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EFFECTS OF COVID-19 PANDEMY ON AFRICAN HEALTH, POLITICAL AND ECONOMIC STRATEGY*

János Besenyő¹, Marianna Kármán²

^{1,2} *Doctoral School of Safety and Security Studies, of Óbuda University, Hungary*

E-mails: ¹ besenyjo.janos@phd.uni-obuda.hu; ² karman.marianna@phd.uni-obuda.hu

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Abstract. The appearance of COVID-19 is proving to be a difficult challenge not only for Africa but for the whole world. In order to prevent and curb, the leaders of the countries had to introduce health, economic and political changes and regulations, which were repeatedly sharply criticized. Although statistics show that the spread of the virus in Africa was far from the same as in China, Europe or the Americas, the world's strictest restrictions had to be put in place to stop the pandemic. At the same time, Africa has cut itself off from its main supporters, making its economic situation more difficult and risking the already weak stability of African societies.

Keywords: Africa; COVID-19; social effects of coronavirus; crisis

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JEL Classifications: R59, I15, N17

1. Introduction

After appearance of COVID-19 and its spread outside China, the entire world watched in panic the reaction of the fragile health systems in Africa to the rapid spread of the virus. On the 30th of January, 2020, the WHO warned that the spread of the coronavirus in Africa poses a high risk, as people living in densely populated slums and refugee camps are particularly vulnerable to the spread of the virus. And Dr. Michel Yao, a WHO representative for Central Africa, also stressed in an interview that Africa is clearly not ready to stop an epidemic caused by a coronavirus (Jerving 2020).

Public spending on health in Africa is the lowest in the world. Due to low national budgets and inconsistent support from humanitarian aid countries, Africa is running a \$ 66 billion deficit in annual health spending. (O.

* *The research is supported by Doctoral School of Safety and Security Studies, Óbuda University, Hungary*

Ogbuoji, I. Bharali, N. Emery and K. K. McDade, 2020) In Kenya, Nigeria and Zimbabwe, as well as in other parts of the region, health workers are almost routinely on strike due to low pay, arrears and a drastic shortage of resources in day-to-day care - these include simple devices such as bandages or rubber gloves. There is a significant shortage of health professionals in African healthcare systems: there is one doctor per 5,000 people (while in the United Kingdom 14 doctors/5,000). These conditions lead to a health situation in which the provision of regular health care is also a struggle for health systems.

In preparing for the coronavirus, countries “traditionally” supporting Africa have paid less attention to improving the health situation in Africa due to the global impact of the epidemic. In addition, the impossibility of economic relations with China, the fall in oil prices at the beginning of the year and the devastating locust infestation in East Africa put Africa in a particularly difficult economic situation, making it almost impossible to prepare for the health situation – let alone curb the epidemic, but also to prevent.

At present (05.25.2020) the available data (WHO) suggest that spread of COVID-19 in Africa is less prevalent than in other regions, some of which are thought to be due to the average age of people on the continent and others to climatic conditions – none of the assumptions are proven.

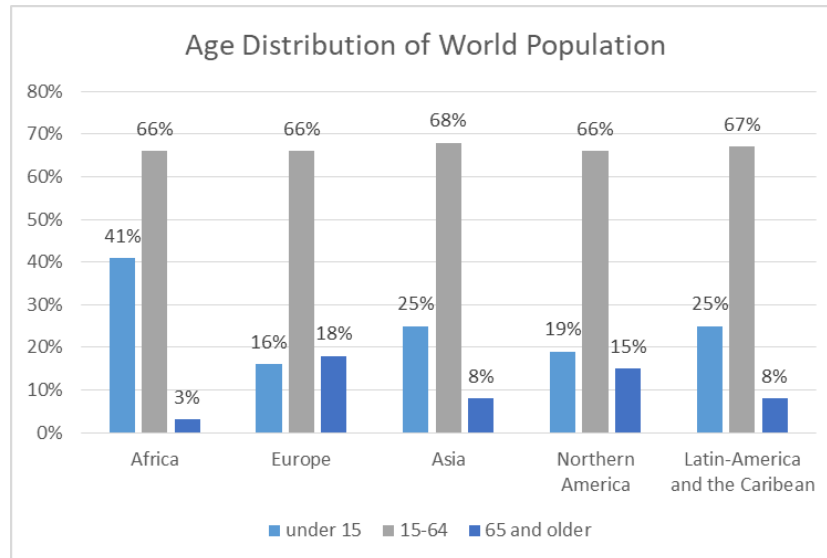


Fig.1. Age distribution of world population

Source: US Population Reference Bureau, Authors' edition

In Africa, the average age of the population is less than 20 years, with only 3% of the population over the age of 65, but 43% of the population living in large cities, which undoubtedly increases the risk of the virus spreading rapidly.

