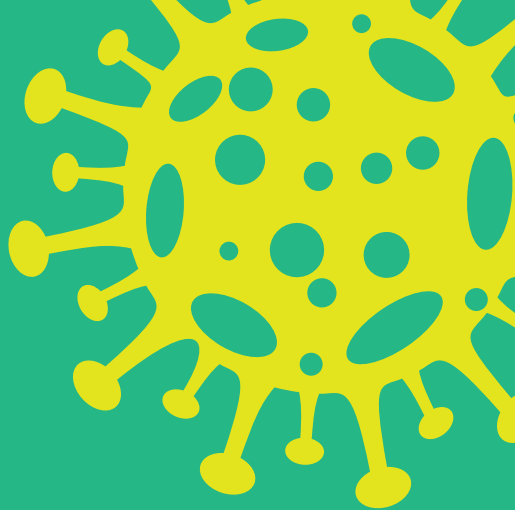


# WHO BENEFITS FROM CORONA?



A BREAKFAST WITH  
Mr. GATES



Manifesto for the African People  
April 2020

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This Manifesto goes to the majority of the population in Africa,  
to those who are very vulnerable,  
to those who are tired of only surviving,  
to those who just want to enjoy a happy life, raising their children,  
with guaranty that all their human rights are respected and protected.



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# PROLOGUE

## Africa on the Radar

March 2020. Nigeria.

We are at home. This is our land. - one of the richest regions on Earth, and one of the poorest at the same time. We fight oil spills and gas flaring, desertification and environmental conflicts. However, no matter how many battles we win, disasters lurk at the dark corners and our people are confronted by ecocide. Many helpers, some tourists, some philanthropists see our landscape as the canvas for games.

The internet is full of information, but some jump out faster than others – especially when they hit you where it pains. This morning, we landed on one article in the economic newsletter - Business Insider. In it, Bill Gates suggested that governments should enforce stricter lockdown measures in every state and estimated that the US would need another “10 weeks of nationwide shutdowns to effectively deal with the crisis”.<sup>1</sup> What about Africa? Would same measures work? How about the hundreds of millions of Africans working in the informal sector? Does he know that one or two days without working is unbearable to many of them? Have people who suggest measures of this nature considered that a lockdown in most African countries would be deadly, if not impossible?

But we are faced with COVID-19. We have been fighting malaria for years. We are still trying to overcome Ebola. Hundreds of thousands die every year for illnesses that most westerners may never have heard about. And now coronavirus steps in...

The Gates Foundation is financially supporting the development of seven vaccines for Covid-19. When he talks... his eyes light... He is really smart... He talks about millions, billions, trillions as if they were a mere coin. “It’ll be a few billion dollars we’ll waste on manufacturing the constructs that don’t get

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<sup>1</sup> Businessinsider. 2020. Bill Gates says we need a nationwide shutdown for at least 10 more weeks to fight coronavirus: ‘The window for making important decisions hasn’t closed

picked because something else is better...But a few billion in this situation we're in, where there's trillions of dollars being lost economically is worth it."<sup>2</sup> He is definitely smart, and the world needs smart people.

As smart salesman, he warns: "Without a vaccine, developing countries are at even greater risk than wealthy ones, because it's even harder for them to do physical distancing and shutdowns." So, what is the fix to this lack of capacity to enforce social distancing?

"The pandemic is about to devastate the developing world," screamed another article in the Washington Post. And then a few days earlier, Antonio Guterres, United Nations Secretary General said that he fears there will be "millions and millions" of coronavirus cases in Africa, where the youths will not be spared.

It is true that the COVID-19 pandemic is a peculiar challenge to the world and more so to regions that are unable to mobilize adequate resources to tackle it head-on. It poses special challenges to nations whose health sectors have been in tatters and whose leaders are regular customers on medial tourism junkets. For such regions, the prediction of doom takes on special urgency, especially when trumpeted by prominent individuals like Bill Gates and the UN Secretary General. Africa welcomes help through solidarity. She needs to be understood. Our leaders also need to understand our land and give us a break from perpetual exploitation in the guise of aid.

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<sup>2</sup> The Guardian. 2020. Call for super-rich to donate more to tackle coronavirus pandemic

# CHAPTER 1

## COVID-19

*December 2019, Wuban, China*

In December 2019, numerous pneumonia cases caused by a newly identified coronavirus occurred in the Chinese city of Wuhan. On December 27, Dr. Zhang Jixian, head of the respiratory department at Hubei Provincial Hospital reported to health officials in China that a novel coronavirus was causing such diseases. However, the first contagions seem to have started from mid-November.

Coronavirus is derived from the Latin word corona which means crown and was adopted because of its resemblance to a solar crown. Viruses and the diseases they cause very often have different names. The disease produced by the new coronavirus was officially named by the World Health Organisation (WHO) as COVID-19, which stands for coronavirus disease 2019. On the 11th of February 2020, the International Committee on Taxonomy of Viruses (ICTV) announced “severe acute respiratory syndrome coronavirus 2” (SARS-COV-2) as the name of the new virus.

Coronaviruses belong to a group of viruses that can cause diseases in birds and mammals. In humans, they can cause respiratory tract infections such as common cold but as well other more serious consequences derived from Severe Acute Respiratory Syndrome (SARS), Middle East Respiratory Syndrome (MERS) and COVID-19 diseases. The origins of the different diseases are not totally clear. However it is believed by many scientists that SARS appeared after infection from bats to civet cats to humans in China; and MERS from bats to camels to humans in the Middle East. As for COVID-19, the main hypothesis tabled as of now have been that the virus moved from pangolins/bats to humans.

