

Opinion – Covid-19 and Africa

Written by Randolph B. Persaud and Amy Niang

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<https://www.e-ir.info/2021/03/04/opinion-covid-19-and-africa/>

RANDOLPH B. PERSAUD AND AMY NIANG, MAR 4 2021

Despite rising numbers due to second waves across the continent, the number of confirmed coronavirus cases in Africa, is still within manageable proportions. This is especially true if the exceptionally high infection rate in South Africa, with about 40 per cent of cases on the continent is suspended for the calculations. Instead of prompting a global conversation on the mammoth scale of the tragedy and its consequences, and particularly the incomplete information around the coronavirus, the pandemic has thrown people into bad old habits. Most speculations about Africa's low infection rates and COVID-19 related death rate alongside previous premonitions about death tolls share the same shortcoming. The general attitude of western commentators and pundits has been a refusal to be distracted by too much specificity about Africa's diverse contexts, to think about hard facts and not fall back on old clichés about African states' dysfunctionality. And to boot, the predictable defense of the exploitative trading system conjured up in WTO rules such as the Agreement on Trade-Related Aspects of Intellectual Property Rights (TRIPS), have again surfaced. Much of this discourse about Africa also applies to the rest of the Global South, despite a few notable exceptions.

The cost of the vaccine ranges from \$19.50 to around \$37 per dose. Most countries around the developing world are not only unable to afford the level of vaccination needed; there is an impossible choice placed before them between basic expenditure and extraordinary expenditure.

The collapse of global solidarity and the retreat into forms of nationalism means that low-income countries are left to their own devices to deal with a predatory market system protected by a sophisticated property rights framework. More broadly, the uneven management of the pandemic has fractured the already precarious basis of multilateral solidarity. The ripple effects of the economic shutdown, especially for primary commodity exporters have been devastating. No longer able to finance debt servicing through export earnings, these countries are likely to default and fall into a predictable debt-trap.

The non-discriminate behavior of the virus lays bare the false solidarity of the West with the rest and the fact that the West can only extend solicitude where it maintains a position of superiority and moral authority. The pandemic also reveals another dimension of the broken post-WWII order, which is that Africa and much of the Global South can only participate in the global or the international state of affairs from a degraded status. This much is apparent in the various interpretations of African countries performance in managing the pandemic.

According to dominant Western reporting, Africa's relative 'success' in containing the virus is a perplexing puzzle that struggles to find an explanation in reason. Many commentators prefer to linger on Africa's unreliable statistical data related to warmer climate, young demographic, good genes, and other explanations that avoid crediting successful African policy. However, there is much to be said about the creativeness and early responses of many African governments and the African Union's coordination work through the Africa Center for Disease Control and Prevention (CDC). BBC's Senior Africa Correspondent, Anne Soy, for instance has pointed to a mix of factors including quick actions by African governments, wide public support and 'good community health systems' – in addition to a young population, fewer old age homes, and the influence of a warmer climate.

At the outbreak of the pandemic, testing capacity was relatively low and only available to a handful of African countries. The Africa CDC reacted swiftly and decisively to support the screening and testing capacity in *all* African

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states under its Partnership to Accelerate COVID-19 Testing (PACT) within a couple of months, and by supporting reliance on community health services. The very expectation that more Africans would die from COVID, therefore, disparages African accomplishment, reflects a poor understanding of Africa's experience in dealing with pandemics and epidemics effectively, and the leverage of this knowledge under the leadership of the Africa CDC. For Dr Nkengasong, head of the Africa CDC, stereotypes have replaced science in most predictions given the fact that "Modelling is only as good as the assumption put into it."

While there is general puzzlement over the lower infection and death rates on the African continent, there is a lot more details about the vaccines available since December 2020. Political, corporate, and ideological interests are coming together to ensure the protection of patents over the protection of the total billions of people in Africa and the rest of the Global South. Arguments made two decades ago about securing the patents of HIV/AIDS therapeutics are surfacing again prior to global distribution. Recall that in December 2000, the Brazilian government used a 1997 national law that enabled companies in the country to manufacture the 'AIDS Cocktail', which then saw a drop in the retail price from \$12,000 annually to \$4,500 annually. By 2002 Brazil distributed the drugs free to its own citizens, and shared the 'technology' with other Global South countries, including South Africa.

