

THE INSTITUTIONALITY TACKLING THE PANDEMIC: THE ROLE OF THE AFRICAN UNION

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As of September 30, 2020, the world registered approximately 1 million deaths caused by the new Coronavirus and more than 33.6 million infected (DONG; DU; GARDNER, 2020). On the African continent, there were 35,954 lives lost and 1,472,433 confirmed cases (AFRICA CDC, 2020a). Although it accounts for about 15% of the world population, Africa had just over 3.56% of total deaths and 4.37% of cases. In comparison, India - a country with a population similar to that of all African states combined - accounted for 9.6% of global losses and 18.4% of contagions.

That being said, this article aims to understand the COVID-19 pandemic in Africa, focusing on the African Union (AU) and its ability to coordinate national states in the face of health emergencies. We drive into the ground that the AU has been an aggregator since the beginning of the crisis - the first case was registered in Egypt on February 14. Within its institutional capacities, the regional bloc channeled and offered information, financing, and planning policies to members of the organization. In this sense, more specifically, it seeks to analyze how the action of regional integration - added to other factors - attenuated the impact of the disease.

The AU was created as the Organization of African Unity on May 25, 1963, and relaunched as Union in 2002, intending to bring together the 55 countries of the African continent and promote multisectoral integration. A differential factor in its performance in tackling the pandemic is that being a comprehensive regional mechanism, it has at its service a technical institution specialized in health cooperation, the Centers for Disease Control and Prevention - Africa CDC. The mechanism was created in 2016 and launched

in 2017, following the outbreak of Ebola faced by the continent, and it was "established to support public health initiatives of Member States and strengthen the capacity of their public health institutions to detect, prevent, control and respond quickly and effectively to disease threats." (AFRICA CDC, 2020b).

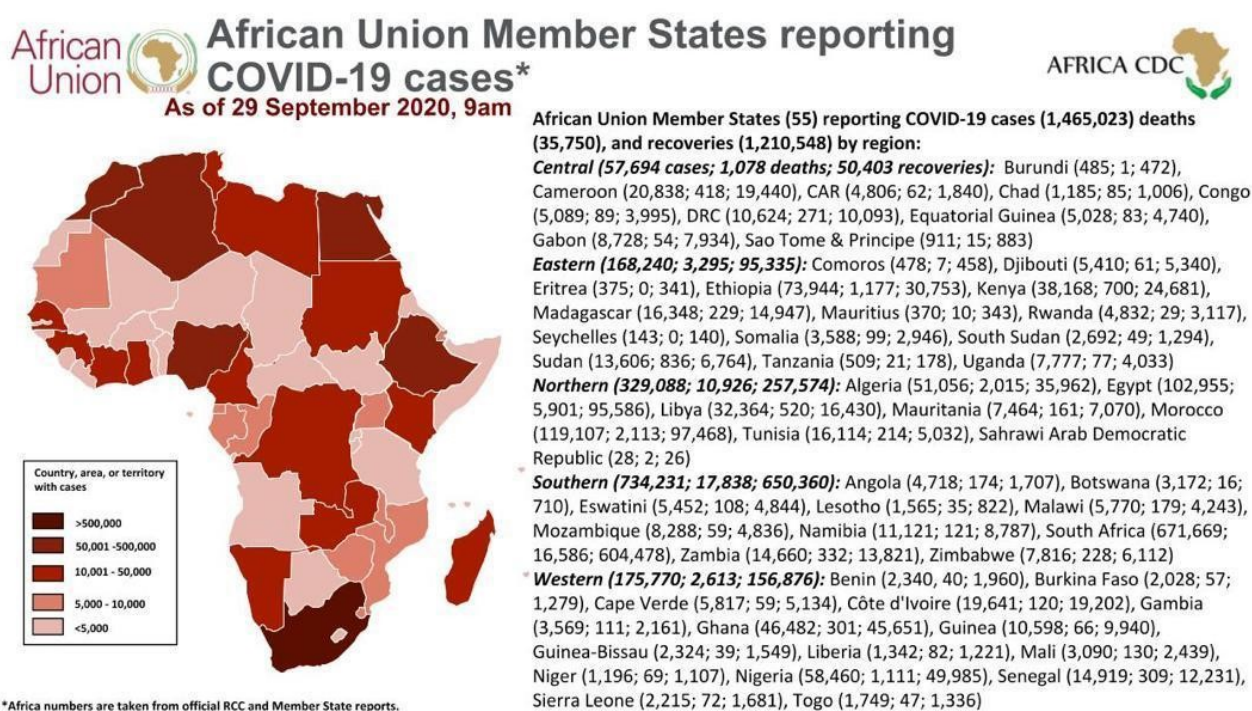
Thus, institutionality proved to be a decisive factor for the prevention and control of impact. While the African continent was able to count on a later arrival of the new Coronavirus in its territory, preparation in advance, in combination with previous experience coping with diseases, was used in favor of the bloc. In early February, for example, while concern about COVID-19 was increasing in other regions of the world, and yet there were still no cases reported in Africa, the CDC created the "Africa Task Force for Novel Coronavirus (AFCOR)", with the objective of "sharing information and best practices, building technical capacity, making high-quality policy decisions, and coordinating detection and control at borders." (AFRICA CDC, 2020c).

