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Dialogue, Debate, and Discussion

Another Pandemic in Africa: Weak Healthcare, Strong Leadership, and Collective Action in Africa's COVID-19 Response

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Six months after the COVID-19 outbreak first started, Africa accounted for only 1.5% of the documented cases (Bruce-Lockhart, 2020). Some reasons are structural: Only 40% of the population is urbanized – compared with 55% globally and 80% in the OECD. This geographical dispersion makes it harder for the virus to spread. Moreover, the continent is young – only 3% of the population is 65 years of age or older, compared with a 9% global average and 17% in the OECD. Given that the virus disproportionally affects older people, this matters.

The spread of the disease is accelerating, and the World Health Organization (WHO) predicts a prolonged trajectory over several years for Africa ('New WHO estimates: Up to 190,000 people could die of COVID-19 in Africa if not controlled', 2020). Still, the continent has been less severely affected than was feared. I suggest three reasons why.

Much as it is disadvantaged by its weak healthcare systems, Africans also benefited from lessons learned in responding to earlier epidemics, e.g., the 2014-2018 Ebola epidemic in West Africa and the ongoing Human Immunodeficiency Virus (HIV) epidemic that spread continent-wide from Kinshasa in the late 1970s. Coordinated continental leadership facilitated the implementation of those learnings. Moreover, the collectivist culture of Africans where the wellbeing of the group tends to take precedence over individual freedoms supported compliance, even when it meant the loss of livelihoods.

LESSONS LEARNED FROM PRIOR HEALTH CRISES

Africa is often inexactly discussed as if it is a single unit rather than a collection of 54 diverse countries. Different countries have pursued somewhat different strategies to deal with COVID-19 (Herman, Maarek, Wilde, Adao, & Abousaada,

Table 1. Disparities in medical infrastructure

	Africa	*South Africa*	*World*	*OECD*
Hospital beds per 1000 people	1.2	2.8	2.7	3.8
Nurses and midwives	1	1.3	3.8	10
Physicians per 1000 people	0.2	0.9	1.6	2.9
Specialist surgical workforce (per 100,000 population)	2	11	31	70

Source: World Bank

2020; Maseland, 2020). Yet the similarities justify discussing the continent as a unit (Chigudu & Huaini, 2020).

Because it remains largely disconnected from the global economy (Geyer, 2019), the outbreak of the pandemic lagged the rest of the world by weeks and even months. The first reported case in Africa was in Egypt on February 14, 2020, and the last African country to report a COVID-19 case was Lesotho on May 13. This lag meant that Africa could observe what was happening elsewhere. African countries saw the medical facilities of various European countries nearing a state of collapse and realized that they must find ways to respond locally.

Africans have an overall poor prognosis in terms of health. Current World Bank estimates for life expectancy are 73 years worldwide, 80 years in the OECD countries, but 61 years in Africa. The global average child mortality rate (deaths before five years of age) is 39 children per 1000, but 77 in Africa. Of the approximately 295,000 maternal deaths per year worldwide, 200,000 happen in Africa. Table 1 outlines key global disparities.

The continent also carries a disproportionate disease load. For example, 70% of all AIDS deaths and 90% of all malaria deaths worldwide occur on the continent. A WHO report ('Neglected Tropical Diseases (NTD)', n.d.) suggests that of the more than one billion people suffering from NTDs like leprosy, rabies, river blindness, and others, about 40% live in Africa. NTDs encompass a number of diseases where pharmaceutical companies see little financial returns to developing effective treatment, and the local research capacity is too limited to do so.

Aware of these challenges, used to major diseases not having any effective treatments, to disappointing results after decades of failed HIV vaccine trials (Mastroianni, 2020), and to being 'last in line' for scarce resources (Ahmed, 2020), few Africans had confidence in a vaccine providing a significant source of protection from the COVID-19 pandemic. It has also been observed that 'the conditions that facilitate rapid spread of an infectious disease are also, by and large, those that make it hard for societies to respond' (Barnett & Whiteside, 2002: 15). Changed behavior would be needed to respond to the pandemic.

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STRONG LEADERSHIP

The African Union (AU) was founded in 2002, replacing the Organization of African Unity which had been criticized for being ineffective. The AU has seen some progress: Various member states have been expelled for deviating from principles of constitutional rule (and reinstated when correcting course). An African Continental Free Trade Agreement had also been negotiated and should have launched across Africa from July 2020, although the pandemic delayed the planned start until 2021. But progress towards the ambitious AU goals has been slow.

