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Thank you very much, Mr. President. I will focus, if you allow me to, on the Covid crisis, which you mentioned in your introduction, and its specific impact in Africa almost 18 months after it started. First, we cannot consider, at least in Africa, that we have entered post-Covid times. At the health level, impact has undoubtedly appeared later, and remains, until now, milder. But we see rising concerns ahead, with a very low vaccination rate and the apparition of new variants. At the economic and social levels, impact is far worse than in other regions. On the other hand, history has taught us that there is no change without crisis, and this one probably represents a huge opportunity to review African current growth models.

At health level, there is a later and deeper impact than expected. Why later and why deeper? Later, thanks to the impressive, decisive, and immediate action by Africa CDC, instructed by Ebola experience and supported by strong political leadership, both at the African Union (AU) level and in many governments. Indeed, most countries in Africa have deployed some of the fastest global travel bans, quickly rolled out tracing capacities and put in place restrictive lockdown measures.

Many have seen a potential correlation with the young demographic structure, climate specificities, and a possible immunity induced by malaria coverage. Climate, no, but research is looking at age and malaria correlations. Indeed, the first wave has appeared relatively late and remained initially milder than in any other regions. However now, while most regions are already on the road to recovery, many African countries are still on their fourth wave with a speed rate that is growing ever faster. On May 1st, there was a little bit more than 4.56 million recorded cases. Exactly four months later, on October 1st, we are at 8.32 million, which represents a rise of more than 80%. Plus, to be honest, we only know of data as recorded and we need to remain cautious here because we all know the weakness of African civil registration systems: only four African countries out of 54 have a decent death registration system, and half of the children born in Africa are not registered.

Later maybe, but also deeper. Why? First because the pandemic has laid bare the already fragile health systems in Africa. If we take human resources, for example, one out of four African-born physicians are currently working in high-income countries. In sub-Saharan Africa you have less than two physicians per 10,000 people, compared to 34 in Europe. Then there are the issues of infrastructure and logistics, including access to reliable energy and clean water. In sub-Saharan Africa, on average you have 135 hospital beds per 100,000 people. We have 40 countries without one ventilator per country and only a quarter of health facilities in sub-Saharan Africa have access to reliable electricity. This weakness can be linked to insufficient domestic commitment up to now. In 2018, sub-Saharan African countries spent less than 2% of their GDP on public health, which is the second lowest level globally. This can

be linked to an over-reliance on donors, be it from multilateral institutions, bilateral partners, or big foundations.

The second point is that Covid impact has led to an upsurge of other often stronger killers – HIV, malaria, and TB – due to the eviction effect caused by the focus on Covid. Current studies are now assessing that we could come back, when it comes to TB, to the level of 10 years ago. This is really a matter for concern.

Last but not least, there is the current scandal of vaccine inequity, which we have discussed a lot over the last two days. We need to remember that Africa represents almost 20% of the world's population, but less than 3% of those currently vaccinated. As for now, Africa's population rate barely reaches 7%, compared to almost 70% for G7 countries. This is a matter of concern specifically for the frontline health workers.

If we now look at the economic and social landscape, the impact is very heavy, more so than in any other region. At the economic level, this is a heavy blow, with a kind of double lockdown effect. We could say it is a *double peine*. Because the Africa's citizens were confined in their own country, and because Africa has been confined from or by the rest of the world. Africa has hit recession for the first time in 25 years, with a contraction of almost 2% at the continental level in 2020. Even if some countries have continued to grow – as Lionel Zinsou underlined yesterday – and 12 African countries did register growth in 2020, and even if indeed in 2021 the growth projected of almost 5% is higher than what was initially projected, we are, however, still falling short by 150 billion in 2021 of the pre-pandemic projections.

Second, the recovery is going to be slower, falling short of pre-pandemic projections until 2024, with a current loss over the years through to 2024 estimated at \$850 billion by a recent IMF projection. Some countries in Africa may take at least seven years to retrieve their pre-pandemic level. One point here to underline is the growing inequality on the continent between countries. I am underlining this because this growing inequality is a matter for concern and a recipe for instability. Why this specifically heavy impact on economy? Here again we find an excessive dependency on external demand which completely collapsed for a while, be it in commodities or in tourism, a key growing sector in Africa, with key local employment prospects over the last 10 years.

At social level, what do we see? A very heavy impact there too, leading there too to growing inequalities, this time within the countries. In education, as everywhere in the world, children and students have been out of school for 28 weeks on average, which is roughly the global average. But the big difference in Africa is the lack of remote learning tools, so these children and students out of school have in fact fully lost one year of education. There has been a particular impact on the girls as studies shown that many out-of-school girls got pregnant and will never go back to school, so it is something that needs to be watched. There is indeed a specific gender impact with growing violence against women.

More generally, the number of poor people is growing. UNECA forecasts that 40% of the total population of the continent in 2021 will be in a situation of extreme poverty. Food insecurity has worsened, as the Covid crisis arrived on top of probably one of the worst locust plagues over the last 70 years. The situation has been worsened by the lockdown effects where quite a lot of people were unable to go and buy food or unable to go and farm whatever they had to

farm. Here too, there is an excessive reliance on imports, with 80% of food products imported on average.

On top of that, most African countries did not have the fiscal space to put in place relevant plans to mitigate the economic and social impact of Covid. As a large chunk of fiscal resources come from customs, the loss assessed from Covid is something more than 35% of the fiscal resources for 2020. Last but not least, there is a very complex debt burden, with China now being the largest single bilateral creditor, and when we say China it means multiple Chinese creditors, which makes the solving of it quite complicated.

All this rather stark assessment must not lead to a gloomy conclusion. In fact, on the contrary, there is a silver lining to this very heavy current crisis. By laying bare the current vulnerabilities and deficiencies of most current African economic and social models, that were indeed highlighted by President Kagame yesterday, namely with an excessive dependency on both external demand and external supply, this general crisis has been a wakeup call. Just to replicate a very much used quote: "Never let a good crisis go to waste". We all know that there is no deep change if it is not triggered by a deep crisis. People otherwise do not see the need or the interest to change anything in the way they are doing business.

Let me just take the example of vaccines. All of a sudden health has changed its status when it comes to public policies from something that was up to now basically left to donors to something that has become a matter of domestic security and to the need to ensure what is now called health sovereignty. This is a key change. First, there was the wish and even the request to be able to buy the needed vaccines. But when it appeared it was impossible because of the hoarding from other countries, there was therefore the need and the commitment to quickly build a stronger vaccine manufacturing capacity, making a business case of it. There is a market in Africa for this vaccine manufacturing capacity, and it will create local employment.

To conclude here, allow me to stress two points linked to all the discussions we have had over the last two days. The first one is the obvious interconnection of Africa's situation at the global level, be it about health, economy or security. If Africa continues to remain at this vaccination level it will become an incubator for other variants. If the economic recovery does not pick up there is no way the continent has the means for any climate-friendly economic growth. Last but not least, security and stability. Mrs. Prime Minister, you underlined indeed that 70% of Africa's population is under 35, but if these young people continue to only see shrinking prospects, this is paving the way for more uncontrolled migration, for the growing attractiveness of terrorist and criminal networks, for more social unrest and more conflict. The second point is that in this completely changed landscape we must be aware of a reinforced move towards new partnerships, new geostrategic alliances and balances, with Russia, China, India, Turkey and the Gulf states coming into the African continent to make the best of this new landscape. Thank you.