At present, scientific analysts consider the following:

*“scientists now suspect this coronavirus, SARS-COV-2 originated in a bat and somehow hopped to another animal, possibly the pangolin, which then passed it*

*on to humans. The diseases is now spreading between people without any animal intermediary”.<sup>3</sup>*

Coronaviruses are not new; in fact, they were first discovered in birds at the beginning of the 20th Century. In humans, they manifested during the second half of the Century with the more serious variants appearing towards the end of the Century. These variants include SARS-COV in 2003, MERS-COV in 2012 and now SARS-COV-2 in 2019. SARS and MERS can cause severe pneumonia and morbidity of between 10 and 30%. Some of the affected persons only have mild symptoms such as common cold. COVID-19 can cause pneumonia and can kill as well, but many are the analysts that consider that it is less deadly than SARS and MERS.

### *Pandemic*

The analysis of WHO at the end of February 2020 is worrisome: “In the days and weeks ahead, we expect to see the number of cases, the number of deaths, and the number of affected countries climb even higher”.<sup>4</sup> At the announcement of the pandemic they added:

*“WHO has been assessing this outbreak around the clock and we are deeply concerned both by the alarming levels of spread and severity, and by the alarming levels of inaction”.*

On 11th of March, the WHO declared the outbreak a pandemic after the disease was found in 114 countries, with more than 118,000 cases, and 4,291 deaths, and major epidemics occur in various regions of the world.<sup>5</sup> Together with the announcement, WHO confirmed as well that this is the first pandemic caused by a coronavirus. Finally, they alerted about the use of the word pandemic:

*“Pandemic is not a word to use lightly or carelessly. It is a word that, if misused, can cause unreasonable fear, or unjustified acceptance that the fight is over, leading to unnecessary suffering and death”.*<sup>6</sup>

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<sup>3</sup> LiveScience. 2020. 1st known case of coronavirus traced back to November in China

<sup>4</sup> WHO. 2020. WHO Director-General’s opening remarks at the media briefing on COVID-19 – 11 March 2020.

<sup>5</sup> WHO. 2020. WHO Director-General’s opening remarks at the media briefing on COVID-19 – 11 March 2020.

<sup>6</sup> Idem.

We note that out of the main three coronavirus outbreaks affecting humans cited above, only COVID-19 has been declared a pandemic. Since the December 2019 Chinese cases to the 9th April 2019, COVID-19 has been detected in over 200 countries; with an estimated 1,500,000 people infected and over 80,000 deaths confirmed.

### *A Chinese virus?*

There has been a controversy between China and the USA over the origin of the virus. An exchange between Donald Trump and the media featured prominently in the news around the world when the US President insisted on several occasions that the virus that brought COVID-19 was a “Chinese virus.”<sup>7</sup>

Indeed, the most widespread accepted theory of the virus’ origin is that the likely carrier was a pangolin. It has been cited in numerous sources that the first group of patients were reported at the Huanan Seafood Wholesale Market, and available information indicates that the virus could have been introduced there by someone that was already infected. Jane Ducket, professor at the University of Glasgow, said: “I think the consensus is still clearly that the virus did originate in China”.<sup>8</sup> Only a few have suggested that the virus might have come from outside of China.

Of those few are the ones who have raised concerns that the virus may have been brought by the US to China. In October 2019, a group of around 300 US military personnel attended the military World Games in Wuhan. When COVID-19 exploded in China, particularly local media there accused the U.S. military to have brought COVID-19 to Wuhan. Zhong Nanshan, a prominent figure in the fight against SARS in 2003 stated that “although COVID-19 was first discovered in China, it does not mean that it comes from China.”<sup>9</sup> Zhong added that the WHO has said many times that COVID-19 is a global phenomenon with its source still undetermined.<sup>10</sup> Foreign Ministry spokesman, Zhao Lijian backed this theory in an editorial in Xinhua news and affirmed that “the American army could have brought the epidemic to Wuhan,” and accused the United States of a lack of transparency. This story circulated broadly in international media but more strongly in Chinese language media.

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<sup>7</sup> The New York Times. 2020. China spins tale that the US army started the coronavirus epidemic.

<sup>8</sup> The Guardian. 2020. American coronavirus : China pushes propaganda casting doubt on virus origin.

<sup>9</sup> Warsaw Institute. 2020. A dispute over the coronavirus origin.

<sup>10</sup> The Guardian. 2020. American coronavirus : China pushes propaganda casting doubt on virus origin.

Some theories were also raised about the possibility that COVID-19 could in fact be a bioweapon that has been manufactured in a lab. Those sustaining these theories claim not to believe in coincidences and more so due to the fact that this crisis originated in Wuhan that possess a Biosafety level-four (BSL 4) laboratory in the city. Some have explicitly declared that the origins of the outbreak relate to the disease escaping from the Wuhan laboratory after being genetically engineered.<sup>11</sup> But those arguments have been rejected by a majority of the media specialized in those matters, as the BSL-4 facilities are known to have some of the highest level of security and are used to dealing with very dangerous viruses derived from Ebola, Lassa fever and Marburg viruses.<sup>12</sup> Some institutions such as the American Association for the Advancement of Science equally signalled that there is no evidence of genetic engineering in the virus.

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<sup>11</sup> Financial Times. 2020. Coronavirus was not genetically engineered in a Wuhan lab, says expert.

<sup>12</sup> Forbes. 2020. No, COVID-19 coronavirus was not bioengineered. Here's the research that debunks that idea.



# CHAPTER 2

## AFRICA

### *The response*

African Governments have reacted to the threat of COVID-19 with a diverse amalgam of measures. The most common measures adopted in the continent are the improvement of hand hygiene in all public and private spaces; the use of masks; social distancing; and lockdowns at the national level or at minor levels such as in cities. Through the entire crisis, we have also seen some curious measures. For example, Zimbabwe police approved a ban on sale of beer in order to contain COVID-19. This decision was however, later reversed after significant social media criticism. Now the Zimbabwe population can buy alcohol in supermarkets and stores but cannot gather to drink outside their homes.<sup>13</sup>

The World Bank's Pulse publication suggests that COVID-19 is going to seriously impact the region's three largest economies —Nigeria, South Africa, and Angola— due to a context of persistently weak growth and investment. The report asserts that “in particular, countries that depend on oil and mining exports would be hit the hardest”.<sup>14</sup> Nevertheless, countries that are giants in oil and mining have already been commended for their role in fighting the pandemic. Institutions like the World Bank have acknowledged this with regard to several African governments. For instance, the Bank in the case of DRC has affirmed that “*the government is taking unprecedented measures to limit risks to the population of DRC*”. Some examples of these measures include the fact that as early as March 20, 2020 all flights from at-risk countries were suspended; all meetings of more than 20 people in public or outside the home were prohibited; and all education structures were closed for at least 4 weeks.<sup>15</sup> The bank also commended Nigeria for steps taken to tackle the pandemic.<sup>16</sup>

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<sup>13</sup> Africanews. 2020. Zimbabwe beer ban, AU leaders meet.

