during a public emergency per article 4 of the International Covenant on Civil and Political Rights (ICCPR). The Covid-19 health crisis qualified as such an emergency because it is a threat to the existence of a nation.⁹⁵

3.4.2 General Comment no. 29: UN Human Rights Committee

The General Comment states that introducing measures that derogate from the provisions of the ICCPR must be very extremely exceptional and temporary in nature.⁹⁶ This means the impending threat must reach a high threshold. It therefore implies that any derogation in response to Covid-19 must be limited in severity, duration, and geographical coverage, to ensure that it not abused or done out of proportional per Article 54.^{97 98}

Article 62 of the Siracusa Principles stipulates that during health emergencies, states must conduct an objective assessment of the emergency to determine to what extent, if any, it poses a threat to the life of the nation, and that the specific measures derogating from its treaty obligations are necessary and legitimate in the circumstances. Further, under article 53, a state cannot invoke derogation where reasonable restrictions on certain rights are adequate to deal with the public health emergency.⁹⁹

International law is also clear when it comes to non-derogable rights. Article 4(2) of the ICCPR states that even in times of emergency such as the Covid-19 pandemic, a state cannot deviate from non-derogable rights such as the right to life, prohibition of torture, inhuman and degrading treatment, slavery and servitude, prohibition of imprisonment for the inability to fulfil contractual obligations, application of ex post facto laws and freedom of thought, conscience, and religion.¹⁰⁰ The UN Human Rights Committee,

General Comment No. 29, states that exercising derogation under ICCPR does not mean the state can use it to justify its violation of state obligations under humanitarian law.¹⁰¹

3.4.3 Internationally Accepted Exceptions During a Public Health Emergency

The law is always law, except when a law has been repealed, when there is declaration of State of Emergency or in exceptional circumstances where there is a public health emergency such as the Covid-19 pandemic or Ebola. It is in these exceptional circumstances that international law allows a country to derogate from their international obligation in so many areas and it is specifically prescribed.

It must be stated that each country has laws, either through their constitution or other legislation, that clearly state which laws can be derogated during an emergency. However, for this study we will only look at the international instruments in support of the same. International law allows states to restrict the exercise of certain fundamental rights such as freedom of assembly, association, and expression when dealing with a serious threat to the health of the population or individual members of the population.¹⁰² The restrictions must comply with three overriding principles: legality, necessity, and proportionality and non-discrimination, in accordance with international law.¹⁰³

Legality

All restriction which are made by the State on the rights of people during an emergency must be provided by law that is clear and accessible to all and in line with international human rights standards.¹⁰⁴

The mandate and exercise of emergency powers must be sufficiently clear to avoid arbitrary interpretation. Vague laws, which confer undue discretion on executive authorities, in the context of public health emergency, are inconsistent with the legality principle and should be revised. The law should include adequate safeguards and effective remedies against illegal or abusive imposition or application of limitations on rights.¹⁰⁵

95 Ibid.

96 UN Human Rights Committee, General Comment No. 29 on States of Emergency, CCPR/C/21/Rev.1/Add.11 (2001), para 2, 4

97 Siracusa Principles on the Limitation and Derogation of Provisions in the International Covenant on Civil and Political Rights. United Nations Commission on Human Rights, 1984. Bibliography: United Nations Commission on Human Rights., Article 54.

98 International Legal Framework Governing Public Health Emergencies, ICNL, 2020, www.icnl.org.

99 Siracusa Principles, Article 53.

100 ICCPR, Article 4 (2).

101 UN Human Rights Committee, General Comment No. 29, (ibid) para 7.

102 Siracusa Principles, Article 25.

103 International Legal Framework Governing Public Health Emergencies, ICNL, 2020, www.icnl.org.

104 Ibid.

105 Siracusa Principles, Article 18.

Necessity and proportionality

All restriction must be strictly necessary and use the least intrusive means, in order to protect public health. Mechanism and measures that prohibit the enjoyment of rights must be implemented reasonably, proportionally and humanely.¹⁰⁶

Non-discrimination and equality

To prevent crisis from being used as a pretext to suppress rights in general or to target individuals or groups, including minorities, human rights defenders, journalists, and other groups there should be no discrimination based on any prohibited grounds as part of emergency measures and restrictions.¹⁰⁷

NOTE: One of the most important safeguards is that authorities given powers to implement emergency measures must always comply with their legal obligation and authorities should be held accountable for misuse of emergency powers under the law. Any use of force by security officials during enforcement of emergency measures should be governed by international standards and should only be used as a last resort. All persons should be treated with humanity and with respect to preserve their inherent dignity during law enforcement operations.

106 International Legal Framework Governing Public Health Emergencies, ICNL, 2020, www.icnl.org.

107 Ibid.



3.5 CONTINENTAL LEVEL

The Sendai Framework states that disaster risk governance at regional, national and global levels is of great importance for effective and efficient management of disaster risk. Clear vision, plans, competence, guidance, and coordination within and across sectors, as well as participation of relevant stakeholders, are needed. Strengthening disaster risk governance for prevention, mitigation, preparedness, response, recovery, and rehabilitation is therefore necessary and fosters collaboration and partnership across mechanisms and institutions for implementation of instruments relevant to disaster risk reduction and sustainable development. This cooperation is very important at continental level because diseases have no borders.

3.5.1 Constitutive Act of the African Union

The African Union Constitutive Act provides the basis for all policies, strategies and actions of the African Union and its member states. Article 13 (1) of the Constitutive Act states that the Executive Council shall coordinate and take decisions on policies in areas of common interest to the member states, including 'environmental protection, humanitarian action and disaster response and relief'.

Article 13(1)(e) is regarded as the enabling instrument that provides for all action related to disaster risk management. Therefore, the Constitutive Act has provided a broad mandate for the African Union Commission to facilitate the development of treaties, policies, strategies, protocols and various instruments on issues pertaining to the region on disaster management. However, according to an assessment by the UN Economic Commission for Africa (UNECA) in 2015, those policies and instruments have not been thoroughly and consistently written into national legislation, even after treaties are signed and ratified.¹⁰⁸

Although this observation refers to infrastructure frameworks, the statement resonates for all other regional frameworks. The absence of a provision making these instruments binding for member States and various African institutions could be regarded as the major weakness of the Constitutive Act. Without such a requirement, it is difficult to monitor implementation of regional frameworks. In the area of disaster management and disaster risk management, several regional frameworks have been developed by the African Union Commission. These include the Africa Regional Strategy for Disaster Risk Reduction and the Extended Programme of Action for the Implementation of the Africa Regional Strategy for Disaster Risk Reduction, the African Union Humanitarian Policy and Policy on Disaster Management, the African Union Policy on Post Conflict Reconstruction and Development, as well as related mechanisms and structures.¹⁰⁹

It is upon this foundation that all regional instruments in support of the same will be discussed in this study to analyse how African States have dealt with legal issues of disaster management and International Health Regulations, specifically in the context of Covid-19.

108 UN Economic Commission for Africa (UNECA), 2015. Assessment Report on Mainstreaming and Implementing Disaster Risk Reduction and Management in Africa.

109 Ibid.

3.5.2 AU Agenda 2063

Agenda 2063 places Africa on the global agenda. The overview states: 'It is the continent's strategic framework; it aims to deliver on its goal for inclusive and sustainable development and is a concrete manifestation of the pan-African drive for unity, self-determination, freedom, progress, and collective prosperity pursued under pan-Africanism and the African Renaissance. The genesis of Agenda 2063 was the realisation by African leaders that there was a need to refocus and reprioritise Africa's agenda from the struggle against apartheid and the attainment of political independence for the continent which had been the focus of the Organisation of African Unity (OAU), the precursor of the African Union; and instead to prioritise inclusive social and economic development, continental and regional integration, democratic governance and peace and security amongst other issues aimed at repositioning Africa to becoming a dominant player in the global arena.'¹¹⁰

Agenda 2063 lists the following as the aspirations Africa should have:

- A prosperous Africa based on inclusive growth and sustainable development
- An integrated continent, politically united and based on the ideals of Pan-Africanism and the vision of Africa's Renaissance.
- An Africa of good governance, democracy, respect for human rights, justice, and the rule of law;
- A peaceful and secure Africa;
- An Africa with a strong cultural identity, common heritage, shared values, and ethics;
- An Africa whose development is people-driven, relying on the potential of African people, especially its women and youth, and caring for children;
- Africa as a strong, united, and influential global player and partner.

¹¹⁰ Agenda 2063: The Africa We Want. <https://au.int/en/agenda2063/overview>

3.5.3 African Peer Review Mechanism (APRM) Governance Framework

African Peer Review Mechanism (APRM) is a specialised agency of the African Union that was established in 2003 – Africa's Self-Assessment for Good Governance. The APRM is a tool for sharing experiences, reinforcing best practices, identifying deficiencies, and assessing capacity-building needs to foster policies, standards and practices that lead to political stability, high economic growth, sustainable development and accelerated sub-regional and continental economic integration.¹¹¹

Member countries within the APRM undertake self-monitoring in all aspects of their governance and socioeconomic development. African Union stakeholders participate in self-assessment of all branches of government – executive, legislative and judicial – as well as the private sector, civil society, and the media).¹¹² The APRM Review Process gives member states a space for national dialogue on governance and socio-economic indicators and an opportunity to build consensus on the way forward.

The APRM has four types of reviews:

- A Base Review, which happens immediately after a country becomes a member;
- A Periodic Review every four years;
- A Requested Review done when a country specifically requests it to be done outside the framework of the mandated reviews, and lastly,
- The review commissioned by the APR forum when there are signs of pending and economic crisis.¹¹³

The APRM has four thematic areas:

- Democracy and Political Governance (DPG)
- Economic Governance and Management (EGM)
- Corporate Governance (CG)
- Broad-based Sustainable Socio-economic Development (SED).

¹¹¹ African Peer Review Mechanism, www.aprm-au.org.

¹¹² African Peer Review Mechanism, www.aprm-au.org.

¹¹³ African Peer Review Mechanism, www.aprm-au.org.

3.5.4 African Regional Strategy for Disaster Risk Reduction and its Plan of Action (ARSDRR)

Africa's disaster risk reduction policies and institutional mechanisms need a strategic approach that emphasises disaster risk reduction to improve and enhance their effectiveness and efficiency. The African Union and its New Partnership for Africa's Development (NEPAD) offer the opportunity to promote such a strategic change.^{114 115}

A baseline study was carried out to establish the status of disaster risk reduction in Africa revealed that development was at risk from disasters mainly because of gaps in institutional frameworks, risk identification, knowledge management, governance and emergency responses.

In light of the above, the African Regional Strategy for Disaster Risk Reduction and its Plan of Action (ARSDRR) aims to contribute to the attainment of sustainable development and poverty eradication by facilitating the integration of disaster risk reduction into development. The strategy's objectives are to:

- Increase political commitment to disaster risk reduction;
- Improve identification and assessment of disaster risks;
- Enhance knowledge management for disaster risk reduction;
- Increase public awareness of disaster risk reduction;
- Improve governance of disaster risk reduction institutions; and,
- Integrate disaster risk reduction into emergency response management.
- The strategy also suggests strategic directions to achieve these objectives.