When COVID-19 was declared a pandemic, the rotating position of AU chair was occupied by South Africa's president Cyril Ramaphosa. His role at that point was a fortuitous coincidence. Ramaphosa had been key in negotiating the transition to a democratic South Africa, and is known as an inclusive consensus builder (Ellmann, 1994). South Africa is the leading economy on the African continent, and is increasingly recognized as an important development partner (Vickers, 2012).

South Africa is also the country globally with the most HIV-positive cases, with about one in seven of the population HIV-positive – a situation that developed because political leadership was absent as the virus started spreading. When HIV was first isolated, South Africa was preoccupied with the violent end-days of Apartheid and then its nascent democracy. Immediately following Mandela (and Ramaphosa's rival), President Thabo Mbeki was an AIDS denialist. Within fifteen years, HIV had ballooned from a rare disease to one affecting millions of South Africans. Having experienced the exponential growth of HIV, South Africans are acutely aware that viruses do not simply disappear without interventions, and that informed leadership matters. Despite lingering divisions in the country, South Africans were largely united in their conviction that the COVID-19 pandemic must be decisively fought (Nordling, 2020).

As chair of the AU when the COVID-19 pandemic broke out, Ramaphosa also had a platform to encourage an Africa-wide response. The specter of another pandemic, while already battling diseases like malaria, HIV, tuberculosis, Ebola, and others, led other African countries to readily follow (Bruce-Lockhart, 2020)

Since February, the AU has played a central role in the continental COVID-19 response, 'providing coordination, expertise and technical support to its member states, engaging in advocacy, and mobilizing resources' (Witt, 2020). Ministers of Health, Finance, Education, and others were involved in crafting responses, allowing for continent-wide learnings.

The African response was guided by a number of principles. A first is that science should inform decisions. COVID-19 has resulted in policymakers strengthening continental research-based institutions dealing with the disease, e.g., the *African Academy of Sciences* and the *Africa Centre for Disease Control* (Bekker & Mizrahi, 2020). The guidance of those institutions is widely accepted.

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A second principle is that rapid action is essential. In the words of epidemiologist Prof Salim Abdool Karim, chair of the COVID-19 ministerial advisory committee in South Africa, small flames must be prevented from turning into raging fires (Bright, 2020). In crafting a proactive response, African countries took advantage of the delay between when the virus first broke out and when it arrived on the continent.

A third is more technical, and relates to contact tracing. Capabilities in contact tracing have been developed in response to outbreaks of diseases like Ebola (e.g., Greiner et al, 2015) and tuberculosis (e.g., Ekwueme, Omotowo, & Agwuna, 2014; Shapiro et al., 2012). Contact tracing in Africa is typically done using community health workers (CHWs). As laypeople who have received basic training, CHWs have been found to be effective supplements to the scarce skills in the health arena (Hermann et al., 2009; Mwai et al., 2013). Going household to household, these individuals screen and refer for testing people who may be at risk of the disease. The joint continental COVID-19 strategy includes the deployment of one million CHWs.

To deal with prior experiences of being 'last in line', the AU, representing more than one billion members, also pursued a pooled procurement strategy. It negotiated several hundred tons of personal protective equipment from the Jack Ma foundation, established an Africa Medical Supplies Platform to realize economies of scale in procuring essential medical supplies, and guided the formation of partnerships between diagnostic labs across the continent.

A final principle was that the response to a pandemic cannot only be medical. Medical crises disrupt society generally. Many African countries closed borders, and especially cities engaged in strict lockdowns (Giles & Mwai, 2020). Given the economic setbacks to a continent already suffering from poverty and hunger, the AU set up a continental COVID-19 response fund and initiated several initiatives around nutrition and food security. Hunger presented a massive challenge on a continent where poverty predominates.

A COLLECTIVE RESPONSE

Most Africans work in the informal economy and rely on face-to-face contact to earn a living. Lockdowns resulted in the loss of livelihoods and widespread food insecurity, and many commentators have highlighted the economic devastation and especially severe hunger resulting from the lockdowns in Africa (Mwangi, 2020; Olukoya & Kamara, 2020). Breaches to the strict requirements have been observed (Maclean, 2020) and a constant message from leaders is around continued compliance (Kamau, 2020).

The African response has been underpinned by the values of 'ubuntu' and collectivism. 'Ubuntu' is a cross-national African concept that emphasizes interconnectedness and compassion, and theorizes the individual as necessarily situated within society (Migheli, 2017). It is conceptually close to collectivism, and indeed,

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studies confirm that Africans are collectivists (House, Hanges, Javidan, Dorfman, & Gupta, 2004; Wanasika, Howell, Littrell, & Dorfman, 2011).