In Africa, a total of 118241 (WHO Situation Report 2020) people are currently registered with COVID-19, 3509 have died from the disease, and 327 are receiving intensive care. In Africa, a total of 11917 people have totally recovered from the virus infection.

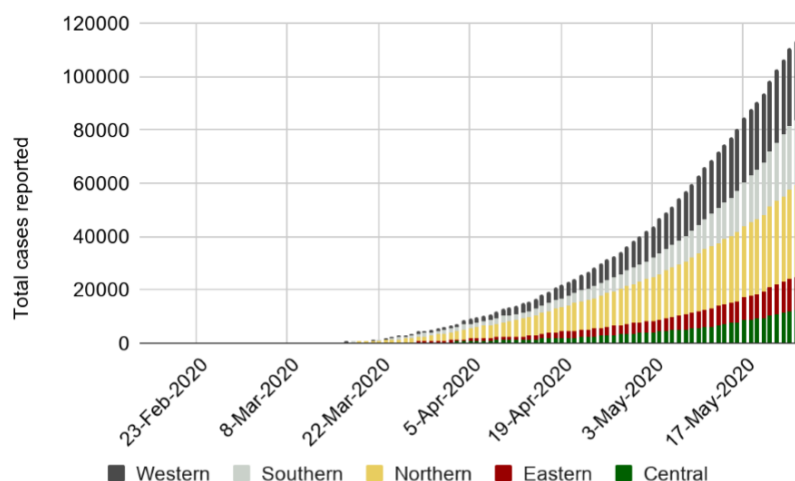


Fig.2. Cumulative number of confirmed COVID-19 cases reported by region, 23 Feb - 26 May 2020

Source: Africa CDC

The most severely infected countries are South Africa (23615), Egypt (17967), Algeria (8503), Nigeria (8068), Morocco (7532), Ghana (6808), Cameroon (4890) and Sudan (3820). COVID-19 deaths were reported in 38 countries, most of them in Egypt (783) and in Algeria (609) and more than 100 in a total of five other countries (481 in South Africa, 233 in Nigeria, 200 in Morocco, 165 in Cameroon and the same in Sudan).

2. Health preparedness and the strategy of prevention

On the 3rd of February, the African Center for Epidemiological Control and Prevention (Africa CDC) set up a new African Coronavirus Task Force to work with the WHO on: surveillance, including screening of entry points, infection prevention and control in health facilities; clinical treatment of patients with severe coronavirus infection, laboratory diagnosis, and risk communication and community involvement. (Makoni, 2020)

The United Nations Health Organization has focused much of its efforts on the continent's 13 high-priority countries. The list of priority countries included mainly those that either run direct flights to China or attract large numbers of travellers from China. These include Algeria, Angola, Côte d'Ivoire, the Democratic Republic of the Congo, Ethiopia, Ghana, Kenya, Mauritius, Nigeria, South Africa, Tanzania, Uganda and Zambia. (Smith, S., 2020)

In addition to priority countries, even in countries where there is instability, such as South Sudan, coordination mechanisms have been developed to reach health workers and patients. Due to the Ebola epidemics, most African countries already had isolation infrastructure.

In the Democratic Republic of Congo, the Ebola outbreak – that started in October 2018 – was still going on earlier this year, by which time it was already abating – with a total of more than 3,000 registered cases and more than 2,000 dead. (MSF, 2020) This epidemic is by far the second largest Ebola crisis since the 2014 Ebola epidemic in West Africa, in which 28,616 people became ill and 11,310 died in Guinea, Liberia and Sierra Leone. During the epidemic, doctors brought isolated, rural areas to the fore, so by the time the disease reached the cities, it was able to wreak havoc on overcrowded areas. The situation was aggravated by the failure of nurses and health professionals to take appropriate preventive measures, resulting in an increasing infection rate. Lack of protective

equipment and proper training also exacerbated the spread and the health care system began to collapse. Based on the dramatic image of the corpses lying on the streets, it seemed that the governments were not prepared for the outbreak of the epidemic, which caused even more confusion and fear among the public. Many believed that the Ebola epidemic was a lie invented by the leadership to get more international help, so the government's preventive and defensive regulations were ignored. (Moore and Nyenswah, 2020) The reduction in infections was ultimately caused by changes in the behaviour and attitudes of the population. This is definitely an example that Africa has had in mind since the release of COVID-19 outside China.