<sup>14</sup> Africa's Pulse, No. 21, Spring 2020 : An Analysis of Issues Shaping Africa's Economic Future

<sup>15</sup> World Bank. 2020. DRC COVID-19 Strategic Preparedness and Response Project. Project Information Document.

<sup>16</sup> Environews. 2020. Guterres commends Nigeria's response to COVID-19 pandemic. <https://www.environewsnigeria.com/guterres-commends-nigerias-response-to-covid-19-pandemic/>

African nations are stepping up and the vast majority of targeted institutions and organizations appear ready to respect the regulations and guidelines.

*WHO and governments in Africa put handwashing at the forefront*

The WHO has relevant experience from the fight against previous coronavirus diseases - MERS and SARS. On the basis of that, WHO has worked tirelessly towards supporting the countries to help them better prepare for COVID-19. For example, in March 2020 they issued a series of comprehensive interim guidance on all the key issues related to COVID-19. That guidance while being positive in general has some of the recommendations might not always be easy to implement due to varied contexts. For example, the interim guidance for *Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts* presents 19 recommendations to the patients with symptoms being taken care of at home. Many of those recommendations might work. However, others may be complicated to fulfil for many households and would be just impossible for some. For instance, in the poor shanty towns, there is barely any house that possesses running water or a laundry machine to get a wash at 60-90°C.<sup>17</sup>

In West Africa, the response of the governments to some of the recommendations has been good. With regard to WHO's Interim Guidance on improvement of hand hygiene practices, recommendations appear to have been largely followed in the biggest cities.<sup>18</sup> For example, in recommendation number 1, it was very visible that one or several hand hygiene stations have been placed at the entrance of public or private commercial buildings in our cities. In Republic of Benin, guards offering hand sanitizer or taking people to the handwashing stations became a normal scenario in towns. The population and the governments have understood that hands have a crucial role in the transmission of COVID-19. A leaflet from the WHO on this topic made this very clear:

*“COVID-19 virus primarily spreads through droplet and contact transmission. Contact transmission means by touching infected people and/or contaminated objects or surfaces. Thus, your hands can spread virus to other surfaces and/or to your mouth, nose or eyes if you touch them”.*

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<sup>17</sup> WHO. 2020. Home care for patients with COVID-19 presenting with mild symptoms and management of their contacts. Interim Guidance. 17 March.

<sup>18</sup> WHO. 2020. Recommendations to Member States to improve hand hygiene practices to help prevent the transmission of the COVID-19 virus. 1 April.

These simple messages and campaigns are very useful and WHO for instance will be celebrating on the 5th of May the *WHO SAVE LIVES: Clean your Hands* global campaign focusing on hand hygiene in health care. However, we note that in underserviced parts of cities and in communities where water bodies are polluted by oil and other industrial pollutants, this is a tough call.

### *Face masks*

Wearing of face masks has become a common scenario in most African cities, and even have been imposed on people in some countries. In Benin Republic for instance, those who have exited their homes and are in public space need to have a mask, otherwise they risk paying a fine of around \$12. In Nigeria, this move has not become very popular, besides with healthcare workers and Covid-19 task forces and politicians.

A face mask is not a panacea against COVID-19. Viruses can also be transmitted through the eyes and very small particles can penetrate masks. However, they can be effective in capturing droplets, one of the main transmission channels of COVID-19. The mask is particularly effective if you have symptoms and you do not want to infect others, and if you have to take care of somebody who is ill. Nevertheless, if you are just walking around your neighbourhood and in open spaces, the face masks would probably not be of much help.<sup>19</sup>

### *Social distancing*

Social distancing comes from terminology related to public health and epidemiology and refers to creating physical space between individuals, especially in large gatherings. The guide from the African Union and the Africa Centre for Disease Control and Prevention (AFRICA CDC) indicates that for influenza virus, *“individual and community social distancing combined with rigorous isolation of people with symptoms delays and reduces the magnitude of outbreaks.”*<sup>20</sup> The guide is clear on the fact that community social distancing should be instituted.

During the present crisis, we have observed how quickly people in West Africa are working to adapt their behaviour. For instance, some of the major changes

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<sup>19</sup> The Guardian. 2020. Can a face mask protect me from coronavirus? Covid-19 myths busted

<sup>20</sup> AFRICA CDC. 2020. Guidance on Community Social Distancing during COVID-19 Outbreak.

are that since COVID-19 the people are using non-contact greetings; and struggling to maintain a distance of one metre between themselves in public where feasible. Isolating themselves from people within their households is near impossible for poor or working-class folks.<sup>21</sup> With respect to social distancing behaviour while in public, some South Africans in Soweto have complained that required distancing was impossible in the queues for groceries at supermarkets.<sup>22</sup>

### *Lockdown*

This has been a common measure throughout Africa. Many African countries have enacted lockdowns that limit movement and close business until a determinate date. One example is South Africa where the President announced a national lockdown of 21 days, starting from March 26. The nation-wide measures are made as a key measure to tackle the crisis in the countries most impacted by COVID-19 in the continent. Just before the end of the lockout as of ninth of April there were 1,845 cases and 18 deaths. President Ramaphosa told all South Africans to stay home and only to exit their homes in exceptional circumstances. The President has called upon the Army to support the National Police in ensuring adequate enforcement of those rules.<sup>23</sup>

Rwanda enacted a lockdown on 21 March and is due to expire on 19 April. As of 9 April, the confirmed cases are 110, with no deaths<sup>24</sup> Rwandans would be banned to leave their homes unless they have to attend essential services. As in South Africa, the Army will be deployed to support the enforcement of this decision.

