



# Health and WaSH

## COVID-19

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## COVID-19

**COVID-19**, the disease caused by the SARS-CoV-2 virus, came to international prominence after it was first detected in the Wuhan Seafood Wholesale Market in Hubei province in China in December 2019. It spread rapidly and globally thereafter.

At the height of the COVID-19 pandemic, the UN described it as ‘the greatest test that we have faced since the formation of the United Nations.’ The [International Monetary Fund](#) (IMF) categorised it as ‘the worst economic fallout since the Great Depression.’ Globally, trillions of US dollars have been committed to fighting both the direct and indirect effects of the **pandemic**. By September 2021, [the US](#) alone had spent and allocated more than **US\$8 trillion** and, by some estimates, much more.

Whereas HIV/AIDS had a dramatic impact on mortality and hence life expectancy, the economic impact of the COVID-19 pandemic far outweighs its effect on mortality.

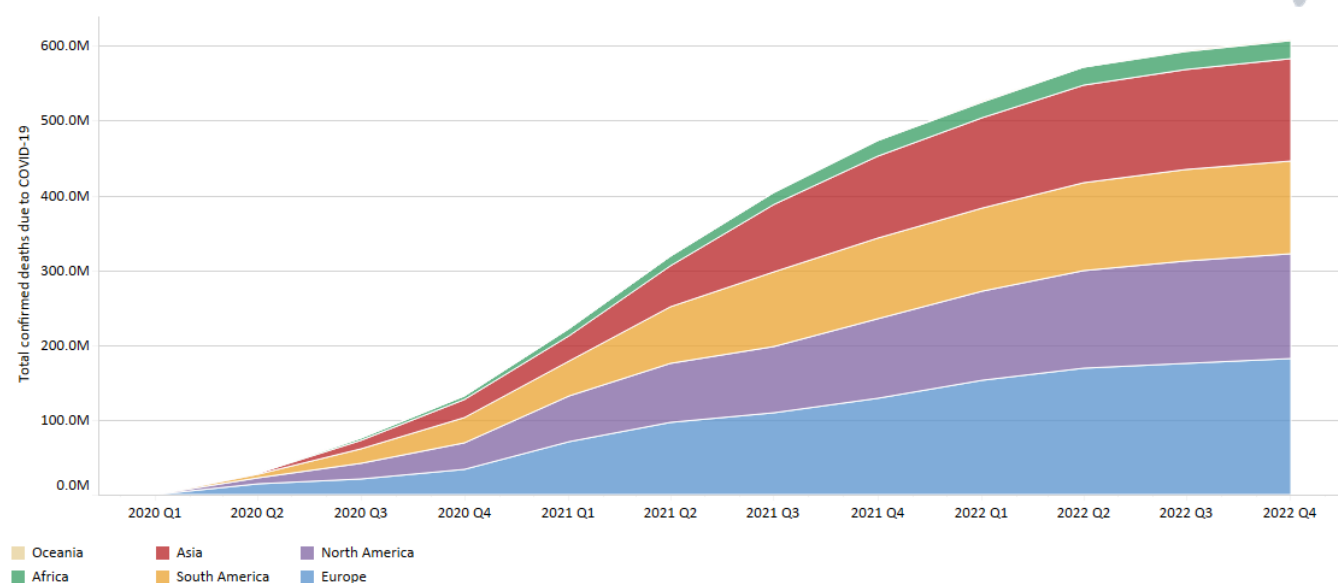
Compared with HIV/AIDS, recorded infections and **mortality in Africa** due to **COVID-19** are lower by a factor of five than in the Americas, Europe and even, marginally, Asia. This is due to Africa’s smaller fraction of elderly people, which translates into lower rates of obesity, diabetes and other non-communicable comorbidities than in developed countries. The pandemic spread particularly rapidly in upper-middle-income countries such as South Africa, as well as in a number of Southern African Development Community (SADC) countries, and in North African countries (Tunisia, Egypt and Morocco), where comorbidities—such as hypertension, diabetes, chronic obstructive pulmonary disease, HIV and obesity—increased the severity and risk of mortality in **COVID-19** affected patients.