The massive emergence of the coronavirus in China has prompted African governments to take swift action and, above all, to focus on prevention, knowing that if COVID-19 enters the sub-Saharan region, the economic and health situation in African countries at the time will not stop the epidemics – especially if it also reaches densely populated areas. To prevent the virus from spreading to Africa, countries had to have mechanisms in place to identify, isolate, collect virus samples, send these samples to laboratories, and then provide treatment for confirmed cases. Healthcare workers and laboratory technicians also had to be trained to develop protocols for treating the virus and had protective equipment. (Kapata and others, 2020)

Poor laboratory capacity has been a problem in many countries on the continent, and until a test for diagnostic testing was commercially available, it was also provided by the WHO to African countries that were not equipped until the outbreak in Africa. The samples were sent to WHO laboratories, where the samples were tested and then returned, so in several countries it could take days to make a diagnosis. Despite having 28 laboratories set up at 28 locations in the World Organization, there were only two coronavirus tests: in South Africa and Senegal. (SOP South Africa 2020) By 4 February, additional countries - Ghana, Madagascar, Sierra Leone and Nigeria - were also able to test themselves, and after a week another 11 countries had testing facilities, making test results available more quickly. (Gilbert and others, 2020)

Towards prevention the WHO has asked African countries to draw up contingency plans that include statistics on possible cases and preparedness for care. The same had to be done for the countries neighbouring Congo at the time of the Ebola outbreak. (WHO, 2020)

By mid-March, the coronavirus was low in almost every country in Africa. However, health preparedness to prevent spread was still insufficient.