114 UNDRR, 2011. Extended Programme of Action for the implementation of the Africa Regional Strategy for disaster risk reduction (2006-2015).

115 Declaration of the 2nd African Ministerial Conference on Disaster Risk Reduction, 2010.

3.6 REGIONAL LEVEL

It is important that issues of disaster management are coordinated at all levels. Both the international and African Union instruments, which we have discussed above, emphasise the need for serious regulation of disaster risk management at regional and national levels. There are several instruments on disaster management at regional level in all five regions of Africa that are crucial to disaster management, especially as it relates to Covid-19.

3.6.1 East African Community

The Treaty for the Establishment of the East African Community (EAC)

The East African Community (EAC) is the regional body of East African countries comprising the Republic of Kenya, Republic of Uganda, United Republic of Tanzania, Republic of Burundi and Republic of Rwanda. The EAC headquarters are in Arusha, Tanzania.

The aim of the EAC is to enhance cooperation of its member states and other regional economic communities in political, economic and social fields, among others, for their mutual benefit. Through this partnership, the EAC has established a number agreements and cooperation in different areas including environmental protection, disaster management and health regulation.

EAC Protocol on Environment and Natural Resource Management

EAC member states created a Memorandum of Understanding (MoU) to govern cooperation in matters relating to environmental management.¹¹⁶ The EAC partner states agreed in terms of Articles 111, 112 and 114 of the EAC Treaty to cooperate in efficient management of the environment and natural resources, which are drivers of national and regional economic development. The objective of the Environmental and Natural Resources sector is to promote sustainable use and management of natural resources and adaptation to climate change. Priority areas are climate change adaptation and mitigation, natural resource management and biodiversity conservation, disaster risk reduction and management, and pollution control and waste management.

Through the EAC Protocol on Environmental and Natural Resources Management the sector is:

- Strengthening the resilience and sustainable management of biologically significant transboundary freshwater ecosystems;
- Supporting adaptive capacities and resilience to the negative impacts of Climate Change;
- Developing and harmonising standards, framework and regulation on pollution control and waste management; and,
- Strengthening Disaster Risk Reduction management and policy.

¹¹⁶ Jarso, J.F., 2012. *The East African Community and the Climate Change Agenda*.

EAC Climate Change Policy

The EAC Climate Change Policy was developed on the recommendations of the heads of state of the EAC to strategically address the adverse impacts of climate change and harness any opportunities posed by climate change in the context of the principle of sustainable development.

The overall objective of the EAC Climate Change Policy is to guide partner states and other stakeholders on the preparation and implementation of collective measures to address Climate Change in the region while assuring sustainable social and economic development. This policy clearly prescribes statements and actions to guide Climate Change adaptation and mitigation in the region. The EAC has developed a Climate Change Policy, a Climate Change Strategy and a Climate Change Master Plan to contribute to sustainable development in the region through harmonised and coordinated climate change adaptation and mitigation strategies, programmes and actions.

It is important to note that these policies and action plans also deal with disaster preparedness and management.

The EAC Protocol on Peace and Security

The EAC Treaty states that peace and security are prerequisites to social and economic development within the community and are vital to the achievement of the objectives of the community (Article 124 of EAC Treaty). In 2006, the EAC adopted the Peace and Security Strategy. The Protocol on Peace and Security as well as the EAC Conflict Prevention, Management and Resolution Mechanism were adopted in January 2012.

The EAC Peace and Security Protocol has the following among its objectives:

- Foster regional peace and security;
- Combat terrorism and piracy;
- Support peace operations;
- Prevent of genocide;
- Disaster management and crisis response;
- Manage refugees;
- Control proliferation of small arms and light weapons; and,
- Combat transnational and cross-border crimes.

3.6.2 Economic Community of Central African States

In December 1981 the heads of states of the then Customs and Economic Union of Central African States (UDEAC) agreed to form the Economic Community of Central African States (ECCAS). The Union was formally established in October 1983 . In October 1999, the African Union formally designated the African Economic Community as one of the eight pillars of the African Union.

The current member states of ECCAS are Angola, Burundi, Cameroon, Central African Republic, Chad, Democratic Republic of Congo, Equatorial Guinea, Gabon, Republic of the Congo, and São Tomé and Príncipe.

The objectives of ECCAS are the following:

- Elimination of customs duties and any other charges with an equivalent effect on imports and exports between member states;
- Abolition of quantitative restrictions and other trade barriers;
- Establishment and maintenance of an external common customs tariff;
- Establishment of a trade policy vis-à-vis third states;
- Progressive removal of barriers to the free movement of persons, goods, services and capital and to the right of establishment;
- Harmonisation of national policies to promote community activities, particularly in industry, transport and communications, energy, agriculture, natural resources, trade, currency and finance, human resources, tourism, education, culture, and science and technology;
- Establishment of a Cooperation and Development Fund;
- Rapid development of states that are landlocked, semi-landlocked, island or part-island and/or belong to the category of the least advanced countries; and,
- Any other joint activities that can be undertaken by member states for achieving community aims.

3.6.3 Economic Community of West African States (Ecowas)

The Economic Community of West African States (Ecowas) was established by the Treaty of Lagos and signed by 15 West African heads of state and governments on May 28, 1975. The overall objective of Ecowas is to promote cooperation and integration, leading to the establishment of an Economic Union in West Africa to raise the living standards of its people, maintain and enhance economic stability, foster relations among member states as well as to Ecowas to the progress and development of the African Continent. Since its establishment Ecowas has developed several pieces of legislation in many different areas in order to achieve its objectives, which will be discussed in detail in this section.

Ecowas Policy for Disaster Risk Reduction

The Ecowas Policy for Disaster Risk Reduction was developed and adopted by the Authority of heads of state and government at the 31st Ordinary Summit in Ouagadougou on 19 January 2007. Its aim is to facilitate sustainable integration and development of West African states and governments by promoting and supporting effective disaster risk management that helps create safer and resilient communities in social, economic and environmental terms.¹¹⁷

This primary focus of the policy is reducing disaster risks through development interventions. It has the following objectives:

- Provide an intergovernmental framework for collaboration and partnership for Ecowas member states in disaster risk management.
- Promote integration of disaster risk reduction (DRR) into the national development policies, plans and programmes of Ecowas member states.
- Assist Ecowas member states to develop and strengthen institutions, mechanisms and capacities for building resilience to hazards.
- Promote incorporation of risk reduction approaches in emergency preparedness, rehabilitation and recovery programmes of Ecowas member states.
- Enhance the contribution of disaster reduction to peace, security and sustainable development of the subregion.

Programme of Action for the Implementation of the Ecowas Policy for Disaster Risk Reduction, 2010–2014

The Programme of Action for the Implementation of the Ecowas Policy for Disaster Risk Reduction, 2010–2014 is an action plan to support the Ecowas Policy for Disaster Risk Reduction. It was developed in response to the challenges being faced in transforming the objectives and guidelines of the DRR policy into practicable actions for policy- and decision-makers.

The Ecowas Plan of Action on DRR has several priorities and specific objectives for the development of capacities for DRR in West Africa. It focuses on five thematic areas:

- Enhancing disaster reduction by making it a development priority with the requisite institutional capacities;
- Reducing disasters by improving identification, assessment, monitoring and early warning of risks;
- Building safe and resilient societies by enhancing the use of knowledge;
- Reducing underlying risk factors by addressing priority development concerns through disaster reduction interventions; and
- Improving effectiveness of response through stronger disaster preparedness.

The action plan also emphasises the establishment and development of institutional capacities for disaster forecasting, prevention, early warning, mitigation of effects and rebuilding for future risk reduction.

¹¹⁷ Ecowas, 2006. Ecowas Policy for Disaster Risk Reduction.

Ecowas Humanitarian Policy

The Ecowas Humanitarian Policy seeks to standardise the practice of humanitarian action of its members by fostering a balanced linkage between humanitarian action, human security and human development based on the principle of regional solidarity. Its vision is to create borderless, prosperous and cohesive region with the capacity to effectively prevent, mitigate, prepare for and limit the impact of conflicts and disasters in West Africa. The Ecowas humanitarian policy focus on four priority areas: conflict; natural disaster; human-made disaster; and, mixed-migration and refugee protection.

The objectives of the Ecowas Humanitarian Policy are:

- Ensuring appropriate legal and policy frameworks for preventing and responding to emergencies and disasters.
- Development and strengthening of institutions for managing emergencies and responding to humanitarian challenges.
- Enhancing the capacities of social actors in responding to humanitarian issues.
- Ensuring member states and citizens compliance with international humanitarian law as a means of preventing or mitigating conflict-related impacts on the civilian populace.
- Promoting special measures for protection of vulnerable persons, especially women, children and physically challenged persons during emergency situations.
- Maximising the use of media and communication for highlighting humanitarian issues and as a strategic tool for emergency management.
- Enhancing national and regional capacities for response to humanitarian concerns.

3.6.4 Southern African Development Community (SADC)

The Southern African Development Community (SADC) is an inter-governmental organisation. The current treaty was signed in 1992. Its member states are Angola, Botswana, the Democratic Republic of Congo, Lesotho, Madagascar, Malawi, Mauritius, Mozambique, Namibia, Seychelles, South Africa, Swaziland, United Republic of Tanzania, Zambia and Zimbabwe. Its goal is to further socioeconomic cooperation and integration as well as political and security cooperation among the 16 southern African countries.

Article 5 of the SADC Treaty of 1992 states the following as its objectives:

- Achieve development and economic growth, alleviate poverty, enhance the standard and quality of life of the people of southern Africa and support the socially disadvantaged through regional integration.
- Evolve common political values, systems and institutions.
- Promote and defend peace and security.
- Promote self-sustaining development based on collective self-reliance, and the inter-dependence of member states.
- Achieve complementarity between national and regional strategies and programmes.
- Promote and maximise productive employment and utilisation of resources of the region.
- Achieve sustainable utilisation of natural resources and effective protection of the environment.
- Strengthen and consolidate the long-standing historical, social and cultural affinities and links among the people of the region.

Through the SADC Treaty, the region has developed legal instruments and policies that are important to the integration of disaster management and international health regulation.

In 2001, recognising that the subregion is at risk from multiple disasters, the SADC drafted a disaster risk reduction strategy to enhance disaster risk reduction coordination at subregional level, the first African regional economic community to do so (African Development Bank, UNISDR and NEPAD, 2004). The overall objectives of the DRR Strategy are preparedness, mitigation, response, rehabilitation and recovery.

