Coronavirus Disease 2019 (COVID-19): Impact in Africa

As of April 2022, most countries in sub-Saharan Africa (“Africa”) had emerged from a fourth COVID-19 wave—primarily driven by the Omicron variant, first detected in Botswana in late 2021—and were reporting relatively low caseloads. Citing these trends and increased treatment capacity in many countries, World Health Organization (WHO) officials have expressed optimism that Africa “can control the pandemic in 2022.” Officials caution, however, that low vaccination rates may increase Africans’ vulnerability to future surges and could enable new variants to emerge. Stating that logistical constraints and vaccine hesitancy—versus raw supply—were now the foremost obstacles to vaccination efforts, Africa Centres for Disease Control (Africa CDC) Director Dr. John Nkengasong called for a pause in new vaccine deliveries in February 2022.

Overall, Africa has seen fewer confirmed cases and deaths per capita than other regions. Cases have been concentrated in a few countries, led by South Africa (Figure 1), where testing rates have also been higher. Studies suggest that cases, and to a lesser extent mortality, have been undercounted in much of Africa; demographic and other factors may have limited the virus’ toll. Ongoing research seeks to assess COVID-19 comorbidity with diseases such as HIV/AIDS, tuberculosis, and malaria.

**Figure 1. Total Confirmed Cases and Deaths in Africa**

<table>
<thead>
<tr>
<th>% of Cases (Total cases: 7,980,894)</th>
<th>% of Deaths (Total deaths: 169,072)</th>
</tr>
</thead>
<tbody>
<tr>
<td>South Africa 47%</td>
<td>South Africa 59%</td>
</tr>
<tr>
<td>Ethiopia 6%</td>
<td>Ethiopia 4%</td>
</tr>
<tr>
<td>Kenya 4%</td>
<td>Kenya 3%</td>
</tr>
<tr>
<td>Zambia 4%</td>
<td>Zimbabwe 3%</td>
</tr>
<tr>
<td>Botswana 3%</td>
<td>Sudan 3%</td>
</tr>
<tr>
<td>Other 36%</td>
<td>Other 27%</td>
</tr>
</tbody>
</table>

Source: CRS graphic based on WHO COVID-19 Dashboard data.

**Impact.** COVID-19 has exacerbated health system challenges in many African countries, disrupting routine immunizations, diagnosis and treatment of other diseases, maternal and child healthcare, and other health services. The pandemic has intensified food insecurity (especially in areas with conflicts or natural disasters) and prompted long school closures without virtual options in some countries.

The initial economic impact in Africa was severe and pushed tens of millions more people into extreme poverty, according to the World Bank. The pandemic cratered global demand and prices for Africa’s oil and mineral exports, disrupted trade and tourism, stemmed remittances from African workers abroad, and prompted local lockdown measures. Most African economies began to recover in 2021, buoyed in some cases by rising commodity prices, but growth rates appear unlikely to reverse increases in poverty and debt. The regional outlook remains uncertain.

**Vaccination Efforts**

Africa has the lowest average vaccination rate of any world region (Figure 2). In at least 11 African countries (including large countries such as Nigeria and the Democratic Republic of Congo [DRC]), fewer than 10% of the population had received at least one dose as of mid-April 2022. Botswana and Rwanda, along with small island states, lead the region in vaccinations, with over 60% of their populations having received at least one dose.

**Figure 2. Global Vaccination Rates by Region**

![Vaccination Rates by Region](https://crsreports.congress.gov)

Source: CRS graphic based on WHO COVID-19 Dashboard data.

**Notes:** Regions follow State Department definitions.

African governments have obtained COVID-19 vaccines via the multilateral COVAX initiative, direct purchases, and bilateral donations. The United States is the largest country donor of vaccines (see below) and has coordinated its vaccine deliveries with COVAX and the African Union (AU). The World Bank and Afreximbank, a regional trade financing institution, have financed AU pooled purchases.

A shortage of vaccine doses was nonetheless a key obstacle until recently. African countries, on average among the world’s poorest, generally lack vaccine production capacity and were unable to compete with wealthier countries to procure doses for much of 2021. A temporary vaccine export ban in India (a major COVAX supplier), delays in donor-pledged deliveries, donations of nearly expired doses, and global supply chain constraints posed further challenges. Several countries (notably South Africa, Senegal, and Rwanda) are seeking to manufacture vaccines locally, but intellectual property rights protections and limited capacity have posed challenges. Some vaccine production efforts are expected to take years to bear fruit.

Even as vaccine deliveries have accelerated in 2022, many African countries face constraints in distributing and administering shots at a mass scale. Key challenges include ensuring sufficient trained health workers and supplies,
had provided $1.95 billion in aid to 48 African countries to maintain vaccines at cold temperatures, and overcoming local vaccine hesitancy.

**African Government Responses to COVID-19 Public Health Responses.** Many African governments quickly ramped up COVID-19 surveillance and control measures in early 2020, drawing on lessons from managing prior outbreaks of other infectious diseases. A few governments nonetheless minimized or denied the risk of COVID-19 at times. Starting in mid-2020, many countries loosened restrictions on travel, schools, and businesses, but some later re-imposed restrictions during case spikes.

The AU’s Africa CDC, founded in 2015 with U.S. and Chinese support, has expanded African states’ capacity to detect and respond to COVID-19. It also helped launch the nonprofit Africa Medical Supplies Platform and African Vaccine Acquisition Trust to support pooled purchases of medical supplies, vaccines, and therapeutics.