Some countries have decided against a total lockdown and are implementing a partial one. Kenya's President Uhuru Kenyatta declared that he has decided against a total lockdown of the entire country for the interest of the majority of the population. If he had not taken such a decision, a large part of the population would be hit by significant socioeconomic violence, with many of them not being able to feed themselves.<sup>25</sup> Other measures were taking by the Government such as distancing measures to limit the number of passengers that can be sitting in a vehicle. As of 9<sup>th</sup> April, the confirmed cases were 184 and 7 deaths.

President Buhari of Nigeria announced a lockdown of Lagos and Ogun States as well as the Federal Capital Territory for 14 days starting from Monday 30 March

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<sup>21</sup> Idem.

<sup>22</sup> Africanews. 2020. COVID-19: Soweto residents defy social distancing measures.

<sup>23</sup> Africanews. 2020. South Africa announces 21-day nationwide lockdown over COVID-19 spike

<sup>24</sup> Africanews. 2020. Rwanda extends lockdown, Cameroon fund etc.

<sup>25</sup> Africanews. 2020. Uhuru rules out total lockdown

2020.<sup>26</sup> As the number of cases kept rising, it became clear that the lockdown would be extended<sup>27</sup> and travel between the states remain banned.

In the Republic of Benin, a complete lockdown has not been enacted either. For instance, the famous *zem* –moto-taxi- are very much present during the lockdown, transporting the Beninese around the capital Cotonou with practically full contact between the driver and the passengers.

The efficacy of the lockdowns in Africa needs to be evaluated as it appears to be a highly porous measure that is difficult to implement in practice.

### *The financing race*

From the first to the ninth of April, the press offices in the United States and in Brussels worked hard to put together all the press releases and the media packages to announce one of the most comprehensive responses ever done to a pandemic. It was like a new Marshall Plan for the world, not just for Europe, with more than \$170 billion pledged to tackle COVID-19 globally.

After a marathon race that started in January 2020, the staff of the World Bank in headquarters and in offices around the world finally breathed more calmly in early April. Dozens of press releases were ready on the second of April, announcing the agreements reached between the Bank and dozens of national governments around the world as a response to COVID-19. The offices of the World Bank all over the world have devoted their souls entirely to this cause since the beginning of the year, and the press releases from countries where COVID-19 was already proved will be a sign of great relief to the World Bank officers. Even if COVID-19 imposed great restrictions on social gatherings, they would probably have managed to respect the 1 metre rule while lifting their glasses in toasts.

They called upon governments around the world and in return many were keen on accepting their support. The Bank managed to galvanize acceptance to their products initially in 25 countries namely from Africa and Asia. Loans, grants and credits are already floating around the globe totalling hundreds of millions of US

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<sup>26</sup> Aljazeera. 2020. Nigeria announces lockdown of major cities to curb coronavirus. <https://www.aljazeera.com/news/2020/03/nigeria-announces-lockdown-major-cities-curb-coronavirus-200330095100706.html>

<sup>27</sup> ThisDay. 2020. Nigeria: Lockdown Continued As Long AS Necessary, says Buhari. <https://www.thisdaylive.com/index.php/2020/04/12/lockdown-continues-as-long-as-necessary-says-buhari/>

dollars. As urgent action, the Bank group has adopted a fast track double-sided financing mechanism packaged with new and old money involved:

*“Special provisions for fast-track financing are allowing an initial group of World Bank projects totalling \$1.9 billion to get underway quickly in 25 countries. Bank teams are also working with clients to rapidly redeploy a further \$1.7 billion from existing projects to urgent pandemic response and recovery. This includes restructuring and use of projects’ emergency components as well as contingent financing instruments designed for catastrophes”.*<sup>28</sup>

Figure 1. Initial project countries from World Bank emergency support COVID-19



Source: World Bank

But the Bank’s plans do not stop here, they expect to deploy up to \$160 billion over the next 15 months in different themes around COVID-19.<sup>29</sup> And the arguments have been carefully built, as the Bank announced on the 9th of April that COVID-19 drives Sub-Saharan Africa towards its first recession in 25 years. Hafez Ghanem, World Bank Vice President for Africa, affirmed that “The COVID-19 pandemic is testing the limits of societies and economies across the world, and African countries are likely to be hit particularly hard”.

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<sup>28</sup> [www.worldbank.org](http://www.worldbank.org)

<sup>29</sup> *Idem*

In synch with its work with African nations, the Bank also released its latest publication, Africa's Pulse, which is the World Bank's twice-yearly economic update for the region. As expected, COVID-19 was not good news for African people:

*"The analysis shows that COVID-19 will cost the region between \$37 billion and \$79 billion in output losses for 2020 due to a combination of effects. They include trade and value chain disruption, which impacts commodity exporters and countries with strong value chain participation; reduced foreign financing flows from remittances, tourism, foreign direct investment, foreign aid, combined with capital flight; and through direct impacts on health systems, and disruptions caused by containment measures and the public response (...)*

*The COVID-19 crisis also has the potential to spark a food security crisis in Africa, with agricultural production potentially contracting between 2.6% in an optimistic scenario and up to 7% if there are trade blockages. Food imports would decline substantially (as much as 25% or as little as 13%) due to a combination of higher transaction costs and reduced domestic demand".<sup>30</sup>*

Some of the World Bank Project Information documents from the different countries qualify as "massive" the economic impacts expected from COVID-19. For example, in Kenya, the Bank signals the multiple threats that the disease presents to the society as a whole: "COVID-19 threatens livelihoods, food security, nutrition, and schooling, particularly in low-and middle income countries like Kenya, where majority of the population work on the informal sector". However, although the estimates of the expected impacts on the Kenyan economy are not available, the Bank declares that a "reduction in growth and investment is expected, resulting from diminishing tax revenue and lack of confidence in the markets."<sup>31</sup>

And, of course, the answer for those potential scenarios was the \$160 billion that would be used until the end of 2021. In the meantime, the assistance for tackling COVID-19 impacts has been granted and supported from the beginning of April to more than ten African countries (See Table 1)

Besides the fast track countries, through alternative financial instruments, some countries have managed to get resources for reaction to COVID-19. At the end of March, the World Bank activated \$7.9 million through the Contingency Emergency Response Component (CERC) under the "Transforming Egypt's Healthcare

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<sup>30</sup> World Bank. 2020. COVID-19 (Coronavirus) Drives Sub-Saharan Africa Toward First Recession in 25 Years

<sup>31</sup> World Bank. 2020. Kenya COVID-19 emergency response Project. Project Information Document.