SADC Disaster Risk Reduction Strategic Plan

The SADC Disaster Risk Reduction Strategic Plan (2001) predates the Africa Disaster Risk Reduction Strategy of 2004 and the Hyogo Framework for Action of 2005. However, subsequent SADC disaster risk reduction strategies, for 2006–2010 and 2011–2015, are aligned with the priority areas and objectives of the Hyogo Framework (UNISDR 2005), the Africa Regional Strategy for Disaster Risk Reduction (UNISDR 2004) and the Plan of Implementation of the Africa Regional Disaster Risk Reduction Strategy (African Union 2010). The indicative objectives of the plan are:

- Strengthen governance, legal and institutional framework at all levels of DRR;
- Facilitate identification, assessment and monitoring of disaster risks and support enhancement of EWS at all levels;
- Promote usage and management of information and knowledge, innovation and education to build a culture of safety and resilience at all levels in the SADC region;
- Ensure that disaster risk reduction becomes a national and local priority with a strong institutional basis for implementation; and,
- Integration of preparedness and emergency response into disaster risk reduction interventions.

Other relevant SADC instruments

The multi-disciplinary nature of disaster risk management has made several SADC protocols relevant to the integration of disaster management and international health regulation:

PROTOCOL ON POLITICS, DEFENCE AND SECURITY COOPERATION

The SADC Protocol on Politics, Defence and Security Cooperation states that one of the specific objectives of the organ is to enhance regional capacity in respect of disaster management and co-ordination of international humanitarian assistance (Article 2, Protocol on Politics, Defence and Security Cooperation).

PROTOCOL ON HEALTH (1999)

Article 25 on Emergency Health Services and Disaster Management states that Parties shall:

- Cooperate and assist each other in the coordination and management of disaster and emergency situations;
- Collaborate and facilitate regional efforts in developing awareness, risk reduction, preparedness and management plans for natural and man-made disasters; and,
- Develop mechanisms for cooperation and assistance with emergency services.

REGIONAL WATER POLICY (1995)

The Regional Water Policy of 1995 includes the following policy provisions covering people's protection from water related disasters:

- Personal security and property protection;
- Disaster prediction; and,
- Disaster management and mitigation.

3.6.5 Arab League

The Arab League was established in 1945 (as the League of Arab States) and consists of countries in Asia and in the northern part of Africa. The objective of the league is to cement relations between member states and coordinate collaboration between them, safeguard their independence and sovereignty, and to consider in a general way the affairs and interests of the Arab countries. Current member states are Algeria, Bahrain, Comoros, Djibouti, Egypt, Iraq, Jordan, Kuwait, Lebanon, Libya, Mauritania, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Sudan, Syria, Tunisia, the United Arab Emirates and Yemen.

Arab Strategy for Disaster Risk Reduction 2020

The Arab Strategy for Disaster Risk Reduction 2020 (ASDRR) was developed and adopted by the Arab League in 2010. The objective of the ASDRR is to enhance knowledge and capacities on risk reduction to reduce disaster losses and boost resilience.

This strategy was the result of a collaboration with UNISDR Regional Office for Arab States with the contributions of many regional technical institutes, UN agencies, the World Bank, IFRC and civil society networks. It was developed in recognition of the increasing risk and frequency of disasters that challenge the development process in the region.

The strategy aims to:

- Outline the visions of the strategy;
- Lay down strategic priorities and core areas of implementation for disaster risk reduction in the Arab region;
- Enhance institutional and coordination mechanisms;
- Monitor arrangements to support implementation of the strategy at regional, national and local levels through preparation of a programme of action; and,
- Complement the existing and ongoing efforts in disaster risk reduction of national institutions and regional technical organisations.

The overall objective of the ASDRR is two-fold:

- To establish strategic priorities for applying DRR initiatives throughout the region; and
- To develop institutional, coordination, and monitoring mechanisms for implementation at the regional, national and local levels.

3.6.6 Intergovernmental Initiative on Disaster Management in Africa

Some disaster risk and management initiatives are the product of cooperation of African governments.

Regional Disaster Risk Management Strategy and Programme

A baseline survey carried out to establish the extent and status of disaster risk reduction in Africa, discovered that African development was at risk from disasters mainly because of gaps in the following areas:

- Institutional frameworks;
- Risk identification;
- Knowledge management;
- Governance; and
- Emergency response.

The Regional Disaster Risk Management Strategy Programme was developed and established to contribute to sustainable development and poverty eradication by facilitating the integration of disaster risk reduction into development. The objectives of the strategy are:

- To increase political commitment to disaster risk reduction;
- To improve identification and assessment of disaster risks;
- To enhance knowledge management for disaster risk reduction;
- To increase public awareness of disaster risk reduction;
- To improve governance of disaster risk reduction institutions; and,
- To integrate disaster risk reduction into emergency response.

Intergovernmental Authority on Development (IGAD)

The Intergovernmental Authority on Development (IGAD) was established in 1996. Current members are Djibouti, Eritrea, Ethiopia, Kenya, Sudan, South Sudan, Somalia, and Uganda, with four divisions in accordance with the organisation's vision and objectives: agriculture and environment, peace and security, economic cooperation and social development.

IGAD also has specialised institutions and programmes that include the Conflict Early Warning and Response Mechanism (CEWARN) and the IGAD Climate Prediction and Application Centre (ICPAC).

The objective of IGAD's disaster risk management (DRM) programme is to develop regional and national preparedness and capacity to respond to disaster. IGAD focuses on developing policies, legislation and agreements for disaster management. It also strengthens regional collaboration, educates for disaster management, and mobilises resources. IGAD's achievements include the regional framework for integrating DRM and Climate Change Adaptation in the IGAD region and a regional framework for Flood Risk Management with a focus on flood early warning systems.

IGAD is an active member of global and continental Disaster Risk Management platforms and works closely with UNDRR, the African Union Commission, Regional Economic Communities (RECs) and other DRM platforms to implement the Sendai Framework for Disaster Risk Reduction.¹¹⁸

3.7 NATIONAL LEVEL

This section provides an overview of disaster risk reduction policy, legal and institutional frameworks across the continent with illustrations drawn from the reports of the subregional and national studies. The table below provides information on the overall status of policy, legal and institutional frameworks in selected African states.

It is important to recognise that many countries have sought to address various aspects of the issues raised by the Sendai Framework through policies, plans and strategies rather than through laws or regulations. The relationship between policy and law for disaster risk reduction is complex and differs from country to country. In some cases, policies set the direction for

legal reform; in other cases, policies, strategies or plans are used to flesh out general directives described in law.

Countries opt for instruments other than laws and regulations because non-binding documents are often more flexible and more easily updated than laws; it is also true that firm legal mandates are often required to establish strong institutions, ensure that resources are allocated and clarify roles and responsibilities. The complementary use of law and policy can thus be particularly effective. It is for these reasons that a legal analysis of disaster management and international health regulation about governance in disaster management requires a review of relevant policies or strategies to determine whether they address the issues raised and whether implementation could be improved through stronger legal backing.¹¹⁹

3.8 CONCLUSION

This chapter of the study has presented the results of the findings of this research based on the scope of the assignment and its objectives. In addition, it has presented the results and conclusions of the review based on the evidence researched and gathered by the study. Chapter 4 summarises and analyses these findings and makes recommendations based on what this study has found.

118 Krampe, F., Scassa, R. and Mitrotta, G., 2018. Responses to climate-related security risks: Regional organizations in Asia and Africa. Stockholm International Peace Research Institute.

119 United Nations Development Programme, 2015. Checklist on Law and Disaster Risk Reduction, an annotated outline.





CHAPTER 4

LEGAL ANALYSIS

This chapter analyses the results of the study as presented in Chapter 3. The discussion will relate the findings of the study with regard to reviewing and interpreting implementation of legislation for disaster management, frameworks and policies derived from the United Nations Disaster Risk Reduction (UNDRR) framework, the World Health Organization (WHO) international regulations for health on the health governance dimensions of Agenda 2063, UN SDGs, ACDEG and the APRM governance frameworks and will also review and analyse the institutional arrangements for preparedness for, response to and recovery from crises and epidemics in Africa.

Legal analysis, in the broad sense, refers to a statement by a legal expert as to the legality or illegality of an action, condition, or intent. In other words, it is the application of law to facts.

4.1 LEGAL, POLICY AND INSTITUTIONAL FRAMEWORKS IN AFRICA

Currently, there is no legal framework at AU level on how African states can jointly respond to Covid-19 or future pandemics in an organised and coordinated manner as a continent and each state responds independently. Africa depends to a large extent on directives from WHO on the declaration of public health emergency situations and subsequent measures. While most African countries immediately complied with the WHO directives on Covid-19, others did not do so immediately and some refused or neglected the directives.

The lack of a concerted legal and policy framework to respond to public health and other disasters poses many challenges. First, regardless of a country's economic, political or social development level, no single country can claim immunity to the threats of disaster risks and severity of emergencies. Therefore, all countries require clear policies, strategies, and related programmes to minimise disaster risk such as health risks and associated health and other consequences.

It is against this background that in January 2005, a UN conference of over 4 000 representatives of governments, NGOs, the Red Cross and Red Crescent, UN agencies, academic institutes and the private sector adopted the Hyogo Framework for Action which contains a set of commitments and priorities to take action to reduce disaster risks. It emphasises that states must ensure that disaster risk reduction is a national and local priority with a strong institutional basis for implementation, mainly through policy, legislative and institutional frameworks for disaster risk reduction:

These policies and strategies should be multidisciplinary, intersectoral, and apply comprehensive, all-hazards and risk management approaches. While Health EDRM requires multifaceted strategies and specific actions to manage the wide range of risks of emergencies, general strengthening of a country's health system, rooted in primary health care, is also crucial. Capacity development for Health EDRM at country and local levels should take full advantage of, build on, and contribute to, existing programmes and frameworks, including the IHR (2005), the Sendai Framework, the SDGs, and the Paris Agreement.¹²⁰

Since 2005, a significant amount of legislation has been adopted by several African countries to strengthen the focus on disaster risk reduction. Yet, important gaps remain, particularly if one follows the checklist of the Sendai Framework.

Laws on disaster management serve several critical functions. This study indicates that laws set out clear roles and responsibilities among agencies and various levels of government, establish funding and accountability mechanisms and regulate private behaviour that might increase disaster risks. They also create a supportive environment for the engagement of civil society and communities in reducing and mitigating the impact of disaster. The study also notes that without a comprehensive disaster management regulation it is difficult to guarantee that disaster risk reduction and preparedness measures will be effectively applied when disaster strikes.

Most African Union member states have disaster management structures that undertake national activities, sometimes with assistance from international organisations and cooperating partners. At regional level established disaster risk reduction and management mechanisms coordinate regional preparedness and response programmes for transboundary hazards and disasters. This suggests that governments and partners in Africa understand the need to implement legal, policy and institutional frameworks for disaster risk management to ensure the safety of their people and protection of economic assets.

The legal and policy frameworks discussed in this study emphasise the core disaster risk management strategies: preparedness, mitigation, response, rehabilitation and recovery. The laws and policies also recognise that disaster risk management is multidisciplinary and involves the participation of a multitude of partners and stakeholders, ranging from national governments, non-government organisations, international cooperating partners, donors, civil society and the private sector.