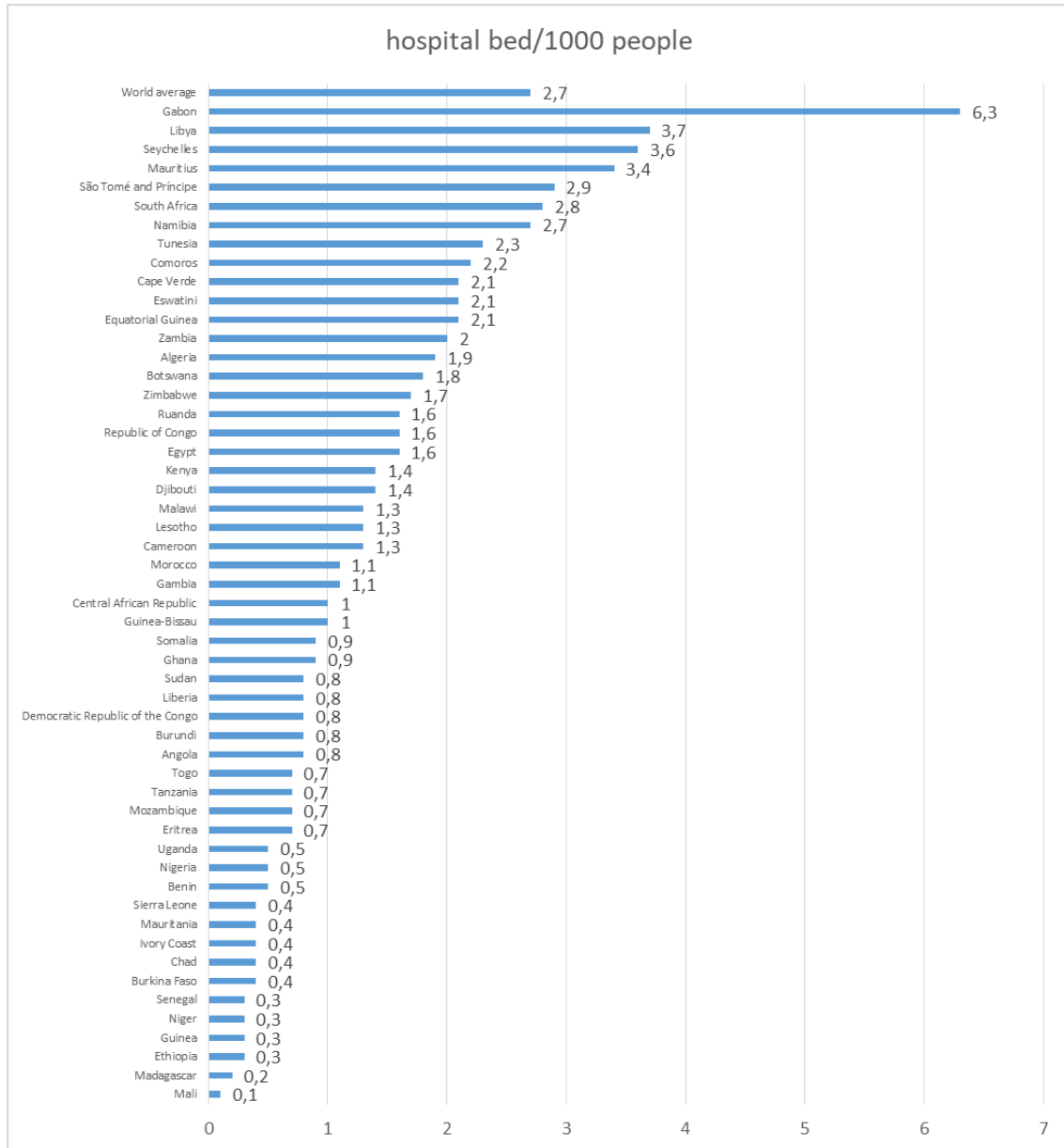


Fig.3. Number of hospital beds in Africa by countries

Source: WHO, Authors' edition

- South Africa has one of the best health systems in Africa, meaning it had less than 1000 intensive care beds for 56 million people, 160 of them in the private sector.
- In Malawi, there are about 25 ICU beds in public hospitals for 17 million people, while in Kenya there are 578 intensive beds for 50 million people - which is also an extremely low rate.
- There was no place in the hospital for major infectious diseases in the Zimbabwean capital, Harare, said the Zimbabwean Association of Human Rights Physicians.
- Nigeria, Africa's most populous country, has sought to establish isolation beds and provide specialized medical training and equipment in public hospitals, but only prevention and early detection could

continue to be adequately performed according to the Chief Executive Officer of Nigeria Centre for Disease Control (NCDC). (Mumin and Pensulo, 2020)

- Uganda declared a heightened emergency due to infection in the area but did not anticipate dealing with a large number of critical cases, like Nigeria, focused primarily on prevention through community awareness campaigns and public education. Ugandan Health Minister Jane Ruth Aceng said Uganda “has sufficient capacity to deal with a possible outbreak in terms of beds, ICU units”, but her statement has been questioned by many as the East African country of 44 million has only 1500 hospital beds at Mulago National Referral Hospital, with 60 ICU beds.
- In Somalia, Health Minister Dr. Fawziya Abikar said the government had set up a quarantine facility at Mogadishu Airport and set up a hospital to deal with Covid-19 cases. However, this means only 15 detached tents, and the hospital has a total of 100 beds.
- In South Sudan, which has been completely devastated by the five-year civil war, the government has only 24 separate beds.

Of further concern are widespread infectious diseases such as HIV or TB in the general population, which may exacerbate the severity of COVID-19-induced diseases. (Nordling, 2020)

The African Union has been preparing for the easing of closures and restrictions on the continent since mid-May, with these guidelines preparing for the resumption of transport, education and basic health services. During May, the African Union distributed 300 ventilators from the Jack Ma Foundation and a number of laboratory equipment and supplies from Jack Ma Foundation, Illumina and TIB Molbiol to its member states. Health training on COVID-19 has been held in May in Zimbabwe and Cameroon, and from June in South Sudan. The AU has enabled Member States to exchange experiences on coronavirus and ran campaigns to explain theoretical and practical hygiene standards and to dispel myths and false news about COVID-19.

On the recommendation of the AU and the WHO, enhanced surveillance of influenza-like illness is recommended for African countries – e. g. "adding questions about travel, contact history, and testing for coronaviruses to existing influenza surveillance systems; notifying healthcare facilities to immediately inform local public health officials about persons who meet the case definition for COVID-19, SARI and/or have recent travel to a country with local transmission or history of contact with a case." "Member States should continue to enhance surveillance at the borders to screen incoming travelers for severe respiratory illness and a history of recent travel to affected countries or territories reporting local or community transmission. Member States should perform contact tracing of confirmed cases based on transmission type and country capacity. Notify WHO and Africa CDC immediately if suspected or confirmed cases of infection with novel coronavirus are identified. Provide guidance to the general public about seeking immediate medical care and informing healthcare providers about recent travel or contact history in anyone who develops symptoms of severe respiratory illness." (AU 2020)

3. Government measures: closures, restrictions and curfews

Until mid-February, travel restrictions were introduced in African countries (e.g. Gabon banned entry from China, no more visas were issued to Chinese citizens in Mozambique), economic and trade relations were suspended indefinitely with China (e.g. Cameroon banned food imports from China), citizens stranded in China - mainly students - were allowed to travel home under increased WHO control (e.g. 5000 Zambian students studied in China, 186 of them in Wuhan, and Zambia did not allow their evacuation for a long time despite parental claims) and without testing, arrivals from endangered areas were kept in quarantine (Sierra Leone). (Kamara, 2020)

The first African infected, Senou Pavel Daryl, a Cameroonian student, was registered on January 28, 2020 to Jingzhou Hospital in China. The African student may have been exposed to the virus during his trip to Wuhan. He was isolated in the hospital for 13 days and treated with antibiotics and drugs used to treat HIV patients. After two

weeks of medication, he was already showing signs of recovery, so he became not only the first African to be infected, but also the first African to be cured. (Vincent 2020) In China, thousands of African students were quarantined, many became ill, but did not return to their homeland at the time of the outbreak or its peak due to the quality of health care provided by China.

On February 14, the first case of coronavirus on the continent was reported: in Egypt. The infected was a Chinese citizen who was screened during inspections set up at Cairo International Airport, although he showed no symptoms of the disease at the scene.