System Project to support Egypt’s efforts related to COVID-19. Also, Morocco restructured a US\$ 275 million Disaster Risk Management Development Policy Loan with a Catastrophe Deferred Drawdown Option. The restructuring would allow immediate release of funding under the program to address emergency measures.

Table 1. Countries benefiting from the World Bank dedicated COVID-19 Fast-Track Facility (April 12th 2020)

<b>Country</b>	<b>\$US millions</b>	<b>Modality of the support</b>
Ethiopia	82.6	41.3 (Grant); 41.3 (Credit)
Senegal	20	Credit
Rwanda	14.2	Credit
Sierra Leone	7.5	Grant
Gambia	10	Grant
Mauritania	5.2	Grant
Sao Tome and Principe	2.5	Grant
Kenya	50	Credit
Ghana	100	35 (Credit)
Liberia	7.5	3.75 (Grant); 3.75 (Concessional credit)
DRC	47.2	23.60 (Grant); 23.60 (Credit)
Cabo Verde	5	Credit
<b>Total</b>	<b>351.7</b>	

Source: Table based on World Bank Data (April 2020).

Other important Banks and African giants are already making their plans. Zainab Ahmed, the Minister of Finance in Nigeria, said on 6th April that the Nigerian government is seeking to borrow around 7 billion US dollars from international lenders such as the World Bank, the African Development Bank (AfDB) and the Islamic Development Bank to tackle the impacts of COVID-19. The Minister



added that the country will seek \$3.4 bn from the IMF, \$2.5bn from the World Bank and another \$1bn from the AfDB. The modality of the support would be a loan with no conditionalities, according to the Minister.

Other stakeholders from the world of finance, public organizations and other institutions such as foundations have started moving towards selling their own investment portfolio of activities to fight COVID-19. EU Funding is already channelling for COVID-19 through an amalgam of organizations for research and other thematic projects.<sup>32</sup>

The Gates Foundation has built its own webpage to raise donations to cover four pillars of the COVID-19 crisis: Diagnostic tools; Therapeutics Accelerator; Vaccine Development and Protecting vulnerable communities.<sup>33</sup>

## *IMF*

On 13th April 2020, the IMF approved a \$1 billion credit to Ghana. Their analysis indicated that Ghana was severely impacted by COVID-19.<sup>34</sup> However, they also praised the Ghanaian authorities for timely and proactive response to contain the spread of COVID-19. The concession of the credit was based on the following arguments: *“growth is slowing down, financial conditions have tightened, and the exchange rate is under pressure. This has resulted in large government and external financial needs”*. The IMF concluded that additional donor support will be required for Ghana.

Ghana has also got support from the World Bank estimated at \$100 Million. In fact, some countries are already fishing in different ponds. For example, Rwanda has been confirmed by the World Bank for a \$14 million credit while also getting another credit of \$109.4 million confirmed by the IMF.<sup>35</sup> Added to that was another million from USAID. The joint analysis of the IMF and the Rwanda Government concludes that the situation is very dire, and that additional donor support is needed:

*“The COVID-19 Pandemic has ground Rwanda’s economy to a halt, creating an urgent balance of payments need. To contain and mitigate the spread of the*

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<sup>32</sup> EDCTP. 2020. Mobilisation of funding for COVID-19 research in sub-Saharan Africa.

<sup>33</sup> <https://www.gatesfoundation.org/>

<sup>34</sup> IMF. 2020. IMF Executive Board approves a US\$1 billion disbursement to Ghana to address the COVID-19 Pandemic. Pres Release April 13.

<sup>35</sup> IMF. 2020. IMF Executive Board Approves a US\$109.4 Million Disbursement to Rwanda to address the COVID-19 Pandemic

*virus, the government swiftly implemented measures that have affected all sectors of the economy. With uncertainties surrounding the duration and spread of the pandemic, the economic fallout could intensify further. The IMF emergency support under the Rapid Credit Facility will help with COVID19-related pressures on trade, tourism and foreign exchange reserves, and will provide much-needed resources for health expenditure and for households and firms affected by the crisis (...).*

Tunisia has received a \$745 million loan to support the country's response to the COVID-19 pandemic. According to the IMF, the financial resources will be devoted to the health sector, social safety nets, and businesses which are suffering in this period of crisis.<sup>36</sup> Some commentators have qualified COVID-19 in Tunisia as "the deepest recession since Tunisia's independence in 1956", with expectations that the economy will "contract by 4.3% this year."<sup>37</sup>

### *Team Europe*

On the 8th of April, the European Commission and the High Representative set out plans "for a robust and targeted European Union (EU) response to support partner countries' efforts in tackling the coronavirus pandemic". The EU launched what they have named "Team Europe" to tackle the coronavirus pandemic.<sup>38</sup>

To address the current COVID-19 situation, the EU will secure financial support to partner countries amounting to more than €15.6 billion from existing external action resources. This means that the majority of the funding therefore will be old Money which would be moved from other Programmes to COVID-19. According to the EU: "the bulk of the funding comes from the reorientation of existing funds and programmes to make them relevant to tackle the coronavirus specifically and includes €5.2 billion in loans from the European Investment Bank that will be accelerated". From the whole package of €15.6 billion, €3.25 billion will be destined to Africa, including €2.06 billion for sub-Saharan Africa and €1.19 billion for the Northern African neighbourhood countries.<sup>39</sup>

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<sup>36</sup> IMF. 2020. IMF Executive Board approves a US\$745 Million disbursement to Tunisia to address the COVID-19 Pandemic.