¹²⁰ World Health Organization, 2019. *Health emergency and disaster risk management framework*

The three strategic goals and five priority areas of the Hyogo Framework of Action have been adopted in Africa through the corresponding priorities of the Africa Regional Strategy for Disaster Risk Reduction, thus providing the common and comprehensive framework around which to organise an assessment of the extent of mainstreaming of disaster risk reduction at regional, subregional and national levels. The three strategic goals in question are:

- Integration of disaster risk reduction into sustainable development policies and planning;
- Development and strengthening of institutions, mechanisms, and capacities to build resilience to hazards; and
- Systematic incorporation of risk reduction approaches into the implementation of emergency, response and recovery programmes permits us to ask critical questions.

However, it must be emphasised that the adoption of international instruments into continental or regional laws is not enough. It is imperative that legislation, policies and institutional frameworks must reflect the same in action. The laws must define the priorities, institutional mandates and other aspects of a national DRM system.¹²¹

In Africa, laws governing disaster risk management vary in the extent to which they include themes such as national disaster risk management policy and planning, local government responsibilities, resource allocation, community and civil society participation, early warning systems and education and public awareness. In some countries, these themes are part of the dedicated disaster risk management law; in others, they are included in separate or companion laws that also form part of the legal framework.¹²²

This study has shown that although some countries have prioritised and integrated disaster risk management laws, there is still considerable potential in many countries to give disaster risk management laws higher priority in their respective legal frameworks and in their implementation. What has been noted in these African states is that where there is less prioritisation in disaster risk management laws through legislation it is highly prioritised in policies, plans and strategies, which can be used to set the agenda for legal reform and as a key tool to guide the implementation of laws.¹²³

121 IFRC & UNDP, 2014. Effective law and regulation for disaster risk reduction: a multi country report - Summary, New York.

122 Ibid

123 Ibid

4.2 THE CHECKLIST

In the analysis of disaster management legislation, policies and institutional frameworks, the following questions need to be answered to determine whether the African continent is aligned with international legislation and standards.

- To what extent has disaster risk reduction been integrated into sustainable development policies and plans?
- What institutional mechanisms and capacities have been developed to build the resilience of nations and communities?
- How much of a paradigm shift has occurred towards disaster risk reduction, in disaster response and recovery programmes?

The first two questions can be answered by analysing regional and subregional frameworks and national development plans and policies frameworks as discussed in Chapter 3. An examination of specific institutional mechanisms and structures, including capacity and resource allocation devoted to disaster risk reduction, can also provide a way to measure the degree of mainstreaming efforts.

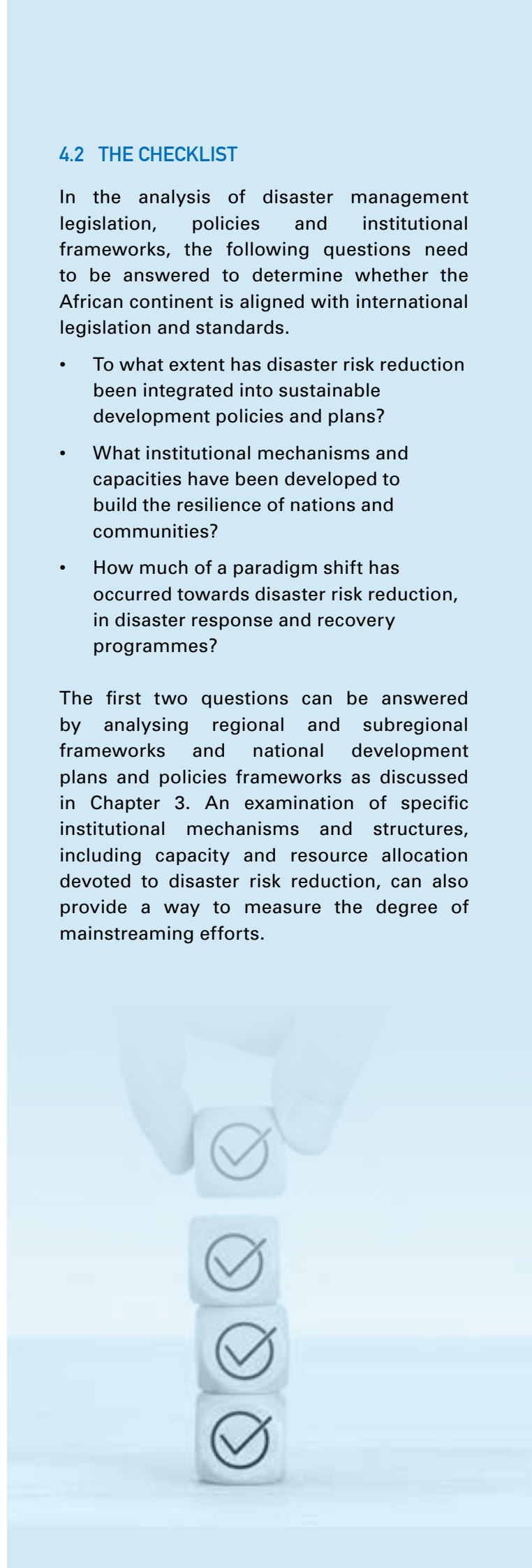


Table 4.1: Summary analysis of selected policy frameworks

Document to Review	Core Priority Action Points by African States				
	Policies	P1	P2	P3	P4
Global policy frameworks	Yes	Yes	Yes	Yes	
African Union Constitutive Act		Yes	Yes	Yes	Yes
AU agenda 2063		Yes	Yes	Yes	Yes
APRM Governance framework		Yes	Yes	Yes	Yes
African Regional Strategy for Disaster Risk Reduction and its Plan of Action (ARSDRR)		Yes	Yes	Yes	Yes

The four core priority action points in the Sendai Framework (2015), which was endorsed by all members of the UN and adopted at the Third UN World Conference in Sendai, Japan on March 18, 2015, are:

- **Priority 1:** Understanding disaster risk
- **Priority 2:** Strengthening disaster risk governance to manage disaster risk
- **Priority 3:** Investing in disaster risk reduction for resilience
- **Priority 4:** Enhancing disaster preparedness for effective response and to 'Build Back Better' in recovery, rehabilitation and reconstruction

In 2012, in a joint initiative of the National Red Cross and Red Crescent Societies, the International Federation of Red Cross and Red Crescent Societies (IFRC), the United Nations Development Programme (UNDP), and other relevant partners, a review was conducted of existing legislative frameworks, with consideration for key gap areas. They drew up a checklist that can be used in the legal analysis of disaster management. The checklist supports commitments made under the Sendai Framework, recognising that several important actions need to be taken to strengthen legal frameworks at international, regional, and national levels.¹²⁴

124 IFRC and UNDP, 2015. The Checklist on Law and Disaster Risk Reduction: An annotated outline.

4.3.1 Expected outcomes

The checklist helps to identify strengths and gaps in a legal framework and whether implementation, drafting or revision of legislation is needed. It can also help to address gaps in alignment with the Sendai Framework. Another outcome is dialogue and understanding between different actors involved in regulation of disaster risk reduction.

The checklist is a benchmark for development of laws and regulations on disaster management.

4.3.2 Ten key elements of DRM laws

There are ten key elements that lawmakers, implementing officials and those supporting them are encouraged to consider to ensure that laws provide the best possible support for DRR.¹²⁵

These ten key elements are relevant when developing new DRM laws and when analysing DRM laws and regulations that already exist because they:

- Provide a simplified path for what can sometimes be perceived as a complex topic;
- Serve as an assessment tool to guide the review process of national and local level DRR laws and regulations; and,
- Provide guidance on how to bring national legal frameworks in line with existing international standards (particularly the Sendai Framework).

125 Ibid

The key elements to be included in a law on disaster management for it to be considered compliant with the recommendations of Sendai Framework and mature enough to deal with DRR are listed here. Laws on disaster management must:

1. Be dedicated to disaster risk management that prioritises disaster risk reduction;
2. Establish clear roles and responsibilities related to risk reduction for all relevant institutions from national to local level;
3. Ensure that adequate resources are budgeted for disaster risk reduction;
4. Be relevant sectoral laws that include provisions to reduce existing risks and prevent the creation of new risks;
5. Establish clear procedures and responsibilities for conducting risk assessments and ensure risk information is considered in development processes;
6. Establish clear procedures and responsibilities for early warning;
7. Emphasise education, training and awareness-raising to promote a whole of society approach to disaster risk reduction;
8. Ensure engagement of all relevant stakeholders, including civil society, the private sector, scientific institutions and communities in risk reduction decisions and activities;
9. Adequately address gender considerations and the special needs of particularly vulnerable categories of persons; and,
10. Include adequate mechanisms to ensure that responsibilities are fulfilled, and rights are protected.

The above elements will guide this study with regard to the legal, policy and institutional framework in disaster management and International Health Regulations in Africa at a continental, regional and national level in disaster management. Thus, during the legal analysis, at each level, the following questions must be answered:

- Does the country or region have law dedicated to disaster risk management that prioritises disaster risk reduction and is tailored to its context?
- Does the law establish clear roles and responsibilities related to risk reduction for all relevant institutions from national to local level?
- Does the law ensure that adequate resources are budgeted for disaster risk reduction?
- Does the region or country have relevant sectoral laws that include provisions to reduce existing risks and prevent the creation of new risks?
- Does the law establish clear procedures and responsibilities for conducting risk assessments and ensure risk information is considered in development processes?
- Does the law establish clear procedures and responsibilities for early warning?
- Does the law emphasise education, training, and awareness-raising to promote a whole of society approach to disaster risk reduction?
- Does the law ensure engagement of all relevant stakeholders, including civil society, the private sector, scientific institutions and communities in risk reduction decisions and activities?
- Does the law adequately address gender considerations and the special needs of particularly vulnerable categories of persons?
- Does the law include adequate mechanisms to ensure that responsibilities are fulfilled, and rights are protected?
- Does the law provide room for integrating governance in disaster risk management and international health regulation?

This study indicates that countries have dealt with the issues raised in the checklist in different ways; some have opted for policies, plans and strategies rather than laws or regulations. The relationship between policy and law for disaster risk management is complex and differs between country contexts. In some cases, policies set the direction for legal reform, and in other cases, policies, strategies, or plans are used to flesh out the more general directives described in law.

Generally speaking, non-binding documents are usually more flexible than laws, although legislation is required to establish strong institutions, to ensure that resources are allocated, and to clarify roles and responsibilities; the complementary use of law and policy is thus highly recommended as a more effective way to deal with disaster risk management. This study proves that a further review is required on relevant policies or strategies to determine whether they address the issues raised and whether implementation could be improved through a stronger legal backing.

According to a 2014 assessment report by United Nations Economic Commission for Africa (UNECA) on mainstreaming and implementing disaster risk reduction and management in Africa, out of 54 countries, 21 (44 per cent) had disaster management and/or disaster risk reduction policies; three countries had policies in draft form and 23 countries had legislative frameworks.¹²⁶

Figure 1 shows the percentages of countries in Africa with legislations and policies, as of 2014, disaggregated by type.