From that first moment, control measures were implemented at airports in the region, and evaluations of the health mechanisms of the Member States began in order to outline strategies. In this regard, an important role played by the CDCs was the constant provision of information, aimed at African citizens, private entities, and the Member States. Not only data on the pandemic were published daily, including more comprehensive information than those of the WHO itself, but also prevention guides have been circulated, as well as, for example, recently indications of procedures for loosening the quarantine or the gradual reopening of shops and schools (AFRICA CDC, 2020d). In addition, the CDCs have the advantage of being institutionally and geographically present in sub-headquarters in the five sub-regions of the continent, to provide closer monitoring to the Member States and to be technically advised by the Ministries of Health, working directly with the WHO and the AU (ORDU, 2020).

Also noteworthy in the initial African activity was the launch of the Africa Joint Continental Strategy for the COVID-19 Outbreak, in March. The document established measures to be adopted not only at the national, sub-national, and regional levels in order to limit transmission and minimize impacts, but also recommendations for donors, private entities, and other international and sub-regional organizations to work together (AU, 2020a), which demonstrates an understanding of the problem's cross-border dimension.

Also, the centralization of efforts by the AU enhances the effects for the greater fundraising of international donors in comparison with Member States-specific initiatives and gives credibility due to its institutional character (RIBEIRO, 2020). In this sense, another important initiative was the launch of a joint regional fund in March, called AU COVID-19 Response Fund, with the objective of raising US\$ 647 million (AU, 2020b), calculated as necessary resources for the implementation of strategies to combat the

Figure 1- Reported cases of Coronavirus in African Union countries



Source: Africa CDC, 2020a

pandemic on the continent. The fund is open to donations from any person or entity and a creative way of raising funds was the holding of the Stronger Together musical concert, broadcasted virtually, with several African artists participating in the Africa Day, May 25, with the goal of raising US\$ 1 million (AU, 2020c).

Among other actions taken by the AU and its CDCs during the pandemic, we highlight the training of frontline health professionals, the monitoring of infections, the distribution of medical supplies, the resources and the deployment of first-aid workers, and the international cooperation with donors such as the European Union and other countries and private entities (AFRICA CDC, 2020e).

In addition to institutional responses, the structural conditions that permeate African

reality must also be considered. It is common to discuss whether the low number of cases reported in African countries is due to underreporting and the reach of the health system across society. In this regard, it should be remembered that there is a worldwide dispute for tests, as well as for masks and artificial respirators, among other instruments necessary to combat the pandemic. In this scenario, most African countries are not in an advantageous position to compete with advanced capitalist countries and, therefore, the importance of regional measures is reinforced, such as the implementation of the project "Partnership to Accelerate COVID-19 Testing (PACT): Trace, Test & Track (CDC-T3)", adopted by the AU in April, which reaffirms the need for testing in the pandemic and aims to distribute one million tests among African countries this semester (AFRICA CDC, 2020f).