From a purely economic perspective, collectivism is a drawback: The personal achievement, efficiency, and good governance associated with individualism promote economic development (Kyriacou, 2016). But from the perspective of healthcare, the sense of collective belonging and in-group obligations has been argued to be beneficial to people's health and well-being (Modesti & Becucci, 2019). In contrast to countries like the US and UK where personal freedoms are valued even in the midst of rising mortality, Africans are more likely to accept the value of personal sacrifices like increased hunger for the public good.

CONCLUSION

It has been argued that an unstated assumption underpinned much reporting about COVID-19: That the suffering caused by the pandemic was 'unthinkable in one place and inevitable in another' (Chigudu & Huaini, 2020). Although the fragile healthcare systems and already-impoverished population present massive challenges to Africa as the disease progresses, the early African response has challenged the assumption of an inevitably disastrous outcome.

South Africa played an important and not entirely disinterested role in galvanizing an Africa-wide response. For example, the Africa Medical Supplies Platform prioritizes purchases from African providers. As the leading economy on the continent, this provision stands to benefit South Africa more than others. However, in an era of increasing anti- and de-globalization, Africa has been a noteworthy exception, an 'island of internationalism' (Witt, 2020). By pooling insights, efforts, and resources, Africans collectively achieved a substantial flattening of the curve of the spread of COVID-19.

REFERENCES

African Union. 2020. Press releases. Available from URL: https://au.int/en/happening/news

Ahmed, K. 2020. World's most vulnerable in 'third wave' for Covid-19 support, experts warn. ***The Guardian***. Available from URL: https://www.theguardian.com/global-development/2020/mar/20/worlds-most-vulnerable-in-third-wave-for-covid-19-support-warn-experts

Avert. 2020. HIV and AIDS in South African. Available from URL: https://www.avert.org/professionals/hiv-around-world/sub-saharan-africa/south-africa

Barnett, T., & Whiteside, A. 2002. ***AIDS in the twenty-first century: Disease and globalization***. New York, NY: Palgrave Macmillan.

Bekker, L. G., & Mizrahi, V. 2020. COVID-19 research in Africa. ***Science***. Available from URL: https://science.sciencemag.org/content/368/6494/919

Bright, C. 2020. Small fires and flattened curves. ***Mail & Guardian***. Available from URL: https://mg.co.za/special-reports/2020-04-17-small-fires-and-flattened-curves/

Bruce-Lockhart, A. 2020. Africa 'least affected' by COVID-19; hydroxycholoroquine trial suspended - WHO briefing. ***World Economic Forum COVID Action Platform***. Available from URL: https://www.weforum.org/agenda/2020/05/covid19-africa-hydroxycholoroquine-world-health-organization/

https://doi.org/10.1017/mor.2020.47 Published online by Cambridge University Press

Chigudu, S., & Huaini, S. 2020. How colonialism and austerity are shaping Africa's response to the coronavirus. ***Jacobin***. Available from URL: https://jacobinmag.com/2020/05/africa-coronavirus-covid-cholera-outbreak-ebola

Ekwueme, O. E. C., Omotowo, B. I., & Agwuna, K. K. 2014. Strengthening contact tracing capacity of pulmonary tuberculosis patients in Enugu, southeast Nigeria: A targeted and focused health education intervention study. ***BMC Public Health***, 14(1): 1175.

Ellmann, S. 1994. The new South African Constitution and ethnic division. ***Columbia Human Rights Law Review***, 26: 5–43.

Geyer, H. S. 2019. Gateway cities, under-connected cities and largely disconnected cities in global value chains in Sub-Saharan Africa. In S. Scholvin, A. Black, J. Revilla, & I. Turok (Eds.), ***Value chains in Sub-Saharan Africa***: 221–234. Cham, Switzerland: Springer.

Giles, C., & Mwai, P. 2020. Coronavirus: How African countries are lifting lockdowns. ***BBC News***. Available from URL: https://www.bbc.com/news/world-africa-52395976

Greiner, A. L., Angelo, K. M., McCollum, A. M., Mirkovic, K., Arthur, R., & Angulo, F. J. 2015. Addressing contact tracing challenges–critical to halting Ebola virus disease transmission. ***International Journal of Infectious Diseases***, 41: 53–55.

Herman, T., Maarek, E., Wilde, N., Adao, N., & Abousaada, S. 2020. COVID-19: Initial responses of certain African countries (Africa). ***Herbert Smith Freehills***. Available from URL: https://www.herbertsmithfreehills.com/latest-thinking/covid-19-initial-responses-of-certain-african-countries-africa

Hermann, K., Van Damme, W., Pariyo, G. W., Schouten, E., Assefa, Y., Cirera, A., & Massavon, W. 2009. Community health workers for ART in sub-Saharan Africa: Learning from experience–capitalizing on new opportunities. ***Human Resources for Health***, 7(1): 31.