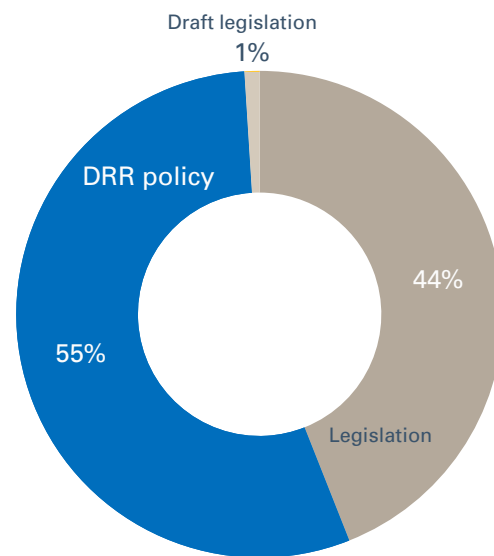


Figure 1: Legislative and policy implementation of DRR in Africa

Source: UNECA, 2014.

126 UNECA, 2014. Regional Assessment and Good Practice Synthesis Report on Mainstreaming and Implementing Disaster Risk Reduction and Management in Africa.

Data from the Fifth Africa Regional Platform for Disaster Risk Reduction state that 35 (65 per cent) of countries in Africa have national platforms, although operational effectiveness of most countries remained a cause for concern.

Figure 2 below shows the relative proportion of African countries with national platforms for disaster risk reduction as of 2014.

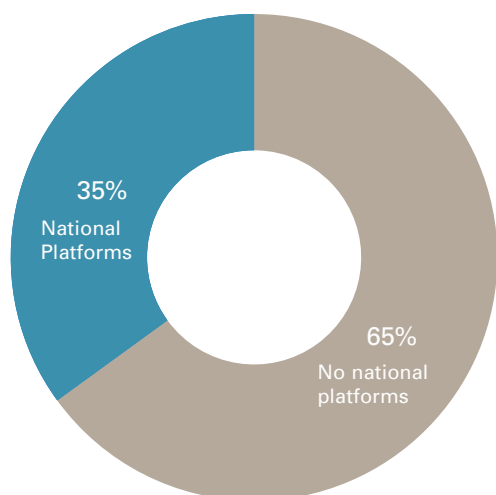


Figure 2: National platforms

Source: UNECA, 2014.

The assessment report on mainstreaming and implementing disaster risk reduction and management in Africa further reported that out of 54 countries, three have provisions on disaster risk management in their Constitutions. Nine countries reported having legislation in draft or under review which meant 42 per cent of countries have legislative frameworks, with the percentage rising to 59 per cent if the legislations in draft form are included.¹²⁷

The report recorded that 24 countries reported having plans, which included strategic plans, national disaster management plans and contingency plans. Several countries have contingency plans for specific disasters, in sectors such as health, environment and technological disasters.¹²⁸

This study can therefore conclude that since most countries have legislation or policies in place in disaster management there is political will and commitment to

127 UNECA, 2014. Regional Assessment and Good Practice Synthesis Report on Mainstreaming and Implementing Disaster Risk Reduction and Management in Africa.

128 Ibid

implementation of disaster risk reduction.

At regional level, evidence on current legislation suggests that legal frameworks on disaster risk reduction that have been passed or are in draft form incorporate the elements of the Hyogo Framework for Action. Legal frameworks also include national coordination mechanisms, decentralisation of power to subnational authorities and are generally explicit on the role of sectors in mainstreaming disaster risk reduction, in line not only with Hyogo Framework but also with the Sendai Framework. The assessment report cited the examples of SADC countries, Lesotho, Mauritius, Malawi and Zambia where these elements are found in legislation.¹²⁹

When it comes to institutional mechanisms, 51 (91 per cent) of the 54 African Union member states (including South Sudan, Africa's newest State) have a unit, department, or ministry with a mandate for disaster risk management. Of these, a significant number – approximately 20 per cent – are in ministries or units for civil protection or interior and/or home affairs, while about 26 per cent are placed within offices of the president, vice president or prime minister, or are an independent ministry or agency.

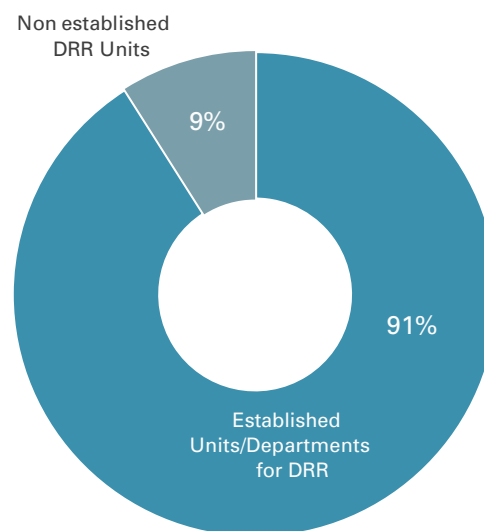


Figure 3: Institutional frameworks – 54 AU member states

Based on available statistics, this study confirms that African governments recognise that prevention and reduction of disaster risk is a legal obligation that requires proper risk assessment, the establishment of early warning systems and the right to access risk information to achieve disaster risk management core objectives of preparedness, mitigation, response, rehabilitation, and recovery.

129 Ibid

4.3 GENDER BALANCE

It is important for legal, policy and institutional frameworks to be gender sensitive and recognise the role women play in disaster management. The Hyogo Framework for Action recommends that a gender perspective should be integrated into all disaster risk management policies, plans and decision-making processes, including those related to risk assessment, early warning, and information management of citizens.

However, this study show that most disaster management legislation and policies are not particularly gender inclusive. The Africa Regional Strategy for Disaster Risk Reduction identified three major challenges:

- Institutionalisation of disaster risk reduction.
- Inadequate information management and communication.
- Inadequate involvement of women.

4.4 LEGISLATION, POLICIES, AND INSTITUTIONAL FRAMEWORKS IN ACTION DURING THE COVID-19 PANDEMIC IN AFRICA

The International Center for Not-for-Profit Law (ICNL) has an up-to-date statistical database on how legislation, policy and institutional frameworks have been applied in Africa to deal with the Covid-19 emergency and has identified 149 new measures by governments responding to the Covid-19 pandemic, in 46 African sub-Saharan countries. These include legislative action (passage of laws and regulations, orders/decrees), executive orders/decrees, and other practices that have not been codified. ICNL also reported that in sub-Saharan Africa, 35 countries declared a state of emergency, 28 countries declared a national health emergency, or a state of national disaster or calamity. Figure 4 opposite illustrates the metrics of the reaction to Covid-19 using new and existing legislations, policies, and institutional framework.

The ICNL database also shows that as of 5 November 2020, 10 of the 16 countries with states of emergencies have either lifted the state of emergency or allowed it to lapse.¹³⁰ However, it also noted that some countries replaced the State of Emergency with a State of Health Emergency or State of Calamity and that only two countries had lifted their states of health emergency while the rest maintained the status quo.

The ICNL database also recorded more than 100 executive orders not arising from state of emergency declarations, most of which curb freedom of movement and peaceful assembly by outright banning of all gatherings, or limiting gatherings to smaller groups.¹³¹

TABLE 4.3: Executive orders not arising from state of emergency declarations

	Prohibited Gatherings	Imposed lockdowns	Imposed curfews
Out of 46 countries	41	32	28

Source: International Centre for Not for Profit Law

130 Angola, Botswana, Democratic Republic of Congo, Ethiopia, The Gambia, Gabon, Liberia, Mozambique, Namibia and Senegal

131 At the time of writing ICNL confirmed that out of the 32 countries in lockdown 16 had fully or partially lifted restrictions. Only 16 of the 32 countries had fully or partially lifted lockdown; of the 28 countries with curfews 11 had fully or partially lifted the curfews.

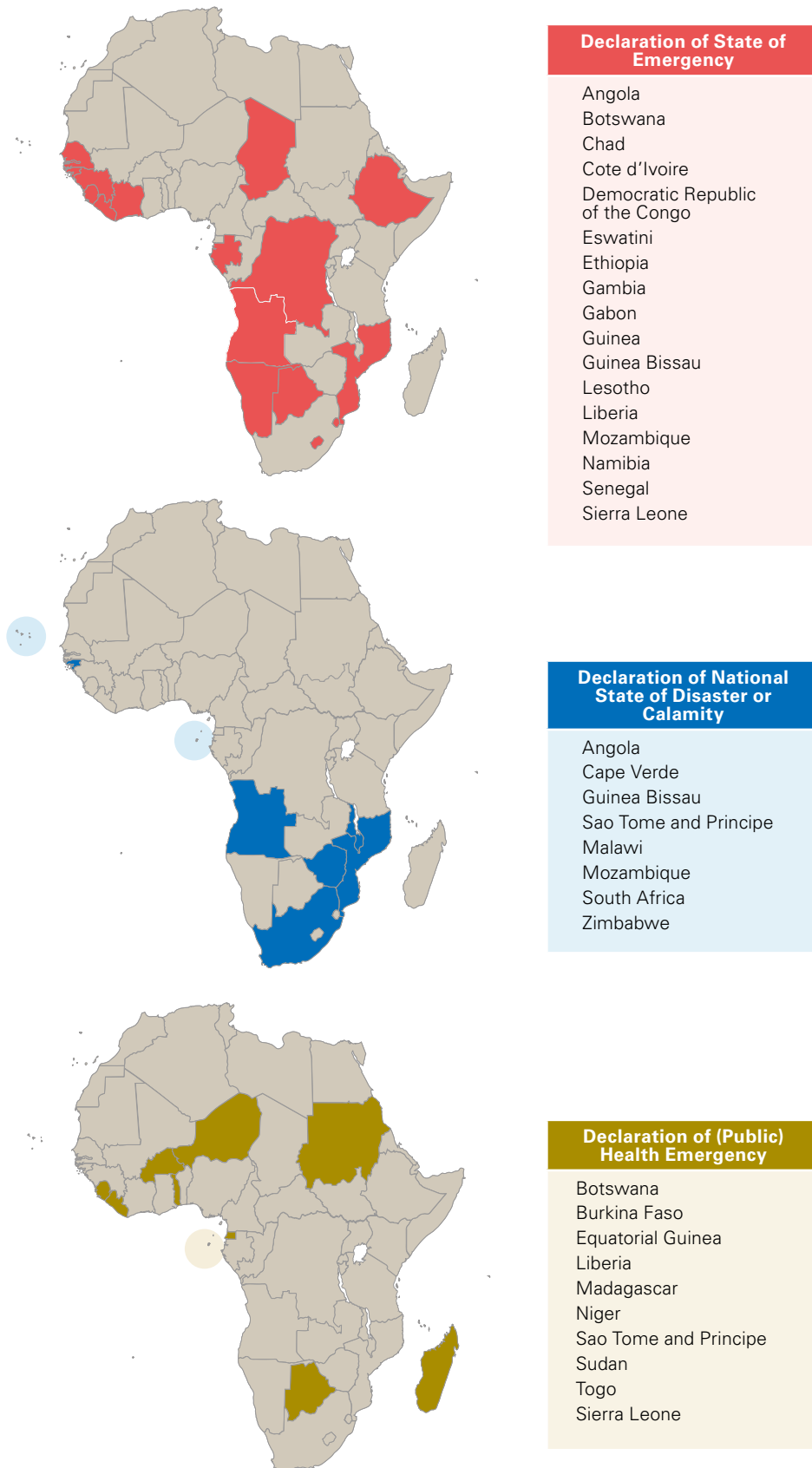


FIGURE 4: Legislation and Policy Application of the Emergency Health Regulations during the Covid-19 pandemic in Africa