The first case from the sub-Saharan region was reported on 25 February: the first illness was confirmed in Nigeria, the former capital, Lagos, by an Italian entrepreneur who came from Milan to a West African country. (Maclean and Dahir 2020) On the same day, the first case was found in Algeria, also involving an Italian man who was deported to Italy three days later.

The second sub-Saharan infection was registered on 2 March in Senegal, a French citizen living in a West African country who had previously skied in France. Even in Morocco that day, a Moroccan citizen living in Italy was diagnosed with a coronavirus infection and tested positive in an 89-year-old Moroccan woman also living in Italy. The first case was also registered in Tunisia on this day, with a 40-year-old Tunisian man returning from Italy.

On March 5, the first case was reported in South Africa, a South African citizen returning home from Italy became ill. After 100 registered cases, President Cyril Ramaphosa declared a disaster situation, restricting travel, ordering the closure of schools, a ban on rallies and restrictions on the operation of bars: closure or staff limitation of max. 50 people. In South Africa a person who violates coronavirus measures can face a fine or even imprisonment. The country has banned traffic in all its ports.

During March, African nations introduced sanctions similar to those of South Africa:

- Lagos State, Nigeria's economic centre banned gatherings of more than 50 people, schools closed; Africa's most populous country, where a total of twelve cases of coronavirus were found when sanctions were imposed, has banned landings from flights from countries where more than 1,000 infections have already been registered.
- Algeria, one of the worst affected African countries, closed its borders and stopped flights. The president also banned mass rallies, which also put an end to major anti-government protests.
- The Rwandan government banned passenger transport after 11 reports and distributed food donations at the end of the month due to the famine.
- In Kenya, perhaps one of the most religious countries on the continent, most temples and mosques have suspended worship. The government has also announced that it will produce a disinfectant at the state level, which will be distributed free of charge in order to remedy the shortfall.
- In Liberia, where the Ebola epidemic was in the spotlight a few years ago, after two registered Covid-19 cases passports were stopped in order to stop people's travel and entry from countries that were most affected by the pandemic.
- Zambia closed parliament, schools and universities after reporting two Covid-19 cases.
- Somalia closed its airspace after its first and only case.
- Uganda and Botswana, where there were no cases even then, closed schools.

At the end of March, the most populous cities and states in Nigeria and Ghana and the capital of the Democratic Republic of the Congo were closed down, and a partial ban on travel was imposed. In Botswana, a 28-day restriction was introduced after the first cases, as in Lesotho which has not got any case yet. (Smith, E., 2020) In

Senegal, as in many African countries, a night curfew has been introduced, and in Côte d'Ivoire the possibility of contact in society has been gradually limited. Among others in South Africa, Kenya, Nigeria and Uganda, compliance with the curfew is under military and police control. Most African countries have closed their borders and imposed some level of restriction and/or curfew.

By the end of March, much of the continent had isolated itself from the world: most African countries had suspended flights to and from Europe and Asia and other transport links, or were strictly controlling entry into its territory. Restrictions have also been placed on public gatherings, schools and religious services, and mass events have been lifted across the continent.

In April, these measures became increasingly stringent.

- On the 9th of April South Africa extended the night curfew until the end of April. He commanded 70,000 soldiers to comply with the restrictions. (Maseko 2020)
- In Kenya, restrictions were imposed by President Uhuru Kenyatta in the first week of April until the end of the month - before Easter. In the infected areas and in the capital, a travel and curfew ban was announced, while in other areas a night curfew was banned.
- On the 18th of April Sudan ordered the closure of the capital, Khartoum, for three weeks after the daily number of cases suddenly rose to 20-30. As 90% of those infected can be linked to Khartoum, the capital was closed with a partial curfew.
- Morocco has also extended the restrictions introduced on the 20th of March, which allow people to leave their homes only to buy food or medicine or to do essential work. Schools, mosques, shops and entertainment venues were closed. Morocco has made it mandatory to wear masks so much that those who fail will risk fines and imprisonment. In Moroccan cities, cars with loudspeakers alert people to stay at home. Public transport, streets and markets are constantly being disinfected.
- Restrictions imposed on the 21st of March continue in Zimbabwe. At some points, the government eased. However, the biggest problem is still working with doctors. Due to the lack of medical protective equipment, Zimbabwean doctors have filed a lawsuit against the government.
- In Libya, with the onset of Ramadan, the Government of National Consensus (GNA) is introducing a 24-hour curfew to try to ease pressure on the health system in areas under its control, including Tripoli. In a civil war-torn North African country, only the purchase of bread and food will be allowed, including only in the morning.

Restrictions introduced in recent months, as in other parts of the world, are having an impact on a country's economic, political and social situation in order to improve its health situation.

