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Dr. Stephanie M. Burchard is a Research Staff Member in the Africa Program at the Institute for Defense Analyses.

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GOVERNMENT MISTRUST AND THE LOOTING OF NIGERIA'S FOOD WAREHOUSES

By Dr. Dorina A. Bekoe

On October 22, 2020, nearly a third of Nigeria's 36 states reported looting of warehouses belonging to the Coalition Against COVID. The warehouses contained food and other supplies intended for distribution to poor households, to relieve the hardships of the job losses caused by social distancing and lockdowns associated with the coronavirus pandemic. The looting capped off a month of anti-government protest action, which began with #ENDSARS—the demand to dismantle the notorious Special Anti-Robbery Squad (SARS). Some distinguished the warehouse looters from those participating in the #ENDSARS protests; however, both groups are connected by endemic government corruption, failure of accountability, and the people's need to find a voice.



Nigeria's Response to the Pandemic

Nigeria reported its first case of coronavirus on February 27. The government's [response](#) to the coronavirus' economic impact was to send a cash transfer of \$52 to 2.6 million households, provide a 50% tax rebate to businesses to prevent layoffs, extend loans to poor households, and provide food assistance to vulnerable households. Despite the speed with which the Nigerian government adopted mitigation measures, the response was [deemed inadequate](#) in several regards: the food distribution mechanism was hindered by corruption, and was it unclear how much food would be distributed or how many households would qualify; loans to households required collateral, which many poor households did not have; cash transfers would only reach a tiny fraction of Nigeria's estimated 86 million people in extreme poverty; and the tax rebate would only benefit those in the formal sector, not the 65 percent of businesses in the informal sector, which employs 90 percent of Nigerians.

Concurrently, a robust philanthropic response emerged to address the worsening pandemic. Within two weeks of the first case, Guaranty Trust Bank [donated](#) 50% of the costs of a 110-bed isolation center in Lagos (the African Finance Corporation covered the rest). The Dangote Foundation, owned by Africa's richest man, Nigerian Aliko Dangote, led the most prominent philanthropic [response](#) to the pandemic, establishing CACOVID, a joint public-private partnership. The [initiative](#) brought together 50 other organizations, including media and telecommunications companies, banks, multinational corporations, continental institutions, and other private enterprises. In partnership with the Nigerian government, the WHO, and the Nigerian Centre for Disease Control, CACOVID [has established](#) several health-care and testing facilities around the country, collected food for those in need, and provided other social services.

CACOVID's Corruption Fears

Unfortunately, while CACOVID assembled an impressive effort to address the needs of Nigerians who suffered from food insecurity, it remained inaccessible to most of its intended audience. The establishment of the warehouses had been

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greeted with fanfare, but in many cases, little was heard beyond that. For example, in April, the Cross Rivers state governor, [announced](#) the arrival of the food items and distributed some items. But no distributions took place after the initial one. In fact, fears about possible corruption plagued the CACOVID's efforts from the start. During one of the initial food-distribution events, CACOVID officials were [encouraged](#) to disseminate items directly to beneficiaries to convey transparency. Some felt that the government officials joined the effort to [line their pockets](#) by appointing relatives to the initiative. In June, the Socio-Economic Rights and Accountability Project (SERAP) [sued](#) the Nigerian government, charging that the lack of transparency and accounting of funds and supplies collected to respond to COVID signaled corruption.

A Month of Protest

On October 21, the [discovery](#) of a warehouse in Lagos containing undistributed food meant for families suffering during the pandemic set off a chain of [looting](#) nationwide. People also [died](#) from the resulting stampedes or because they were crushed under 50 kg bags of food. The official response from CACOVID about why the warehouses contained so much food was unclear. While one statement [explained](#) that the group was storing food in anticipation of a second wave of the pandemic, another [blamed](#) the logistical scale of the endeavor: distributing food throughout Nigeria required a staggered approach, leaving food in the warehouses while planning for its distribution.