Source: International Centre for Not for Profit Law, africa@icnl.org

4.6 CONCLUSION

After researching legal, policy and institutional frameworks in disaster management and International Health Regulations in Africa (Covid-19 Response) according to the scope of this study and having discussed the laws in chapters 3 and 4, this study has reached the following conclusions:

- African countries have dedicated law and policies for disaster risk management that prioritise disaster risk reduction and are tailored to their context (region, country, etc.);
- Some countries and regions have laws and policies that establish clear roles and responsibilities related to risk reduction for all relevant institutions from national to local level;
- Most African countries lack the resources to ensure enough budget for disaster risk reduction and management;
- African countries and regions have relevant sectoral laws that include provisions to reduce existing risks and prevent the creation of new risks;
- The law in most countries does not establish clear procedures and responsibilities for conducting risk assessments to ensure that risk information is considered in development processes;
- In most countries the law establishes clear procedures and responsibilities for early warning systems;
- In most countries the law emphasises education, training, and awareness-raising to promote a whole-of-society approach to disaster risk reduction;
- The laws and policies in most countries ensure the engagement of all relevant stakeholders, including civil society, the private sector, scientific institutions and communities in risk reduction decisions and activities.
- The laws and policies in most countries do not address gender considerations and the special needs of vulnerable people;
- The laws and policies in most countries include adequate mechanisms to ensure that responsibilities are fulfilled and that rights are protected;
- The laws and policies in most countries provide room for integrating governance into disaster risk management and International Health Regulations; and,
- Since disaster management is multisectoral and interdisciplinary, a comprehensive review of the legal, policy and institutional frameworks requires the engagement and contribution of a range of stakeholders from national to local level, including government, civil society, and community representatives.¹³²

A desktop review is therefore not sufficient to answer all the questions on the checklist.

Further, the checklist used in this study was intended to ensure that disaster management is integrated into and supported by legal systems and was not designed to comprehensively address all issues related to law, policy and institutional frameworks. The checklist does not specifically deal with disaster preparedness, response or recovery. The checklist is not meant as a model law on disaster management but rather a guideline to be used when developing laws on disaster management.¹³³

¹³² UNECA, 2014. Regional Assessment and Good Practice Synthesis Report on Mainstreaming and Implementing Disaster Risk Reduction and Management in Africa.

¹³³ IFRC and UNDP, 2015. The Checklist on Law and Disaster Risk Reduction: An annotated outline.





CHAPTER 5

MAIN ROLE-PLAYERS IN COVID-19 IN AFRICA

Just as Covid-19 affects every aspect of society, from individuals, to local, national, regional, continental and global communities, Covid-19 and its associated risks are being addressed by different actors at various levels. These include disaster risk reduction authorities and agencies like the United Nations (UN), World Health Organization (WHO), International Monetary Fund (IMF), African Development Bank (AfDB), International Federation of the Red Cross and Red Crescent Societies, civil society organisations (international and national), academic, scientific, research and technological institutions and networks.

Other international organisations, including international financial institutions, community practitioners, persons with disabilities, youth, women's groups, private sector and professional associations and the media have contributed to encouraging and strengthening joint collaborative actions with governments to contain and mitigate the impact of Covid-19. Media, when its reporting and education on Covid-19 preparedness, containment, mitigation, response and recovery is fair, accurate, timely, and comprehensive also plays an integral role in disaster risk reduction processes.

This chapter provides an assessment of the main actors involved in disaster management and international health governance during Covid-19.

The most prominent actors involved in the management of Covid-19 responses in Africa are the UN, WHO, IMF, AfDB, African Export-Import Bank, EU, the Jack Ma Foundation and international non-government organisations (INGOs).

5.1 WORLD HEALTH ORGANIZATION (WHO)

The WHO implemented epidemic control programmes to limit the spread of the Covid-19 pandemic in Africa and also promotes the establishment of disease surveillance platforms, contact tracing and isolation facilities. WHO also coordinated the regional responses, provided advice on critical preparedness, readiness and response measures for Covid-19 as well as essential services, infection prevention and control, operational support and logistics, preparedness, risk communication, surveillance and testing and treatment.

Essential services: WHO worked with countries to ensure that the provision of essential services was a priority in the Covid-19 response; it helped to identify the health services most affected by the pandemic and increased advocacy for these priority areas. Through training and guidance, countries are stepping up the delivery of essential health services.

Infection prevention and control: Along with partners, the WHO has trained about 91 000 health workers in the field and via online sessions and assessed more than 4 000 health facilities to ensure they meet WHO standards. WHO has also issued guidance and held a conference with ministries of health and partners to find ways to tackle health-worker infections. Experts have been deployed and essential equipment and supplies delivered to countries.

Operational support and logistics: WHO organised a 'Solidarity Flight' in collaboration with other UN agencies, the African Union and the Africa Centres for Disease Control and Prevention to deliver essential supplies to 52 African countries. A system set up by the WHO Regional Office for Africa to consolidate procurement and shipments has seen more than 1 140 orders processed and delivered to 47 countries. WHO and other UN agencies have also formed a global procurement consortium that leverages their networks, expertise and product knowledge to support countries with limited access to markets.

Preparedness: WHO has trained more than 12 500 health workers on pandemic readiness, has supported countries to develop preparedness plans and has shared technical guidance, including on Covid-19 research. WHO also supported the development of innovations to tackle the virus and set up an online information portal on emerging Covid-19 innovations.

Risk communication: WHO Regional Office for Africa partnered with the Africa Centres for Disease Control and Prevention, UNICEF, the International Federation of Red Cross and NGOs and other organisations to coordinate risk communications and community engagement in countries. WHO has also worked with countries to train staff, deploy experts and provide guidance. Effective risk communication at subnational level is nonetheless hampered in some countries by lack of resources, staff and strong coordination.

Surveillance: WHO worked with countries to strengthen surveillance, including detection, managing alerts, epidemiological investigations, contact tracing and data management. The WHO supported the rollout of outbreak data management tools in 26 countries, conducted online trainings, provided technical guidance and set up a geographic information system for data visualisation.

Testing: With assistance from WHO, Africa Centres for Disease Control and Prevention and other partner organisations have ramped up their testing capacities. All 47 countries in WHO African Region are now equipped to diagnose the virus and around 6.4 million polymerase chain reaction (PCR) tests have been performed so far. More than 2.1 million test kits have been delivered and 2 million more are to be shipped. A Covid-19 platform for laboratory practitioners has been launched in the WHO African and Eastern Mediterranean regions and an external quality assurance programme has been established to monitor the capacity of countries to accurately test for the virus.

Treatment: WHO has trained doctors and nurses on care for Covid-19 patients, including the critically ill, especially in smaller countries with a limited workforce. WHO is also supporting countries to procure key supplies for treatment. For instance, WHO has helped countries to boost their oxygen production capacity; the number of oxygen plants in the region has increased to 119 from 68 and the number of oxygen concentrators has increased from 2 969 to 6 025.

5.2 INTERNATIONAL MONETARY FUND (IMF)

The IMF provided financial assistance and debt relief to countries in Africa in the face of the economic impact of the Covid-19 pandemic. In March 2020, the IMF's executive board, under various lending facilities and debt service relief, approved loans of US\$ 16 103.75 million through the Catastrophe Containment and Relief Trust (CCRT) which was established in 2015.¹³⁴ African countries have committed to instituting governance measures to promote accountability and transparency as part of the Covid-19-related rapid arrangement.

Table 5.1: IMF Financial assistance to Sub-Saharan Africa¹³⁵

Country	Type of emergency financing	Amount approved US\$	Date of approval
Angola	Augmentation of Extended Credit Facility (ECF)	US\$ 765.66 million	September 16, 2020
Benin	Augmentation of Extended Credit Facility (ECF)	US\$ 103.3 million	May 15, 2020
Burkina Faso	Rapid Credit Facility (RCF)	US\$ 115.3 million	April 14, 2020
Cabo Verde	Rapid Credit Facility (RCF)	US\$ 32 million	April 22, 2020
Cameroon	Rapid Credit Facility (RCF)	US\$ 226 million	May 4, 2020
	Rapid Credit Facility (RCF)	US\$ 156 million	October 21, 2020
Central African Republic	Rapid Credit Facility (RCF)	US\$ 38 million	April 20, 2020
Chad	Rapid Credit Facility (RCF)	US\$ 68.49 million	July 22, 2020
	Rapid Credit Facility (RCF)	US\$ 115.1 million	April 14, 2020
Comoros	Rapid Credit Facility (RCF)	US\$ 4.05 million	April 22, 2020
	Rapid Financing Instrument (RFI)	US\$ 8.08 million	April 22, 2020
Democratic Republic of the Congo	Rapid Credit Facility (RCF)	US\$ 363.27 million	April 22, 2020
Côte d'Ivoire	Rapid Credit Facility (RCF)	US\$ 295.4 million	April 17, 2020
	Rapid Financing Instrument (RFI)	US\$ 590.8 million	April 17, 2020
Eswatini	Rapid Financing Instrument (RFI)	US\$ 110.4 million	July 29, 2020
Ethiopia	Rapid Financing Instrument (RFI)	US\$ 411 million	April 30, 2020
Gabon	Rapid Financing Instrument (RFI)	US\$ 147 million	April 9, 2020
	Rapid Financing Instrument (RFI)	US\$ 152 million	July 31, 2020
Gambia	Rapid Credit Facility (RCF)	US\$ 21.3 million	April 15, 2020
	Extended Credit Facility (ECF)	US\$ 47.1 million	March 23, 2020
Ghana	Rapid Credit Facility (RCF)	US\$ 1,000 million	April 13, 2020
Guinea	Rapid Credit Facility (RCF)	US\$ 148 million	June 19, 2020
Kenya	Rapid Credit Facility (RCF)	US\$ 739 million	May 6, 2020
Liberia	Rapid Credit Facility (RCF)	US\$ 49.98 million	June 5, 2020
Lesotho	Rapid Financing Instrument (RFI)	US\$ 32.6 million	July 29, 2020
	Rapid Credit Facility (RCF)	US\$ 16.5 million	July 29, 2020
Madagascar	Rapid Credit Facility (RCF)	US\$ 165.99 million	April 3, 2020
	Rapid Credit Facility (RCF)	US\$ 171.9 million	July 30, 2020
Mali	Rapid Credit Facility (RCF)	US\$ 200.41 million	April 30, 2020
Malawi	Rapid Credit Facility (RCF)	US\$ 91 million	May 1, 2020
	Rapid Credit Facility (RCF)	US\$ 101.96 million	October 12, 2020
Mozambique	Rapid Credit Facility (RCF)	US\$ 309 million	April 24, 2020
Niger	Rapid Credit Facility (RCF)	US\$ 114.49 million	April 14, 2020
Nigeria	Rapid Financing Instrument (RFI)	US\$ 3,400 million	April 28, 2020
Rwanda	Rapid Credit Facility (RCF)	US\$ 11.06 million	June 11, 2020
	Rapid Credit Facility (RCF)	US\$ 109.4 million	April 2, 2020
São Tomé and Príncipe	Rapid Credit Facility (RCF)	US\$ 12.29 million	April 21, 2020
	Augmentation of Extended Credit Facility (ECF)	US\$ 2.08 million	July 27, 2020