However, the response by some Western governments and pharmaceuticals discarded any notion of human security in favor of national and corporate security. The Pharmaceutical Research and Manufacturers of America (PRMA), for instance, made a number of charges to discredit the Brazilian effort. The PRMA said that Brazil was effectively stealing, that its efforts would lead to the slower development of future therapeutics, and claimed the generic drugs were of inferior quality. The United States even threatened sanctions against Thailand, South Africa, and Brazil and forty drug companies joined in a suit against South Africa, naming Nelson Mandela as the defendant. In 2007, Canada bucked the standard Western corporate position on WTO waiver for the HIV/AIDS 'cocktail' when it allowed Rwanda to import TriAvir from Apotex under 'compulsory license'. Canada then proceeded to inform the WTO of the waiver under Article 8 of TRIPS.

The current situation with COVID-19 replays the HIV/AIDS power plays against Africa and the Global South. But unlike HIV/AIDS, the Novel Coronavirus pandemic has an incredibly faster transmission rate, and less restriction toward any particular population group. In early October of 2020, India and South Africa requested that the WTO relax the pertinent rules in the TRIPS which has the flexibility to make exceptions in cases of national and other kinds of emergencies. Article 7 of WTO-TRIPS stipulates that "the protection and enforcement of intellectual property rights should contribute to the promotion of technological innovation and to the transfer and dissemination of technology, to the mutual advantage of producers and users of technological knowledge and in a manner conducive to social and economic welfare, and to a balance of rights and obligations." The public health problem now is worse than in the early 2000s with AIDS because of the sheer number of vaccines that have to be manufactured and distributed.

Meanwhile, richer countries are currently buying up doses in advance: the United States placed an order for 1.01 billion doses for a population of around 335 million people, and the EU with 1.2 billion doses for 446 million inhabitants. On more than one occasion, the *Wall Street Journal* has published articles accusing the application by South Africa and India as 'theft'. James Pooley, an influential American property-rights attorney labeled the effort by South Africa and India 'cynical'. On November 19, 2020 the *Wall Street Journal* described the effort by South Africa and India to 'democratize' the COVID-19 vaccine as a 'heist'. Pooley who served as head (2010-2015) of the World Intellectual Property Organization, a Geneva-based United Nations agency, vehemently defends the property rights of Pfizer, AstraZeneca, and Moderna. Twisting the historical record, he suggested that the big pharmaceuticals' securing of property rights helped combat AIDS and recommended the same pattern with COVID-19, while conveniently ignoring the lawsuits against South Africa and the threats of sanctions against several nations. To date pharmaceutical corporate interests in the United States, the European Union, and the United Kingdom have registered strong opposition to the Articles 8 waivers sought by South Africa and India. Numerous countries from the Global South support the gambit of the two African and Asian partners. On December 10, 2020, the WTO delayed a decision on the waivers sought by South Africa and Brazil and 900,000 signatories.

The issue at hand goes beyond either the HIV/AIDS medicines or the COVID-19 vaccines. To the global

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pharmaceutical industry and Western nations, as James Bacchus stated, the real issue is about protecting the very idea of free markets and capitalism as an economic and social system. Human rights and moral appeals about the vaccines from the Global South and backed by Western progressive interests, are dismissed as uncalled for, premature, and even dangerous. The perceived danger of fair global vaccine distribution is twofold, firstly to global capitalism, and secondly to the tight control over multilateral governance of the international trading system. Africans and others in the Global South know that even recent history is replete with Euro-American connivance to stave-off any structural changes.

Africa is usually portrayed as dependent and desperate but what separates it on COVID-19 is the deft response to the pandemic due to the political acumen of some of its leaders, strategic competence, agility, and perhaps most of all, the maturity of its peoples in cooperating with public health officials, and its political leadership. Moreover, the global leadership that Africa has exercised in conjunction with other Global South partners in the fight for a humane and human approach to epidemics and pandemics, provides yet another opening for an appreciation of reciprocal learning between North and South. There is however little reciprocity coming from the West. Most African states are already crippled by the burden of debt repayment. For them to even attempt to buy the vaccine for their citizens at current market rates would be economically suicidal.

The solution to the current pandemic is to recognize its public health status, its global nature, the urgent threat to humanity, and the superior reason of public interest. The need therefore to suspend all trade and intellectual property rights constraints that prevent the institution of a single collective response and the pooling of resources to make the vaccine available to all, regardless of nationality or economic power. In other words, to turn the COVAX initiative into a serious mechanism for collective security. It needs to be prioritized over national initiatives and it needs to be fully funded. The protection and enforcement of intellectual property rights should contribute to the promotion of technological innovation and to the transfer and dissemination of technology, to the mutual advantage of producers and users of technological knowledge, and in a manner conducive to social and economic welfare, and to a balance of rights and obligations. These after all, are some of the values propounded in the liberal international order.

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