Within the [community](#), the stocked warehouses suggested a different answer: government officials were purposely denying them food—and keeping it for themselves: “The government of the day is wicked. People are suffering and dying of hunger yet we have food rotting away in government warehouses. . . .” The government vigorously denied that it was hoarding distribution for its allies, doubling down on the [explanation](#) that distributions were delayed due to logistical planning, but [discoveries](#) of CACOVID food in the homes of state governors undermined these explanations. In a sign that even state security services could not do the government's bidding, a number of [reports](#) noted that police and soldiers sent to guard the facilities did [not stop](#) the looters. In Cross Rivers State, the government responded by imposing a 24-hour dusk-to-dawn [curfew](#), but it was ignored, “with over 40 government and private properties worth billions of naira looted and vandalized or in some cases burnt down.” The day before the looting began, the peaceful #ENDSARS protests turned violent when security forces opened fire and killed nearly [50](#) demonstrators across Nigeria.

October's CACOVID warehouse looting and the #ENDSARS protests have more in common than their temporal link. October began with protests against the violence and abuse exacted by SARS. Demonstrations erupted after a tweet alleged that SARS officers killed a young man in Delta state on October 3 and drove away in the victim's car. As #ENDSARS gained steam, young Nigerians began staging [demonstrations](#) to disband the unit, reform the police, and provide compensation to victims. Within a week, the government [announced](#) that SARS had been disbanded, yet protests continued; the initial demands expanded to include economic opportunity, respect for human rights, and improved access to education and health care.

Coming on the heels of unprovoked violence against peaceful #ENDSARS demonstrations, the continued economic pain caused by the pandemic and the discovery of warehouses full of food in the midst of extreme hardship added to the many grievances surfaced by #ENDSARS and resulted in the looting of the warehouses. To looters, the full warehouses only reinforced their view of the government as [uncaring and corrupt](#); others [blamed](#) the country's poor education system and poor economic prospects.

Conclusions

In view of the corruption allegations, the Independent Corrupt Practices and other Related Offences Commission (ICPC) [opened](#) an investigation into the items found in the CACOVID warehouses. In addition, the ICPC [promised](#) to increase monitoring of ministries, departments, and other agencies responsible for acquiring and distributing food for coronavirus

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relief. To avoid further violence, the investigation should be conducted quickly and transparently, as well as provide a clear plan for moving forward. Even though Africa has largely escaped the large numbers of coronavirus infections many feared, the trajectory of the pandemic is unclear. Moreover, as Africa continues to suffer economically and the rest of the world struggles to control the pandemic, preventing violence will depend on taking steps to rebuild the trust between the government and Nigerian citizens.

Dr. Dorina A. Bekoe is a Research Staff Member in the Africa Program at the Institute for Defense Analyses.

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VACCINATING PUBLIC HEALTH SYSTEMS: AFRICA'S HIV-AIDS EXPERIENCES HAVE STRENGTHENED ITS RESPONSE TO COVID-19

By Linda Bishai

Experience with earlier epidemics and pandemics in many African countries has built strong health-care infrastructure and cadres of trained personnel that are well positioned to deal effectively with the current global outbreak of COVID-19. In particular, the governments and citizens of countries that have been affected by the HIV-AIDS virus have learned to take public health measures seriously and to leverage sustained investment in medical infrastructure. This means that public messaging on the novel coronavirus can result in rapid and coordinated responses using the networks of health officials, community liaisons, laboratories and research scientists that were built to tackle HIV-AIDS. This may not be the entire explanation for Africa's comparatively mild infection curve, but it has certainly played a helpful role.