134 Aggregate US\$ amounts are presented for illustrative purposes.

135 <https://www.imf.org/en/Topics/imf-and-covid19/COVID-Lending-Tracker#AFR>, accessed on 18 November 2020

Country	Type of emergency financing	Amount approved US\$	Date of approval
Senegal	Rapid Financing Instrument (RFI)	US\$ 294.7 million	April 13, 2020
	Rapid Credit Facility (RCF)	US\$ 147.4 million	April 13, 2020
Seychelles	Rapid Financing Instrument (RFI)	US\$ 31.23 million	May 8, 2020
Sierra Leone	Rapid Credit Facility (RCF)	US\$ 143 million	June 3, 2020
South Africa	Rapid Financing Instrument (RFI)	US\$ 4,300 million	July 27, 2020
South Sudan	Rapid Credit Facility (RCF)	US\$ 52.3 million	November 11, 2020
Togo	Augmentation of ECF	US\$ 97.1 million	April 3, 2020
Uganda	Rapid Credit Facility (RCF)	US\$ 491.5 million	May 6, 2020
Total amount approved	US\$ 16, 103.05 million		

5.3 AFRICAN DEVELOPMENT BANK (AFDB)

The African Development Bank Group mobilised US\$10 billion for the Covid-19 Rapid Response Facility to benefit governments and the private sector; a US\$3 billion social bond has been accessed by the entire continent, as well as a US\$2 million grant for the World Health Organization. The overarching goal is to mitigate the economic and social impact of the pandemic. Specific country provisions under this facility have not yet been made public. The intervention also aims to support efforts to contain the spread of the virus, increase public resources allocated to the health sector and boost the resilience of the most vulnerable communities. Other aims are to maintain livelihoods and shore up domestic business and industry to maintain production and pave the way for rapid recovery.

5.4 THE AFRICAN EXPORT-IMPORT BANK

The African Export-Import Bank (Afreximbank) has pledged US\$3 billion to assist member countries, including its private sector, in the response to the crisis. The set of tools includes lines of credit, guarantees or swaps, among others. Its focus is to relieve most of the indirect effects of the pandemic including high risks of debt distress and countries severely affected by the decline in oil and gas and mining sectors. Afreximbank's Pandemic Trade Impact Migration Facility (Patimfa) will help African countries deal with the economic and health impacts of the Covid-19 pandemic. Patimfa provides financing to assist Afreximbank member countries to adjust in an orderly manner to the financial, economic and health services shocks caused by the Covid-19 pandemic.

The focus is to assist member states to: meet trade debt payments; support and stabilise the foreign exchange reserves of central banks of member countries; manage any sudden fiscal revenue declines as a result of reduced export earnings; and provide trade finance facilities for import of goods, such as protective clothing, required to combat the pandemic.

Governments of member states are taking the lead in applying for this support. Funds are channelled to the health, social and economic ministries on the frontline of national responses and Covid-19 programmes are receiving technical health support from bilateral development agencies such as Enabel, AFD and DFID.

5.5 EUROPEAN UNION AND THE EUROPEAN INVESTMENT BANK

On 24 June 2020, the EU and European Investment Bank (EIB) announced a total of 2 031 million euro for sub-Saharan Africa within the external response of EU institutions to Covid-19 (excluding Guarantee & EIB). In supporting efforts to halt the spread of Covid-19 the EU is helping countries to strengthen their healthcare, water and sanitation systems and develop fast and equitable access to safe, quality, effective and affordable testing, treatment and vaccines against coronavirus.

The government of the Federal Republic of Germany, through Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), is also a key partner in pandemic responses. On 7 December 2020, the European Centre for Disease Prevention and Control (ECDC) and the Africa Centres for Disease Control and Prevention (Africa-CDC) launched a partnership to strengthen the capacity of Africa-CDC to prepare for and respond to public health threats in Africa. The four-year project, EU for health security in Africa: ECDC for Africa CDC, funded by the EU, will also facilitate harmonised surveillance and disease intelligence and support implementation of the public health workforce strategy of Africa CDC.

The background is a monochromatic green image. It features a chessboard with a chess piece (a pawn) and a ruler. The ruler has markings and numbers, including '280' and '300'. The chessboard has some text on it, including 'MS' and '0475'. The overall composition is abstract and suggests themes of strategy, measurement, and analysis.

CHAPTER 6:

CONCLUSIONS AND RECOMMENDATIONS



6.1. CONCLUSIONS

The Covid-19 pandemic has increased the burden on Africa's public health system and exacerbated adverse impacts on lives, livelihoods and economies. Covid-19, as an added burden to public health hazards, has exposed millions of people to unavailability of medicines and health equipment, food insecurity, gender-based violence, economic recession and has limited the fiscal space of many countries to respond to the crisis.

There is no doubt that Covid-19 will have a long-lasting negative impact on already strained health and socioeconomic systems with the added threat of a social and economic emergency never experienced in post-colonial Africa. Although the number of Covid-19 cases and fatalities appears to be relatively low in sub-Saharan Africa compared to other parts of the world, there is no doubt that the pandemic will have an enduring impact on the continent's socioeconomic and political landscape. More effort must be directed at achieving a balance between minimising Covid-19-associated morbidity and preventing an economic recession, to avoid reversing the gains of the Sustainable Development Goals (SDGs) and Agenda 2063. A post-Covid-19 economic recovery strategy is needed to curtail the adverse economic effects on the African economies and ensure a steady, sustainable growth trajectory for the continent.

In the absence of a permanent medical solution to the pandemic, tackling the health crisis to preserve lives and livelihoods is paramount, whatever the fiscal cost. Although high debt and large deficits are unavoidable national-level mechanisms and institutions should be encouraged and supported by international and continental financial lending institutions to restore fiscal sustainability as a strategy to post-Covid-19 recovery.

The Covid-19 pandemic is an unprecedented, multidimensional global crisis that demands coherent policy responses. It has also highlighted the vulnerabilities and gaps in several of basic systems, including healthcare, social protection, education, financial markets, economies as well as in governance infrastructures. On the African continent, the pandemic has triggered the most severe economic recession and is causing enormous damage to health, jobs and wellbeing. The crisis is reversing decades of progress on poverty, healthcare and education and is pushing millions of people into extreme poverty.

African countries, which already faced development challenges, including extreme poverty, violent conflicts, food shortages, and climate-related emergencies, are among those hit the hardest, compounded by the health, economic, and social shocks of the crisis. Given that the socioeconomic effects of Covid-19 have affected vulnerable groups disproportionately, it is important for pandemic recovery process to be tailored to support these groups.

Apart from widening inequalities and worsening already existing fragilities, the pandemic has also restricted employment and investment prospects on the

continent, which could fuel additional domestic unrest and conflict. Violent conflict and political instability also disrupt institutional response to epidemics.

The AU and its member states must invest in disaster preparedness to deal with the sudden onset of the pandemic which has demonstrated that African governments need to adopt and implement better public governance tools and structures to foster resilience and anticipate risks. Strategic and integrated planning across sectors and population groups is critical in ensuring that Africa is better placed to anticipate future risks and opportunities.

As countries move towards recovery, strengthening governance systems and fostering policy coherence will become essential to supporting the transition to sustainable and inclusive development. Effective leadership and a holistic, whole-of-society approach are required to respond effectively to the multiple dimensions of the Covid-19 crisis. Different institutions of government, including the executive, legislature, judiciary and law enforcement, need to work together to lead or support coordination and strategic planning. AU member states should use of evidence to inform decision-making and communicate decisions to the public.

The pandemic has also shown us that when there is lack of trust, adherence to Covid-19 protocols become ineffective; mistrust weakens the effectiveness of governments to deliver on their mandate. This may take the form of misinformation and disinformation in media and social media. On the other hand, high rates of public trust can facilitate and support policy responses

during the Covid-19 pandemic and ultimately contribute towards building resilience. Inclusive, consultative policy-making is key to strengthening the trust of citizens and addresses the short-term and long-term effects of the Covid-19 crisis.

Pandemic recovery processes must focus on increasing and strengthening public trust, vital to the success of vaccination campaigns and Covid-19 adherence protocols. Additionally, state- society relations are also critical in addressing challenges such as people's perceptions of Covid-19 responses. Citizens need to trust the effectiveness and sustainability of the various efforts of their governments in addressing the long-term impacts of the pandemic such as economic inequality, poverty and vulnerability.

Quality of governance is also a significant factor in understanding and shaping the impact of the Covid-19 crisis. Responses of countries with a higher quality of governance has tended to ensure reduction in morbidity and incidence rates. The pandemic provides a platform to strengthen collaboration across government agencies and to organise service delivery around citizens' needs. Quality of governance and public administration inform the responses of governments to the pandemic. The quality of responses also affects the confidence of the people and compliance with policies. Thus, African governments need to foster sustainable and inclusive recovery that responds to the demands of the people and is anchored on inclusive institutions. This should be accompanied by clear communication and development of a collective vision.

To overcome the Covid-19 crisis and its long-standing effects and enhance prospects for post-pandemic reconstruction, African governments are encouraged to show true commitment to conserving and deepening domestic political capital, strengthen the social contract with their citizens and govern in an accountable and transparent manner.

Epidemics and pandemics are reality checks for public governance and leadership, not only at country level but also at regional and continental levels. The Covid-19 pandemic requires investment in early warning, surveillance, prediction and forecasting analysis. This in turn requires strong disaster risk reduction machinery with the capacity to perform predictive analyses and forecast future pandemics.

In its analysis of Africa's readiness and capacity to manage the Covid-19 pandemic, the Mo Ibrahim Foundation calls for more sustained efforts in generating regular data collection and analysis on public health disasters. The speed with which African countries can detect, report and respond to outbreaks is usually a reflection of their wider institutional and early warning capacities.

The Covid-19 pandemic has also highlighted the need to improve Africa's weak health structures and related institutional capacity, such as education, infrastructure and national security and strengthen data and statistical capacity, notably in relation to health and civil registration.

African governments must also consider the gendered dimensions of the pandemic. The public needs to be better equipped or prepared to address the increase in cases of gender-based violence during the pandemic and secure and increase access for women and girls to services that address violence against women and girls and promote reproductive health. African governments need to incorporate gender-based analysis and feminist perspectives into disease outbreak responses to protect women now and in the future.