<sup>37</sup> The New Arab. 2020. IMF grants \$745 million to Tunisia for coronavirus response.

<sup>38</sup> European Union. 2020. "Team Europe" - Global EU Response to Covid-19 supporting partner countries and fragile populations. 11th April.

<sup>39</sup> European Union. 2020. Coronavirus: EU global response to fight the pandemic. Press Release 8th April.

## What is the EU doing to support Africa to tackle the coronavirus?

Africa is a priority for the EU. We are proposing to re-allocate, accelerate and prioritise €3.25 billion from existing programmes to respond to the needs in Africa. (...)

The EU's package includes direct bilateral support to countries, as well as funding to international organisations such as the WHO and other UN agencies. Support will focus on strengthening preparedness and response capacity of countries with the weakest healthcare systems. The EU is also funding research, which is helping to detect and prevent the transmission of the coronavirus in Africa. These networks are collaborating for example with emergency response teams that are being set up in the different African regions.

The EU has been strengthening national health care systems in 13 African countries with around €1.1 billion since 2014. Our response to tackle the coronavirus will focus on specific additional needs faced by the countries for this pandemic (...). This global pandemic can be controlled only if there is an inclusive approach which protects every individual's rights to life and health.

The European and Developing Countries Clinical Trials Partnership will launch three calls for interests for over €25 million from Horizon 2020 to support *research into the virus and strengthen research capacities in sub-Saharan Africa*. The first call, launched on 7 April, will focus on developing surveillance capabilities and diagnostics, validating existing tests and trialling therapeutics for promising agents.

The EU will accelerate investment in coronavirus *testing labs in Africa* through €80 million for the European Health Guarantee Platform for Africa, working with the European Investment Bank, with support from the Bill & Melinda Gates Foundation.

Here are a few examples of what we are doing at bilateral level: In *Nigeria*, the EU will contribute €50 million to implement the UN Response Plan to the coronavirus and €10 million have been mobilised to help *Ethiopia* increase the number of diagnostic laboratories, test kits and treatment centres. In *Sudan*, the EU is working to ensure access to clean water and hygiene and raise awareness about the virus through a humanitarian project worth €10

million. Furthermore, in *Sierra Leone*, €34.7 million will be provided to address the economic consequences of the coronavirus through budget support to strengthen the macroeconomic resilience and stability and their national response plan (€25 million). Cash transfers will allow to protect the income of the most vulnerable populations via the World Bank (€5.2 million) and support to the agriculture sector will boost food production (€4.5 million).

Source: European Union

### *African Development Bank*

The African Development Bank (AfDB) announced a \$10 bn response facility to combat COVID-19. According to the AfDB, “The facility entails \$5.5 billion for sovereign operations in African Development Bank countries, and \$3.1 billion for sovereign and regional operations for countries under the African Development Fund, the Bank Group’s concessional arm that caters to fragile countries. An additional \$1.35 billion will be devoted to private sector operations.” Earlier, the bank launched a \$3 billion Fight COVID-19 Social Bond on the international market.<sup>40</sup> The Board of Directors of the bank equally approved a \$2 million grant to the WHO in support of its work on the continent.<sup>41</sup>

“We are in a race to save lives,” said the president of the AfDB. “No country will be left behind.”<sup>42</sup>

While we applaud the resolve that no country will be left behind, we ask: what about individuals?

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<sup>40</sup> AfDB. 2020. African Development Bank celebrates milestone with first social bond listing on London Stock Exchange

<sup>41</sup> AfDB. 2020. AfDB unveils 10 billion response facility to curb covid. <https://www.afdb.org/en/news-and-events/press-releases/african-development-bank-group-unveils-10-billion-response-facility-curb-covid-19-35174>

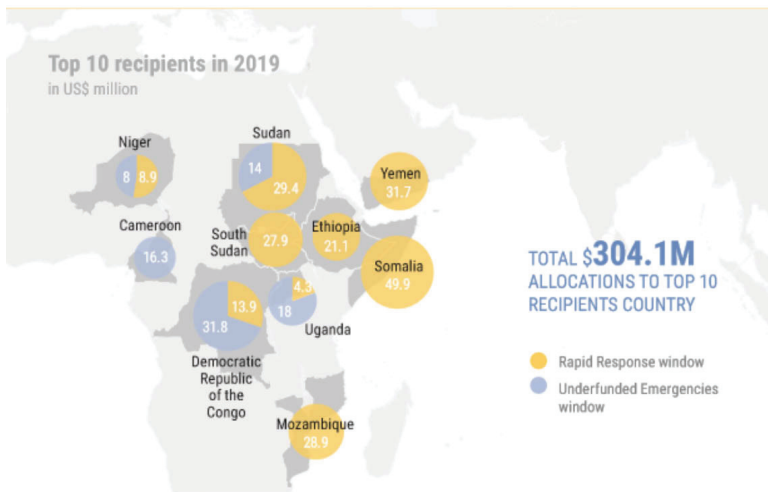
<sup>42</sup> Ibid

### *Other financing mechanisms*

Several funds have been created in recent years to tackle emergency situations. Some of them are the World Health Organisation Contingency Fund for Emergency (CFE) and the UN Office for the Coordination of Humanitarian Affairs Central Emergency Response Fund (CERF). One Emergency Fund has been created specifically for Pandemics, the Pandemic Emergency Financing Facility (PEF).

CERF's Rapid Response window allows country teams to initiate relief activities quickly and in a coordinated manner when a crises occurs. CERF was created in 2006 and since then they have delivered over \$5 billion in critical assistance in more than 100 countries. CERF has a US\$1 billion annual funding target. In 2019, CERF received \$831.4M from 54 donors.<sup>43</sup> In 2019, out of the first 10 recipients of CERF response nine were African countries.