4. Results of measures: economic and social crisis

The emergence of the coronavirus in China has had a major impact on the Asian country's relations with Africa, both in terms of tourism and economics and diplomacy. African countries have steadily severed ties with China. Flights to China were cancelled, travel restrictions were imposed, and visas were denied to Chinese citizens until their borders were finally closed. However, this isolation was temporary. Since the number of coronavirus diseases in China has decreased significantly, it has again been actively involved in supporting the economic and health situation on the continent.

Africa's economic situation has not only been worsened by the temporary severance of relations with China. It was in the midst of the global fight against the coronavirus when the previously predicted energy crisis hit the world, pushing oil prices to their lowest level in 25 years. And the International Energy Agency (IEA) said even

if we assume that travel restrictions will ease in the second half of the year, we still expect global oil demand to fall by 9.3 million barrels a day in 2020 compared to 2019, which will destroy a decade of growth. (Ambrose, 2020)

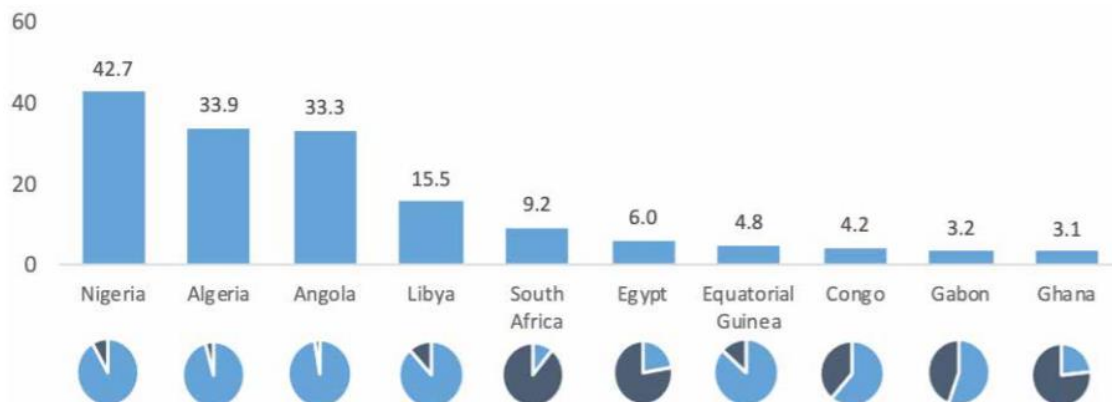


Fig.4. Most significant exporters in Africa of petroleum fuels and share of country total exports, based on 2016–2018 averages (in billions of US dollars)

Source: UN ECA

The continent will also have to deal with losses in aviation following the spread of the coronavirus. African airlines lost up to \$ 4.4 billion in revenue after flights were cancelled due to COVID-19 and international airports closed.

The World Bank estimates that Covid-19 will cause the region an emissions loss of between \$ 37 billion and \$ 79 billion by 2020 due to the combined effects of the epidemic, including trade disruptions and declining remittances, tourism and foreign aid reduction.

While most countries in the region are experiencing declining growth, real GDP growth is projected to decline sharply, especially in the region's three largest economies - Nigeria, Angola and South Africa - due to persistently weak growth and declining investment according to the World Bank report. (Feleke 2020)

Since the emergence of the coronavirus, one of the greatest dangers as a result of interrupted agricultural production and food imports has been starvation. Africans spend most of their income on food (compared to Americans, who spend 9.7% of their total salary on food. More than 1 million people have lost their jobs in Ethiopia. Because of this year's extraordinary locust invasion, East Africa has already been threatened with famine in the past. In the shadow of the loss of work and the danger of starvation, the poorest sections of society can do not leave their homes, so compliance with curfew restrictions in some countries results in violent police action.

Recognizing more difficult than usual social conditions, several African countries are trying to alleviate the difficulties of the population in various ways. In the Republic of South Africa, the South African Statistical Office conducts surveys on the business situation and difficulties caused by the restrictions related to the coronavirus in a number of economic areas. To this end, the Agency recently launched an online qualitative survey to understand the impact of COVID-19 on businesses. (APO 2020) South Africa has promised to provide accommodation for all homeless people.

Uganda has promised food distribution to vulnerable populations, including breastfeeding women and day workers, and plans to support refugees living in camps. In April, Uganda finally closed its borders to asylum seekers. El-Khidir Daloum, the regional director of the United Nations World Food Program (UN WFP), said the local agency was struggling with \$ 137 million in funding (compared to the \$ 219 million need), raising the question of whether the 28 refugee settlements and how beneficiaries living outside them will receive benefits. With the vast majority of the 1.2 million refugees living in Uganda has travel-work and not receiving aid, they are primarily at risk of malnutrition. (Basiime, Warom, Iceta and Tumushabe, 2020) It was also observed that refugees who did not live near settlements returned to their homeland. Uganda is Africa's largest refugee country - mainly with asylum seekers from South Sudan and the Democratic Republic of the Congo.