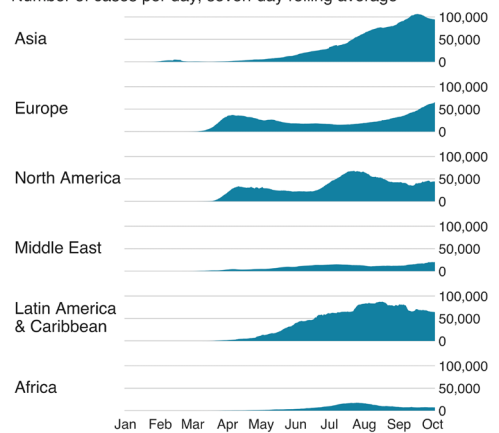
Africa Has Done Better Than Expected

As the novel coronavirus was making its way around the world in the early months of 2020, the devastation it caused in high-income nations with advanced health systems led many to [dread the effect](#) it was going to have when it spread to Africa. Amazingly, the worst fears were not realized, and most countries in Africa have seen moderate infection and fatality rates and quickly reduced or [flattened curves](#) (see chart). Studies are ongoing and thus far inconclusive about why this might be the case. Theories range from the immuno-resilience of Africa's [youth bulge](#) demographic to higher percentages of the population living in [less dense rural](#) environments. Whatever the contributing factors may be, it is undeniable that the extensive experience of many African countries with the HIV-AIDS virus has provided a ready-made infrastructure of clinics, labs, and health-care personnel, as well as knowledge of public messaging that has shortened the response time of African governments to the pandemic.

Both HIV-AIDS activists and public health professionals have seized on African states' experiences with HIV seeking to capture best practices and improve COVID-19 outcomes. One of the most extensive programs for building HIV infrastructure across Africa has been the U.S. flagship [PEPFAR](#) (President's Emergency Plan for AIDS Relief), which has dedicated billions of dollars and years of work to build networks of clinics, labs, researchers, monitoring and reporting capabilities, trained community health providers, and more. It has yielded impressive [results](#), lowering transmission and prolonging lives in persons living with the virus. At this critical moment for the global public health response, the history of fighting HIV in Africa can offer [three key types of assistance](#): (1) lessons learned from past experiences; (2) existing infrastructure to mobilize a quick response; and (3) guidelines for reimagining health systems that can provide better responses for everyone going forward.

Covid-19 cases compared by continent

Number of cases per day, seven-day rolling average



Oceania cases excluded as too low to register on scale

Source: ECDC and national public health agencies, data to 3 Oct

BBC

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Lessons Learned

Although the HIV virus is a different type than the SARS-CoV-2 virus that causes COVID, there are still many relevant lessons provided by the earlier pandemic. As one [HIV/AIDS expert](#) put it, HIV is a “catch it and keep it” virus that stays in the body and requires constant treatment, whereas SARS-CoV-2 is a “get it and forget it” virus that is likely (much like its relatives the cold and flu) to convey only short-term immunity and return over and over again. The lesson here is not to see a vaccine as the magic solution. The quest for an HIV vaccine has not yielded any candidates that can prevent the virus from entering the human body. The same may be said for SARS-CoV-2 vaccines now in development. Rather than preventing the virus from entering the body’s organ systems, these vaccines are more likely to act like “[fire alarms](#)” to wake up the body’s defenses.

Another key lesson that African experiences can illustrate well is that human behavior is a key determinant in fighting pandemics and that building trust in the population for public health messaging is necessary to drive the changes in behavior that stop transmission. Past approaches to treating HIV in countries like South Africa have included stigma-reduction messages and community involvement to promote awareness, testing, tracing, and treatment in rapid succession. These strategies are [now being deployed](#) to help manage COVID. Preexisting networks and a cultivated public trust in anti-HIV messaging have led to quick turnarounds for the new pandemic—South Africa’s president declared a national [state of disaster](#) and mobilized the response days before there was a spike in the infection rates. Conversely, the dramatic rise in attention being paid to the coronavirus provides an opportunity to [refocus care](#) for vulnerable populations at higher risk because of endemic HIV and tuberculosis.