House, R. J., Hanges, P. J., Javidan, M., Dorfman, P. W., & Gupta, V. 2004. ***Culture, leadership, and organizations: The GLOBE study of 62 societies***. Thousand Oaks, CA: Sage publications.

John, A. 2013. Confusing a country for a continent: How we talk about Africa. ***The Atlantic***. Available from URL: https://www.theatlantic.com/international/archive/2013/08/confusing-country-continent-how-we-talk-about-africa/311621/

Kamau, J. 2020. When Head of State told off son who broke rules. ***Daily Nation***. Available from URL: https://www.nation.co.ke/news/How-Uhuru-son-broke-curfew-rules/1056-5565814-amwm3/index.html

Kyriacou, A. P. 2016. Individualism–collectivism, governance and economic development. ***European Journal of Political Economy***, 42: 91–104.

Maclean, R. 2020. Coronavirus accelerates across Africa. ***New York Times***. Available from URL: https://www.nytimes.com/2020/06/16/world/africa/coronavirus-africa.html

Maseland, J. 2020. COVID-19 in African cities: Impacts, responses and policies. ***UN-HABITAT, UNCDF, UCLG-Africa, UNECA***. Available from URL: https://www.uneca.org/sites/default/files/PublicationFiles/covid_in_african_cities.pdf

Mastroianni, B. 2020. HIV vaccine trial ends in 'disappointment' but provides valuable data. ***Healthline***. Available from URL: https://www.healthline.com/health-news/latest-hiv-vaccine-trial-has-ended-in-deep-disappointment-whats-next

Migheli, M. 2017. Ubuntu and social capital: A strong relationship and a possible instrument of socio-economic development. ***Cambridge Journal of Economics***, 41(4): 1213–1235. DOI: https://doi.org/10.1093/cje/bew070

Modesti, P. A., & Becucci, S. 2019. Learning the value of Africa's collectivism for an individualistic Europe. ***Internal and Emergency Medicine***, 14(6): 899–900.

Mwai, G. W., Mburu, G., Torpey, K., Frost, P., Ford, N., & Seeley, J. 2013. Role and outcomes of community health workers in HIV care in sub-Saharan Africa: A systematic review. ***Journal of the International AIDS Society***, 16(1): 18586.

Mwangi, N. 2020. U.N report: One-month full COVID-19 lockdown across Africa to cost 65.7 billion USD. ***CGTN Africa***. Available from URL: https://africa.cgtn.com/2020/05/10/u-n-report-one-month-full-covid-19-lockdown-across-africa-to-cost-65-7-billion-usd/

Nordling, L. 2020. South Africa hopes its battle with HIV and TB helped prepare it for COVID-19. ***Science***. Available from URL: https://www.sciencemag.org/news/2020/04/south-africa-hopes-its-battle-hiv-and-tb-helped-prepare-it-covid-19

Olukoya, S., & Kamara, K. 2020. Severe hunger threatens Africa during COVID-19 lockdowns. ***DW***. Available from URL: https://www.dw.com/en/severe-hunger-threatens-africa-during-covid-19-lockdowns/a-53212565

Shapiro, A. E., Variava, E., Rakgokong, M. H., Moodley, N., Luke, B., Salimi, S., Chaisson, R. E., Golub, J. E., & Martinson, N. A. 2012. Community-based targeted case finding for tuberculosis and HIV in household contacts of patients with tuberculosis in South Africa. ***American Journal of Respiratory and Critical Care Medicine***, 185(10): 1110–1116.

Vickers, B. 2012. Towards a new aid paradigm: South Africa as African development partner. ***Cambridge Review of International Affairs***, 25(4): 535–556.

Wanasika, I., Howell, J. P., Littrell, R., & Dorfman, P. 2011. Managerial leadership and culture in Sub-Saharan Africa. ***Journal of World Business***, 46(2): 234–241.

WHO Africa. 2020. New WHO estimates: Up to 190 000 people could die of COVID-19 in Africa if not controlled. Available from URL: https://www.afro.who.int/news/new-who-estimates-190-000-people-could-die-covid-19-africa-if-not-controlled

WHO Africa. (n.d.) Neglected Tropical Diseases (NTD). Available from URL: https://www.afro.who.int/node/8924

Witt, A. 2020. An island of internationalism: The African Union's fight against corona. ***Peace Research Institute Frankfort***. https://blog.prif.org/2020/04/07/an-island-of-internationalism-the-african-unions-fight-against-corona/

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