Rwanda has promised to support 20,000 families in the form of door-to-door donations in the capital, but many other people living in poverty in both countries will not be reached by these initiatives. (Mutanganshuro 2020)

Due to the crisis situation, not only governments and local governments are trying to alleviate the situation of the population, but non-governmental organizations are also involved in providing not only humanitarian but also legal assistance. Human rights organizations are finding illegal actions by some African countries in many areas of protection against the coronavirus.

A group of this kind of acts are about making communication impossible, e.g. when Egypt, like China, expelled journalists from the country. Although it is undeniable that in Ethiopia, the general ban on telephone and internet services in the Western Oromo region, which had been going on for three months, has just been lifted because of the coron virus - but mainly due to protests from legal organizations.

Referring to overcrowding, advocacy groups demanded the release of political prisoners in Egypt, Libya and South Sudan. The status of refugee camps in Nigeria, Sudan and South Sudan has been highlighted as focal points for the spread of the virus.

Because the coronavirus came from outside the continent, the population did not feel in danger at first. As the virus spread in Europe, so did verbal atrocities, rarely abuse, against non-African people, in which citizens from abroad were "sent home" or the word coronavirus was shouted at them threateningly. Contrary to this attitude, however, people did not take the threat of the coronavirus seriously enough, despite the fact that African presidents introduced strict measures to prevent the spread of the virus. (Dahir, 2020)

In Morocco, at least a dozen people were arrested in mid-March for spreading false news about the coronavirus. On the same day, the government approved a bill regulating the use of social media to prevent false news and cybercrime that undermines public order and the economy. Legal organizations have also accused the government of curtailing press freedom, of which there have been many examples over the past year.

Among the virus-related pseudo-spreaders are those who deny the existence of the virus and therefore call for precautionary measures to be ignored and restrictions to be met. In contrast, there are also rumours that a city is closed and people are advised not to go there.

The emergence of the coronavirus is also a problem for religious organizations, so regardless of denomination, there are religious leaders across Africa who voice their outrage and ignore the restrictions. And in a fundamentally religious Africa, these leaders are unfavourably shaping public opinion in defence of COVID-19.

In Tanzania, President John Magufuli also tried to minimize the threat of the coronavirus, keeping in mind the will of religious leaders as well, so in early April, Magufuli continued to tell his citizens to attend religious services because divine help is the only thing that can overcome the disease. "Coronavirus cannot survive in the

body of Jesus Christ, it will burn,” Magufuli said back in March. “That is exactly why I did not panic while taking the Holy Communion.” (Ward, 2020)

Although even the Mosque of Mecca closed its doors in an extraordinary way - even during the Ramadan period, imams of extremist denominations such as Rachid Eljay, the religious leader of Brest in Algeria, stated that prayer and supplications protect against the virus - meaning no need to the sciences. Ali Belhadj, leader of the Islamic Salvation Front, and Abdallah Djaballah, chairman of the Justice and Development Front, Islamist Party, issued statements on the closure of the mosques, demanding that the mosques not be closed because they are houses of God and protected by God.

On the 18th of April, in Kenya, elders of the Mijikenda religion, like the leaders of Njuri Njeke, performed ritual cleansing ceremonies in the forest to ward off the harmful spirits of the coronavirus and then asked the government to allow the treatment of coronavirus cases by traditional methods, as this was already the case in the 1950s. (KTN 2020)

The most important thing for us in understanding the current pandemic situation in Africa is that many millions live together in same part of the city, in very densely and in many cases superimposed dangerous conditions, “often in homely huts and with little or no access to basic needs such as clean drinking water and hygiene”. There is no piped water supply in the congested parts of the city, so the people living there usually (carry) the water from elsewhere or, for example, buy it at a very high price from the trader or from local gangs. In many cases, contaminated water that is hazardous to health is used for everyday purposes. (Tarrósy 2020)