Additional lessons from the HIV pandemic call attention to differentiated responses to ensure that the most vulnerable (such as the elderly, poor, marginalized, and those living with HIV) are not left out. These at-risk people need specific targeting, because COVID, like other pandemics, “[thrives on inequalities.](#)” Making tests, personal protective equipment, and treatment options free or low cost is an important part of getting ahead of the infection curve, as well as ensuring that the response is “[community-led and rights-based.](#)” HIV has taught us that criminalization does not work, and in the case of COVID, efforts to enforce lockdowns in the United States and Europe have led to strong protests and counterproductive resistance to masks and social distancing. Such protests have happened in Africa, such as [South Africans](#) vehemently protesting COVID vaccines and resistance to [lockdown](#) measures across the continent. Finally, it is important to recognize that progress is made on the platforms of earlier successes. The PEPFAR investment in HIV-AIDS facilities, people, and treatment relied on progress that had been made in studying and fighting cancer. Perhaps the most important lesson is that [funding](#) and investment must be maintained between pandemics to allow for rapid-response capacity in their early stages.

The community networks of trusted trained health monitors may be the most positive legacy of HIV in Africa in the short term, because they are instrumental in encouraging compliant behavior and in identifying the communities most at risk of serious outbreaks. The HIV infrastructure is already being used, providing clinics, trained personnel, activated communities, reporting mechanisms, and leadership. This infrastructure has allowed African countries to rely on their own [capabilities](#) to innovate their emergency-response protocols and technologies, such as Senegal developing a \$1.00 diagnostic test, Nigeria sequencing the SARS-CoV-2 genome as early as March 4, and South Africa leading the continent in per capita testing. The Africa CDC has been active and visible during the course of the pandemic, in contrast with lapses in the U.S. and European responses. In addition, Africa’s experience of responding to HIV has provided informed [leadership](#) on the continent, which has seen the disparities in COVID response from high-income nations and taken the pandemic as an opportunity to assert the continent’s position in the world.

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Reimagining Health Infrastructure

The experience of the HIV response can help Africa and the rest of the world to take the opportunity presented by the current pandemic crisis to transform existing health systems. [PEPFAR's response](#) to the HIV-AIDS challenge has already resulted in innovations in service such as telemedicine to reduce contact, flexible monitoring and reporting of cases, and maintaining continuity of care. Combined with lessons about the importance of attention to equity and inclusiveness, we have the basis of systems that are [optimized](#) for effectiveness and fairness.

The COVID-19 pandemic has focused the attention of the world on the importance of good public health systems. Ironically, Africa's previous history with the brutal HIV-AIDS pandemic has strengthened its response to the coronavirus, not unlike the strong immune response mounted by someone who has been vaccinated. Hopefully, the rest of the world learns the importance of maintaining research and support for older, more established diseases (which will one day include SARS-CoV-2) and appreciate that investment in health systems is always a good bet for the future.

Dr. Linda Bishai is a Research Staff Member in the Africa Program at the Institute for Defense Analyses.

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By Stephanie M. Burchard

While COVID-19 continues to spread across the globe, and some regions are seeing their [second](#) or even [third](#) wave of infections, it is instructive to take a closer look at the response from the African continent, which has thus far experienced far fewer cases than some had initially [predicted](#). There have been an estimated [55.6 million](#) cases worldwide since November 2019. Africa, home to over [1.35 billion people](#) (or roughly 18% of the world's population), is only now approaching 2 million cases. Of particular note, the Africa Centers for Disease Control and Prevention, a relatively new organization, has been forward leaning in attempting to halt the spread.

About the Africa CDC

Although there had been discussions about the need for a pan-African public health organization previously, the Ebola crisis of 2014 spurred leaders to action. The [Africa Centers for Disease Control and Prevention](#) (Africa CDC) was established by the African Union (AU) in January 2016 and officially launched in January 2017. It is a technical agency designed to help AU member states coordinate public health responses to a variety of challenges through, among other work, disease surveillance, risk assessment, and policy harmonization. It is also mandated to provide capacity-building support to public health institutions across Africa. Based at AU headquarters in Addis Ababa, the Africa CDC has four regional collaborating centers, which are currently operational in Gabon (Central Africa), Kenya (East Africa), Zambia (South Africa), and Nigeria (West Africa), and a fifth is planned for Egypt (North) in the near future. The goal is for every member state to eventually have its own [national public health institution](#).