Figure 2. CERF Top 10 recipients in 2019



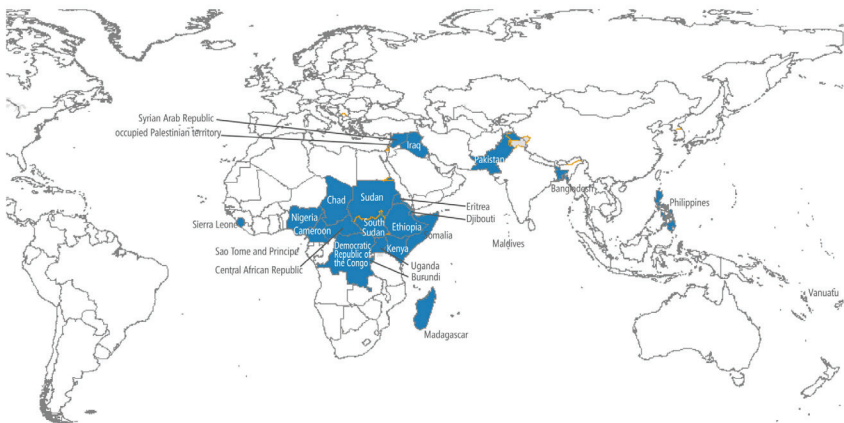
Source: CERF

<sup>43</sup> [www.cerf.un.org](http://www.cerf.un.org)

The World Health Organisation Contingency Fund for Emergency (CFE) is dedicated to respond to the health impacts immediately derived from disease outbreaks and humanitarian crises. The CFE was established by the World Health Assembly in 2015. The CFE gives WHO the resources to quickly mount an effective response to disease outbreaks and humanitarian crises with health consequences. The Fund claims that they have the ability to respond very fast in as little as 24 hours before an emergency gets out of control. The contributions in 2020 have been confirmed as of April 2020 in the amount of \$17 444 818.<sup>44</sup>

Figure 3.

### Map of CFE allocations in 2017



Source: WHO

The PEF is a financing mechanism based at the World Bank and designed to provide an additional source of financing to help some of the world's most vulnerable countries to respond to cross-border, large-scale outbreaks.<sup>45</sup> Operational since 2017,<sup>46</sup> the insurance window will make available more than \$500 million for outbreaks of a group of diseases likely to cause major epidemics occurring in developing countries. These include pandemic influenza, SARS,

<sup>44</sup> <https://www.who.int/emergencies/funding/contingency-fund-for-emergencies>

<sup>45</sup> <https://www.worldbank.org/en/topic/pandemics/brief/pandemic-emergency-financing-facility>

<sup>46</sup> World Bank. 2017. World Bank Launches First-Ever Pandemic Bonds to Support \$500 Million Pandemic Emergency Financing Facility

MERS, Ebola, Marburg, Crimean Congo haemorrhagic fever, Rift Valley fever, and Lassa fever. The aim is to “pay out quickly, within days of an outbreak reaching a defined level of severity, determined on the basis of publicly available data from WHO. This includes criteria such as the number of cases or deaths; the speed of spread of the disease; and whether the disease crosses international borders.” The insurance premiums have already been covered for the first three years by donor contributions, including by Japan and Germany. In 2018 and 2019 the PEF has focused its activities on the Ebola crisis in DRC.<sup>47</sup>

### *Bilaterals*

Besides the biggest plans from the multilateral organizations and regional organizations like the AfDB, the EU, and World Bank, bilateral moves have already started to be agreed among African countries and largest donors. For example in early April, the EU supported Benin in its work against COVID-19 with an amount close to 40 million Euros.<sup>48</sup> USAID has committed \$274 million and they announced that “hundreds of millions more are on the way” on behalf of the United States, which they characterise as “the most generous nation in the world”. From those new funds, assistance to around 20 African countries has been secured (See Table 2):<sup>49</sup>

Table 2. United States initial investment in Africa to respond to the COVID-19 pandemic

<b>Country</b>	<b>Amount</b>	<b>Purpose of the action</b>
<i>Angola</i>	\$570,000	Health assistance to help provide risk communication, water and sanitation, and infection prevention and control in key health facilities in Angola. This assistance comes on top of long-term U.S. investments in Angola including \$613 million in health assistance and \$1.48 billion total country investment over the past 20 years.

<sup>47</sup> World Bank. 2018. World Bank Group’s Pandemic Emergency Financing Facility (PEF) Makes First \$12 million Commitment to Bridge Financing Gap For Ebola Response in DRC

<sup>48</sup> BeninwebTV. 2020. Covid-19: l’Union européenne octroie 26 milliards de crédit-budget au Bénin.

<sup>49</sup> The United States is leading the humanitarian and health assistance response to COVID-19. US Department of State FactSheet.

<i>Burkina Faso</i>	Nearly \$2.1 million	Health and humanitarian funding which will go toward risk communication, water and sanitation activities, infection prevention and control, public health messaging, and more. Over the past 20 years, the United States has invested more than \$222 million in health alone and more than \$2.4 billion in total in Burkina Faso.
<i>Cameroon</i>	\$1.4 million	Health assistance will help provide infection control in key health facilities, strengthen laboratories and surveillance, prepare communities, and bolster local messaging. This assistance builds upon more than \$390 million in U.S. health assistance and more than \$960 million total country investment over the past 20 years.
<i>Cote d'Ivoire</i>	\$1.6 million	Health assistance to help the government prepare laboratory systems, activate case-finding and event-based surveillance, support technical experts for response and preparedness, risk communication, infection prevention and control, and more. Over the past 20 years, the United States has invested nearly \$1.2 billion in Cote d'Ivoire's health, and more than \$2.1 billion in long term development and other assistance.
<i>Ethiopia</i>	\$1.85 million	To counter COVID-19, the fund will go toward risk communication, water and sanitation activities, infection prevention, and coordination. This assistance joins the long-term U.S. investment in Ethiopia, including nearly \$4 billion in health alone and more than \$13 billion in total assistance over the past 20 years.