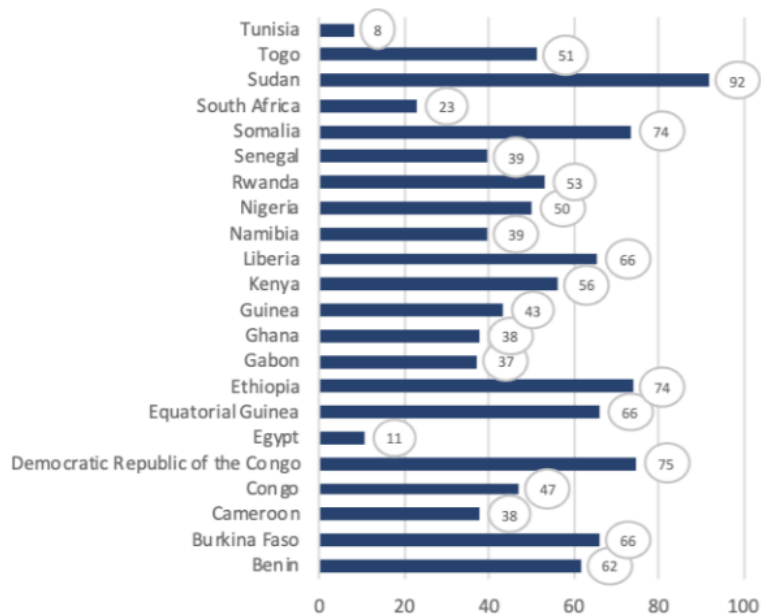


Fig.5. Proportion of urban population living in slums, percent

Source: UN ECA

Misconceptions about the coronavirus include the belief that COVID-19 does not infect Africans or that it is not able to survive in the African climate. In addition, superstitions have become widespread, saying that if someone is infected by COVID-19, it is enough to blow themselves with chlorine mixed with alcohol and recover, in

Kenya, drinking black tea in the morning is recommended to treat a coronavirus infection, neem wood preparations to protect against coronavirus.

As a result of drastic violations of restrictions and police brutality, more people have died so far in the Democratic Republic of Congo, Kenya (Ombour and Bearak 2020), South Africa and Nigeria than in coronavirus disease. In Nigeria, 18 people died in two weeks as a result of measures taken to enforce the restrictions, while at the same time, only 12 people died from COVID-19 at the time of the reported data. (Sargent 2020) In Kenya, even on the day the study was written, six people fell victim to police brutality enforcing curfew due to the coronavirus. The youngest victim of Kenyan police was a 13-year-old boy who was accidentally shot by police on his own balcony. In Uganda, women have been forced to undress during police violence, and police have targeted LGBTQ people with new powers. In South Africa, a number of videos are circulating on the internet about the abuses of national defence forces against civilians, most recently children were injured when a man was shot dead by police in front of their house. In all cases, the authorities promised to prosecute and punish the responsible officials.

5. Conclusions

In 2020, Africa's poor health system, HIV, TB, malaria and other communicable diseases, the agricultural catastrophe caused by locust infestation, political instability in several countries and the economic situation which make Africa depending on external actors provide a breeding ground for COVID-19 or any infection. It has been brought to the attention of continent leaders by several world organizations.

Recognizing its own situation, Africa has thus focused primarily on prevention, because the task of virus emergence and screening still seemed feasible, while preventing the spread is, in all technical opinions, impossible. African governments, with the help of the WHO and then China, reacted quickly, and there were countries where this system already existed due to the Ebola epidemic, so some regions also had practical experience. Although the virus is already present in all countries, the timing of its releases is late compared to Europe, despite its direct contact with China.

Strict measures taken to prevent public exposure after the outbreak of the virus were introduced because of poor health care systems, but the restrictions result in economic hardship, social tensions, and political struggle. The existing difficulties: continent-wide hunger, economic crisis, police brutality raise the need and credibility of the public to fight the coronavirus, which is why misconceptions and false rumours about the virus are spreading rapidly on the continent. False news and misconceptions increase the extent of confrontation with governments and the risk of the virus spreading.

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János BESENYŐ holds PhD of Military Science and habilitated doctorate from History. He works full time as Associate professor for the Óbudai University, Doctoral School for Safety and Security Sciences, as the head of the Africa Research Center. Between 1987 and 2018 he was a professional soldier and served several times in Africa (Western Sahara, Darfur) and Afghanistan in various peacekeeping and military missions. His research interests include contemporary and recent history of Africa, migration and the Middle East, military conflicts, peacekeeping, military logistics, terrorism, and Christian-Muslim relationship on the continent. He is teaching not only at Óbudai University, Doctoral School for Safety and Security Sciences, but ELTE Doctoral School of History, EKE Doctoral School of History, and National University of Public Service, Doctoral School of Military Sciences. He wrote several books and articles. His most recent publication is „Hungary and the crisis in Western Sahara” (Monarchia Ltd, 2020).

ORCID ID: orcid.org/0000-0001-7198-9328

Marianna KÁRMÁN, PhD in African Literary and Cultural Studies, has been researching the oral and written traditions, cultural and religious system and practices of the region for about 20 years - primarily in Nigeria. Her specialization includes Islamic studies, intercultural discourse, African migration, the process and social context of African neology. Until 2012, she continued her scientific work as a doctoral student at the Doctoral School of Literary Studies at Pázmány Péter Catholic University, and currently as a researcher at the Doctoral School of Security Sciences at Óbuda University.

ORCID ID: orcid.org/0000-0002-9907-5082

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