Several countries have pursued innovative pandemic responses. Senegal’s Pasteur Institute, for instance, is partnering with other institutions to produce an inexpensive rapid COVID-19 test. Rwanda and Ghana have used drones to deliver medical supplies to rural areas, and Rwanda has used robots to take patient vital signs in clinics. South African cell phone firms supported new telemedicine tools to reduce COVID-19’s burden on the healthcare system. South African researchers are working to develop their own mRNA vaccine, with WHO backing.

**Economic Responses.** Limited fiscal resources constrained many African governments’ capacity to cushion COVID-19’s economic shocks through stimulus measures and aid to vulnerable citizens. According to the World Bank, “budget support to people and firms” in Africa during the pandemic amounted to less than 3% of regional GDP as of late 2021, compared to an estimated 17% in advanced economies. The International Monetary Fund (IMF) and G20, among others, provided emergency concessional loans and debt service deferments; some African countries also have turned to commercial markets for financing. In part as a result, sovereign debts have increased across the region, heightening debt sustainability concerns. Zambia defaulted on its debt repayments in 2020.

**Governance Challenges.** COVID-19 has added to the challenges of states facing political tensions, insurgencies, and other instability. Economic hardships and anger at state-imposed restrictions have fueled unrest in some countries (e.g., Senegal in 2021), and several governments have cited the pandemic as a pretext to crack down on free speech and assembly. Ethiopia postponed elections in 2020, and infection fears may have lowered turnout in other elections that proceeded as scheduled (e.g., in Mali and Guinea in 2020). Officials in several countries (including Cameroon, DRC, Kenya, Uganda, South Africa, and Zimbabwe) have been accused of corruption or misuse of public health funds intended for COVID-19 response. Top officials and opposition leaders in several countries have allegedly died of COVID-19.

**U.S. Responses**

**Foreign Assistance.** As of late 2021, the State Department and U.S. Agency for International Development (USAID) had provided $1.95 billion in aid to 48 African countries to counter COVID-19 and mitigate its social and economic impacts. The Department of Defense and U.S. Centers for Disease Control and Prevention (CDC) also have supported COVID-19 response efforts in Africa. Implementers have leveraged long-running U.S. health programs in Africa; about 75% of U.S. bilateral aid to Africa typically supports health activities, primarily focused on HIV/AIDS.

**Vaccines.** The United States has donated vaccines from its domestic stocks and purchased doses to give to African countries. As of mid-April 2022, the United States had provided over 147 million vaccine doses to 44 African countries, in coordination with COVAX and the AU. In late 2021, USAID launched Global VAX, an effort to accelerate global vaccinations, with an initial focus on Africa.

The U.S. International Development Finance Corporation (DFC) is helping finance vaccine production by firms in South Africa and Senegal. These deals involve “fill-and-finish” operations, in which vaccine components manufactured abroad are compounded and the finished vaccines—or, alternately, vaccines fully manufactured abroad—are then packaged and shipped to recipients. The Administration supports the concept of a temporary waiver of the 1995 World Trade Organization Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS) for COVID-19 vaccines, in part to facilitate production in Africa. (See CRS Insight IN11901, *Breakthrough on a Potential COVID-19 Intellectual Property Rights Waiver.*)

**Outlook and Issues for Congress**

The pandemic has adversely affected longstanding U.S. policy goals in Africa, including efforts to promote health, food security, poverty alleviation, regional stability, education, and good governance. COVID-19 has complicated U.S. aid implementation, military cooperation, commercial access, and oversight of U.S. programs. China and Russia, meanwhile, have sought to leverage the pandemic to bolster their influence in Africa.

African leaders have called for greater equity in access to vaccines and therapeutics, as well as economic aid; in 2021, WHO Director Dr. Tedros Ghebreyesus decried “vaccine apartheid.” Members of Congress continue to debate the level of resources to provide for COVID-19 response and vaccination efforts—globally and in Africa—and what the trade-offs might be for other U.S. budget, foreign aid, and policy priorities. Members may also weigh whether and how to alter existing U.S. foreign aid programs to address challenges posed by COVID-19, including the pandemic’s effects on health systems, food security, and poverty.

A U.S. ban on travel from eight African countries, imposed in late 2021 in response to the Omicron variant, strained relations and elicited criticism from some African officials and observers. The ban was lifted on December 31, 2021. Looking ahead at the possibility of new variants emerging, U.S. policymakers may examine the impact of travel restrictions on public health and diplomatic goals, including where these may conflict.

Alexis Arieff, Coordinator, Specialist in African Affairs

Lauren Ploch Blanchard, Specialist in African Affairs

Nicolas Cook, Specialist in African Affairs

https://crsreports.congress.gov
Disclaimer

This document was prepared by the Congressional Research Service (CRS). CRS serves as nonpartisan shared staff to congressional committees and Members of Congress. It operates solely at the behest of and under the direction of Congress. Information in a CRS Report should not be relied upon for purposes other than public understanding of information that has been provided by CRS to Members of Congress in connection with CRS’s institutional role. CRS Reports, as a work of the United States Government, are not subject to copyright protection in the United States. Any CRS Report may be reproduced and distributed in its entirety without permission from CRS. However, as a CRS Report may include copyrighted images or material from a third party, you may need to obtain the permission of the copyright holder if you wish to copy or otherwise use copyrighted material.