Other reasons for the lower infection and mortality rates (not yet conclusive) include:

- a **tuberculosis vaccine (BCG)** routinely given to children in many African countries, which may have reduced the likelihood of deaths from COVID-19
- prior exposure to other coronaviruses, including those that cause the common cold, providing a **degree of resistance** in some of the very communities once thought to be most vulnerable, and
- the spatial and temporal clustering of population groups contributing to **slower transmission rates**.

However, subsequent research found that COVID-19 numbers of cases and deaths in Africa were **under-reported** by a factor of 8.5 with large country-to-country variations due to the weakness of the health systems at country level.

Chart 5: Cumulative deaths by region due to COVID-19



Source: COVID-19 Data Repository by the Center for Systems Science and Engineering (CSSE) at Johns Hopkins University

Africa (and much of the rest of the developing world) vaccinated slowly, initially because of a lack of vaccines. Reflecting on their experience during the HIV/AIDS pandemic, [African leaders](#), including the South African and former Kenyan presidents, have spoken out against a repeat of the vaccine apartheid that characterised the early years of the HIV/AIDS pandemic. At the height of the COVID-19 pandemic, there were fears that Africans could be stigmatised and excluded from international travel and business while they waited for vaccination even as the rest of the world moved on.

Vaccination inequity allows the evolution of possible new vaccine-resistant strains, which could undo the vaccination efforts in the rest of the world. This has led to calls for intellectual property restrictions concerning vaccine development to be waived so that vaccine production can be boosted in developing countries to somewhat equalise its distribution. The US belatedly indicated its support for the move, only to be blocked by opposition from countries in Europe where many of the large [pharmaceutical companies](#) are based.

The economic impact of COVID-19 and the associated countermeasures (lockdowns, disrupted trade chains, etc.) on Africa outweighed the health damage. Shown in Chart 6, COVID-19 probably condemned 24 million to 25 millions more Africans to extreme poverty in 2020 and 2021, and incomes declined. Using the GDP per capita as a measure, the Current Path forecast shows that Africa will likely return to its 2019 average only by 2023. Many people will succumb to a lack of food as the efforts to constrain infection rates reduced economic activity and job security. Eventually, more Africans may die of the secondary effects of COVID-19, such as reductions in treatment available for other diseases due to health spending being diverted to combat COVID-19, than from the virus itself.



Chart 6: Impact of COVID-19 on extreme poverty (<US\$1.90 per day) and GDP per capita (PPP) in Africa



#### Extreme poverty



The associated global recession hit Africa very hard, particularly given the commodity dependence of many of its economies even before Russia's invasion of Ukraine and Western responses to that unprovoked war added to the pain.

In addition, the economic impact of COVID-19 has reduced government revenues (by US\$73 billion in 2020), meaning less money is available for to provide security, build schools and develop infrastructure and healthcare services. The result has been an increase in instability, riots and protests.

The world is learning to live with COVID-19, much like it has learnt to live with HIV/AIDS and the additional security that disrupted international travel after 9/11. The pandemic has, however, also had many other effects, including greater awareness of global interdependence, the rise of remote work and a change in how we spend leisure time. It has boosted the service sector and underlined the importance of food security.

COVID-19 is only the latest in a series of pandemics, and luckily less deadly than many of its antecedents. West Africa may become a hotspot of zoonotic pathogens, given the density of humans, poultry, pigs and ruminants. The increase in human activity and its impact on the environment means that the frequency and severity of epidemics caused by wildlife zoonoses are increasing. A recent [estimate](#) puts the probability of a future zoonotic spillover event resulting in a pandemic of a similar magnitude to COVID-19 at 22% to 28% in the next 10 years, and at 47% to 57% in the next 25 years.

In addition to its historically high burden of communicable diseases, Africa will imminently face a second challenge: the early evidence of expensive non-communicable disease.

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## About the authors

Dr Jakkie Cilliers is the ISS's founder and former executive director. He currently serves as chair of the ISS Board of Trustees, head of the African Futures and Innovation (AFI) programme at the Pretoria office of the Institute, and is an extraordinary professor at the University of Pretoria. His 2017 best-seller *Fate of the Nation* addresses South Africa's futures from political, economic and social perspectives. His three most recent books, *Africa First! Igniting a Growth Revolution* (March 2020), *The Future of Africa: Challenges and Opportunities* (April 2021), and *Africa Tomorrow: Pathways to Prosperity* (June 2022) take a rigorous look at the continent as a whole.

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