In fact, when looking at relative indicators such as the number of hospital beds and the number of doctors, and the population with access to hand washing, it is noted that the worst positions are occupied by African countries (WORLD BANK, 2020). It is worth emphasizing that, in addition to COVID-19, there are other epidemics and health problems in circulation, putting pressure on health facilities¹. Therefore, the questioning emerges if what happens in more isolated areas is not represented in official statistics. In this context, there are difficulties found in specific states, such as Tanzania, whose leader officially stopped reporting cases of the disease since May 2020, and stated that the country is free of the disease (CORONAVIRUS..., 2020a). As of April, of the 55 AU states, nine had not taken any action against COVID or did not provide information about it (WITT, 2020).

However, even so, when thinking globally, countries with less relative development - in Latin America and Asia - did not have such low rates. Therefore, it is important to note other possible explanations that contextualize the actions taken by the AU.

First, the average age of the population might be an advantage. Considering that COVID-19 affects the elderly population more severely, younger societies could suffer less from the impacts of the pandemic - even with asymptomatic cases. More than half of the population in the AU is under 20 years old, on a continent with low life expectancy and situations of social vulnerability (AU, 2020a). Moreover, geographic dispersion may have contributed to preventing the spread of the virus (BARNARD, 2020). These conditions are also reflected in the high number of people recovered from

the disease: of the 1,472,433 contamination records on September 30, 2020, 1,217,457 were already recovered.

Furthermore, the expansion of the pandemic must be placed in the context of globalization in force in the 21st century. In view of the concentration of flows of people and goods in the global North, the African continent is relatively loosely connected, with only 40% of the population living in urban areas. This is one of the reasons that may have mitigated the arrival of the virus in Africa, as it moved in the center-periphery logic (MONIÉ, 2020). For this reason, the most serious impact of the pandemic may come to Africa in the future. However, this time issue can be beneficial, as there is a greater chance of having the vaccine completed before a peak of the disease.

There are still impacts that could be perceived in addition to health issues, such as the economic field. For the year 2020, it was planned the implementation of the African Continental Free Trade Area (AfCFTA), which will have a fundamental role in the integration and development of the continent's economies, but it had to be postponed due to the pandemic and the closing of borders and the impossibility of circulation of certain goods and services (CORONAVIRUS..., 2020b). While delays impose limiting consequences, the realization of the AfCFTA in the next year may prove to be of vital importance for the recovery of post-COVID-19 economies.

The Joint Continental Strategy (AU, 2020a) also warned of possible social impacts and political instabilities in the face of the scarcity of supplies and economic recession caused by the pandemic. Therefore, the implementation of the necessary restrictions to combat the pandemic need to be combined, at national and regional levels, with programs to mitigate disparities, as has been done by the African Union and the CDCs.

To sum up, there was a continental strategy for tackling the pandemic, unlike Europe and America. At the same time, the AU organized regionalized approaches, with five groups of countries. With less investment in social welfare, the African landscape in general faces shortages in its health infrastructure. Therefore, the rapid responses of preventive action, added to AU coordination, have moved in the direction of preventing the collapse of the health systems. The conjunction of States with the regional organization demonstrates the benefits of regional integration, as opposed to the exacerbation of nationalisms seen in other regions of the international system.

In addition to the economic impacts, which would deserve another dedicated article,

the available data point to less catastrophic consequences in terms of the number of contagions and deaths. Financial efforts to mitigate impacts, previous experience in combating pandemics, and coordinated actions to identify and monitor cases are factors that contributed, therefore, to a regionalized African response, with the AU acting in an active and preventive manner to provide technical support and information to its 55 member countries.

Notes

¹ By way of illustration, in June 2020, in the midst of the new coronavirus pandemic, WHO confirmed a currently controlled epidemic outbreak of Ebola in the Democratic Republic of Congo (WHO, 2020).

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