The Africa CDC's response to the COVID-19 has been laudable. Its communication strategy is data-driven, focused on the frequent, timely, and transparent dissemination of information. Its website provides [daily](#) updates on number of cases, recoveries, and fatalities by country. It has issued [briefs](#) every one to two weeks, with an analysis of disease trends, an overview of response activities supported by the Africa CDC, and specific recommendations for member states. In addition, it has undertaken a wide-ranging series of initiatives to ensure adequate training of medical personnel and the distribution of supplies; [coordinated funding](#) by international organizations, such as the World Bank and Africa Development Bank; and encouraged safe travel between African states.

Ahead of the Curve

Part of its success lies with its leadership. Founding director [Dr. John Nkengasong](#), an esteemed [virologist](#) with a 30-year career, has worked in Côte d'Ivoire, Belgium, and the United States. He has published extensively on HIV/AIDS, authoring more than 250 journal articles and book chapters. Dr. Nkengasong's position before assuming the directorship of the Africa CDC was at the Center for Global Health at the United States Centers for Disease Control and Prevention, where he was the Associate Director for Laboratory Science and Chief of the International Laboratory Branch at the Division of HIV and Tuberculosis. He also currently co-chairs the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) Laboratory Technical Working Group.

Early on, Dr. Nkengasong began aggressively coordinating a response to COVID-19, before the first case had even been recorded in Africa. Alongside the World Health Organization (WHO), he convened an [emergency meeting](#) of African health ministers in February 2020 to discuss the situation and prepare a joint strategy. Health ministers have continued to

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meet regularly to stay on top of developments. While each country decided the exact nature of their response in terms of lockdowns and testing and monitoring, most countries moved with haste in the early spring.

Also in February, Dr. Nkengasong was able to obtain 10,000 emergency kits from Germany and coordinated with the [Pasteur Institute](#) in Dakar to train technicians to test for COVID-19. Within just a few weeks, [42 countries](#) had at least some capacity to test for COVID-19. The same Pasteur Institute [announced](#) in November that after several months of research, it was close to producing a rapid COVID-19 test that would cost as little as \$1 per kit. Working with the Africa CDC and a variety of governments, Pasteur Institute director Amadou Sall said he hoped to have between 10 and 15 million testing kits ready to distribute in Africa by February 2021.

The Africa CDC has launched a pair of platforms to ensure that African states could improve logistical coordination and information-sharing. In June, a continental procurement platform was created to coordinate the purchase of key medical supplies. The organization also unveiled Trusted Travel, a database of travel restrictions and requirements. The database also includes recommended testing protocols to facilitate the safe movement of people, in an effort to prevent the collapse of tourist sectors across the continent.

The Africa CDC has been an early proponent of genome sequencing of diseases in Africa, establishing the Institute for Pathogen Genomics in 2019 and launching a [new network of laboratories](#) across the continent to support genomic research in September 2020. Partnering with the U.S. Centers for Disease Control and Prevention, the Bill and Melinda Gates Foundation, and other private sector partners, the Africa CDC unveiled a [\\$100 million initiative](#) in October to increase capacity to conduct genomic sequencing across the continent through the donation of equipment and technical assistance. Researchers in Nigeria also announced in October that they were the first to develop a vaccine specifically for Africa based on [genome sequences](#) of strains of the virus circulating around Africa, but have been struggling to find funding for human trials.

Dr. Nkengasong has been vocal about the need for further funding and investment to ensure that Africa is not “[left behind](#)” in the race for a vaccine. In anticipation of an eventual vaccine, the Africa CDC has already worked with the African Export-Import Bank to secure [\\$5 billion in funding](#), of an estimated \$12 billion needed, to vaccinate at least 60% of Africans in an attempt to achieve herd immunity from COVID-19.

Conclusion

While Africa’s relative success with COVID-19 so far is due to a number of factors unique to the continent, it is obvious that a capable and coordinated response, led by the Africa CDC, has served the continent well. Considering the organization is only three years old, its achievements are all the more impressive.

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