Responses to the pandemic should also focus on addressing the youth, intergenerational considerations and designing inclusive recovery measures. Inclusive planning processes financial inclusion strategies are needed to engage women, youth, and other vulnerable groups. Additionally, given the impact of the pandemic on state and society relations and the potential for conflict among various interest groups, strong governance systems, coupled with effective political leadership are required to support pandemic recovery programmes and strategies aligned to Agenda 2063.

The AU and its member states must continue to advocate for more equitable vaccine access. The Covax programme developed by WHO and Gavi,¹³⁶ which seeks to jointly procure and allocate vaccine doses in proportion to populations, must act to make vaccine allocation between countries more equitable by procuring vaccines.

136 Gavi, the 'Vaccine Alliance', is a public private partnership to improve access to vaccines in low-income countries

6.2 RECOMMENDATIONS

There are three categories of recommendations put forth in this comprehensive study: governance, citizen engagement and legal, policy and institutional frameworks.

6.2.1 Governance

An integrated disaster governance management framework is a key component of Covid-19 preparedness for, response to and recovery from the pandemic, and strategy for rehabilitation. There is much evidence that the impact of Covid-19 on national economies also has negative effects on social investments, particularly in the areas of health, gender-based violence and education and limits investment opportunities, employment and income generation. It is in this context that the response to Covid-19 should be integrated and embedded within human development as inseparable elements of economic goals. Most importantly, regional economic communities should review their disaster risk management policies or strategies to accommodate new developments like Covid-19.

Gendered analysis and responses to the pandemic: Given the gendered impact of the pandemic, AU member states should provide evidence-based data disaggregated by gender to address the economic and financial impacts of Covid-19 on women and girls. Covid-19 response and recovery plans should ensure prioritisation of the most vulnerable groups, such as women and girls and unemployed youths. Evidence shows that women are disproportionately affected by the health and socioeconomic impacts of intervention measures for the control of Covid-19. Women continue to suffer the effects of lockdown as they constitute the majority of the informal market and cross-border sectors and are more like to be victims of jobs losses or reduced wages. They must also contend with reduced availability of and access to essential sexual and reproductive public health services.

Strengthening regional approaches and responses: Since the pandemic started, countries have focused, to varying degrees, on protecting their nationals. However, the pandemic cannot be sustainably and successfully fought by focusing on national borders. The challenges posed by Covid-19 are multidimensional and can only be effectively tackled by multilateral action and regional cooperation, to effectively mitigate its public health, socioeconomic and governance impacts. Combating a transnational pandemic requires solidarity and concerted approaches, including collaboration between ministries of health and public security, as well as border management, among others.

Strengthening public health and disaster reduction early warning systems: The role of early warning, evidence-based analysis and research in prevention of national disasters is key. While it is laudable that the AU launched the A-CDC, the Covid-19 pandemic calls for more investment in research institutions for preventive approaches to DRR. Investing in research, think-tanks and supporting academic and research centres are critical in planning for a post-Covid-19 future.

AU member states must consider intensifying efforts to invest in disaster preparedness and early-detection mechanisms. Related to this is the importance of undertaking studies to predict the evolution of pandemics and to provide innovative solutions for the African context. Comprehensive surveillance and detection systems enable data collation and analyses to establish Covid-19 transmission dynamics and societal impact. There is a need for a common, pan-African vision and strategy for research and development. It is also important for the AU and its member states to invest in systems that provide robust evidence for developing implementation policies for public health and disaster management.

Establishing national and continental disaster funds: In envisioning a post-pandemic future, governance in disaster reduction requires thought on post-pandemic recovery efforts. For example, setting aside national disaster funds to cushion citizens and provide social protection and stimulus packages for economies and livelihoods that would have been decimated by disasters requires thinking through how these funds can be managed and supported. One way to ensure that AU member states are prepared for future disasters is to consider innovative ways to collect revenue, including the creation of an AU Disaster Fund to strengthen social protection and safety nets to tackle the emerging poverty, inequality and vulnerability emerging from the pandemic.

Addressing the political economy of Covid-19: The study revealed that African economies were the biggest casualties of the pandemic. At continental, regional and national levels, post-Covid-19 economic recovery strategies should be formulated to dampen adverse economic effects and reposition African economies on a steady and sustainable growth trajectory. Furthermore, to effectively alleviate the

economic impact of Covid-19, AU Member States should utilise the African Continental Free Trade Agreement (AfCFTA) to operate as a larger economic bloc and renegotiate their trading relationships with the rest of the world, and in so doing cushion citizens from the impact of the crisis. Effective implementation of AfCFTA and the African Union's productive transformation agenda can strengthen regional value chains, reduce vulnerability to external shocks, advance digital transition and build economic resilience against future crises.

Disruptive role of technology in DRR Efforts:

Given how technology has played a role in responses to the pandemic, some attention to the role of digital technology in managing the Covid-19 pandemic is required. To promote e-commerce, e-learning, and teleworking, the AU and its member states should hasten the expansion of access to the internet, in particular, as this will continue to be critical in pandemic recovery processes. Issues of telehealth and a hybrid approach to strengthening health systems might be critical especially as health workers are inundated by the pandemic. For example, the role of technology, including drones can be explored in delivering services to affected areas such as refugee and IDP camps.

6.2.2 Citizen engagement and participation

Importance of strategic partnerships: While Covid-19 responses may be government-led, strategic partnerships, collaboration and synergies must be developed, including strengthening relationships with civil society organisations, faith- and culture-based organisations, media, the private sector, international development partners, UN agencies, development banks and existing networks and programmes. AU citizens must be fully mobilised to support the efforts of governments to prevent, contain and end the pandemic. Civil society must be fully involved in DRR responses related to the pandemic, as they play huge roles in advocating for accountable, transparent governance, focused on alleviating the economic impact of the disease.

Sustained involvement of women and youth in Covid-19 responses: In line with existing AU commitments to protect women and youth rights, and with the need to promote gender equality and women's empowerment, Covid and DRR responses should reflect full enforcement of existing mechanisms such as the Maputo Protocol on Women's Rights, the AU Constitutive Act, and the Solemn Declaration on Gender Equality in Africa. Covid-19 responses cannot be isolated from

the recognition of women and youth as agents of change, creators and innovators and engaging them as active citizens. It is important to generate evidence about how young people are being affected by the pandemic, and to generate evidence-based analysis on how to foster youth-centred and inclusive approaches for responding to and coping with Covid-19. This will enable more nuanced insights on how to broaden participation, in addition to scaling up promising strategies. Without such efforts the gender-equality goals of Agenda 2063 may never be realised.

Undertaking policy dialogues on the pandemic and DRR:

The APRM Secretariat should encourage policy discussion on the alignment of policy responses to Covid-19, at continental, regional and national levels, to international disaster risk management and International Health Regulations frameworks.

Promoting vaccine equity and vaccination outreach:

Given the evolution of the Covid-19 situation and the various waves of the pandemic, the study recommends forward-looking approaches to design and create a more equitable post-pandemic world. The AU and its member states should amplify efforts to promote more equitable access to vaccination as well as engaging in sustained outreach for people to embrace vaccination campaigns.

6.2.3 Legal, policy and institutional frameworks

Developing a continental framework for Covid-19 and pandemic responses:

The AU and its member states urgently need overarching guidance on how to enhance Africa's response to Covid-19 and future pandemics in respect of awareness, prevention, mitigation, preparedness, response, recovery, rehabilitation and reconstruction based on the Sendai Framework for Disaster Response. This calls for sustained efforts by Africa-CDC to ensure compliance with directives on responding to the pandemic.

Community engagement: Laws and policies should clearly outline the involvement of other stakeholders. Governments need laws that emphasise engagement of community and civil society in disaster management and collaboration with national societies to strengthen community-based disaster risk reduction in disaster management laws, which will reduce costs and increase effectiveness. Furthermore, legislative improvement must emphasise monitoring, evaluation and enforcement by using inclusive and participatory tools and coordinating and harmonising the activities with all relevant stakeholders in disaster management in that country. One way to do this is by making sure there are proper partnership agreements

that are strong and clearly define the roles of multiple stakeholders.

Development of legislation in DRM through an inclusive process: Reform of DRR and DRM laws should be inclusive with the active participation of all relevant ministries and levels of government, subject matter experts as well as civil society organisations, the private sector, academics, and individuals, including women.

Integration of laws: Disaster risk management laws should be integrated with emergency response management laws into one legal instrument, to avoid confusion and misinterpretation. A timely response and comprehensive recovery plan comprises relief, rehabilitation and reconstruction interventions to reduce vulnerability and promote development if the local coping capacities must contribute to sustainable recovery.

Planning and frequent review of legislation: Proper planning and review of existing legislation will identify resources, trainings needed, and key milestones and timeframes. These reviews should also identify responsibilities and generate progress reports to keep track of implementation challenges and achievements of any disaster management legislation and plan.

Use of the checklist: Although the checklist referred to in this study is not applicable to each situation, it is highly recommended that a checklist be used, because it will enable identification of existing strengths and gaps and which issues are a priority in individual country contexts, and prompt consideration of whether changes in law or practice are warranted. The checklist can be developed, adjusted or adapted to suit the country, region or community.

According to the Assessment report on mainstreaming and implementing disaster risk reduction and management in Africa (2015), the checklist can help in the following areas:

- Greater in-depth research into a particular issue or area of law;
- Wider consultation with stakeholders, particularly at local level;
- Awareness-raising activities to address implementation challenges, such as public information sessions, trainings, development of communication products and events or performances;

- Amendments to existing laws or regulations to address DRR concerns or to reduce overlap or conflict with other laws; and,
- Introduction of new laws or regulations in areas not currently covered by existing legislation.

Strengthening political commitment: Politics plays an important role in African society and the participation of political actors cannot be overemphasised. Commitment of national leaders is key to achieving visibility for and support for DRR at all levels. Collective political commitment at regional, national and local level encourages people at local level to work together, despite political differences, in planning, implementation, and recovery when disaster strikes and also minimise sabotage of disaster management plans. Therefore, all registered political parties should take an active role in disaster management.

Drafting of legislation should be open rather than restrictive. It is important that drafting of national frameworks for disaster management within national legislations in Africa adopt either a prescriptive model, exemplified in the case of Uganda's policy statement that provides detailed stipulations regarding the objectives, guiding principles and strategies for key stakeholders and inter-sectoral relationships, or a principle-based model that provides for relevant organs of the state to produce their disaster management frameworks. An example of the latter is the South African model, which only provides principles for relevant organs of state to produce their disaster management.

However, provisions in legislation should not be disjointed; there should always be central coordinating point through the main DRR legislation. Legal, policy and institutional frameworks are regarded as weak and incomplete if they are fragmented and not coordinated across several statutes, while in most cases comprehensive disaster management legislation might suffer from several weaknesses. For example, a weak comprehensive legal framework fails to emphasise the need to develop by-laws for disaster risk mitigation, adopt zone and regional planning regulations and develop enforcement capacity.

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