<i>Kenya</i>	\$1 million	Health assistance will bolster risk communication, prepare health-communication networks and media for a possible case, and help provide public health messaging for media, health workers, and communities. This COVID-19 specific assistance comes on top of long-term U.S. investment in Kenya, including \$6.7 billion in health assistance alone, and more than \$11.7 billion in development and other assistance over the last 20 years.
<i>Mozambique</i>	\$2.8 million	Emergency health funding will help provide risk communication, water and sanitation, and infection prevention and control in key health facilities in Mozambique. The United States has invested more than \$3.8 billion in health assistance and nearly \$6 billion total investment, including development and other assistance, over the past 20 years.
<i>Nigeria</i>	More than \$7 million	Health and humanitarian funding will go toward risk communication, water and sanitation activities, infection prevention, and coordination. This assistance adds to more than \$5.2 billion in U.S. health assistance and more than \$8.1 billion in total assistance for Nigeria over the past 20 years.
<i>Rwanda</i>	\$1 million	Health assistance will help with surveillance and case management efforts in response to COVID-19. This comes on top of long-term U.S. investment in Rwanda including more than \$1.5 billion in health and more than \$2.6 billion in total assistance over the past 20 years.

<i>Senegal</i>	\$1.9 million	Health funding will go toward risk communication, water and sanitation, infection prevention and control, public health messaging, and more. In Senegal, the U.S. has invested nearly \$880 million in health alone, and nearly \$2.8 billion in total assistance over the past 20 years.
<i>South Africa</i>	\$2.77 million	Health assistance to counter COVID-19 will support risk communication, water and sanitation, infection prevention and control, public health messaging, and more. This assistance joins nearly \$6 billion invested in health, and more than \$8 billion in total assistance, by the United States for South Africa in the past 20 years.
<i>Tanzania</i>	\$1 million	Health assistance will help provide risk communication, water and sanitation, infection prevention and control, public health messaging, and more. The United States has invested nearly \$4.9 billion in health alone and more than \$7.5 billion total for Tanzania over the past 20 years.
<i>Zambia</i>	\$1.87 million	Health assistance will go toward risk communication, water and sanitation, infection prevention and control, public health messaging, and more. This new assistance joins nearly \$3.9 billion in U.S. health assistance and nearly \$4.9 billion total U.S. assistance for Zambia over the past 20 years.
<i>Zimbabwe</i>	\$470,000	Health assistance will help the government to prepare laboratories for large-scale testing, support case-finding activities for influenza-like illnesses and implement a public-health emergency plan for points of entry. This builds on a history of U.S. investments in Zimbabwe – nearly \$1.2 billion in health alone, and nearly \$3 billion in total over the past 20 years.

<i>Central African Republic</i>	\$3 million	Humanitarian funding
<i>DRC</i>	\$6 million	Humanitarian funding
<i>Somalia</i>	\$7 million	Humanitarian funding
<i>South Sudan</i>	\$8 million	Humanitarian funding
<i>Sudan</i>	\$8 million	Humanitarian funding

Source: USAID

*Who rules the global scenario of financing for COVID-19?*

The commitments have started flying in billions. The World Bank is the mammoth in this area. Just on COVID-19 for developing countries, it has pledged that for the next year and a half, it would mobilize close to \$165 bn. The first round of fast-track funding with around \$2bn available seems to prioritize Asia more, with India alone already receiving \$1bn dollars from the World Bank COVID operations. Africa at present with 12 countries has a total of emergency operations under this fast-track budget line amounting to \$351.7 millions.

In Africa, the African Development Bank is also playing the billions league with a pledge of 10 billion. The EU follows their support to Africa with approximately 3bn Euros; however, with most of it being reorientation of existent funds. The total IMF support for six countries, Gabon, Ghana, Madagascar, Rwanda, Senegal has been estimated to be about \$2bn. The financial mechanisms of CFE, PEF and CERFs all together for the next year may mobilize around \$1bn. None of the information available from those funds indicates at present that financing COVID-19 is at stake. Moreover, most of them seem more dedicated at present to other epidemics like the Ebola.

USAID at present keeps a far distance from the World Bank, the AfDB and the EU, not reaching even the half a billion figure, but they have qualified this first intervention as “initial investment”. So, more is to be expected from the US Department of State and USAID.

## *Debt relief*

On 12th April, during his Urbi et orbi blessing which took place during the festivities of Easter, Pope Francis appealed for international sanctions to be relaxed in the context of the COVID-19 pandemic.<sup>50</sup> The Pope affirmed solemnly: *“may all nations be put in a position to meet the greatest needs of the moment through the reduction, if not the forgiveness, of the debt burdening the balance sheets of the poorest nations.”*<sup>51</sup>

On his part, the French President Emmanuelle Macron called for debt cancellation “on a massive scale”. He said:

*“We must also be able to help our African neighbours to fight the virus more effectively, to help them economically too by cancelling their debts on a massive scale.”*<sup>52</sup>

Debts from African countries amount to hundreds of billions. The World Bank has not made a clear statement on debt cancellation but its managing director, Axel van Trotsenburg nodded in agreement that G-20 and G-7 members broadly support a temporary pause in debt repayments. Some voices are already stepping up the call for a temporary measure. Some believe that a two-year moratorium on all external-debt repayments would at least give governments in Africa the fiscal space they need to respond to the pandemic.<sup>53</sup>

This posture of international financial institutions is not exactly what a large part of the African civil society is demanding. They demand an immediate and unconditional cancellation of African debt that has piled up due to decades of arm-twisting loans., but not enough; and virtually nothing on trade. Once again, Africa’s people have been short-changed.”<sup>54</sup>

It must be noted that a significant part of all the financial mechanisms which are going to be provided within the COVID-19 international financial support consists of credits and loans, which will add to the existing debt of those countries.

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<sup>50</sup> Vatican News. 2020. French President announces possibility of debt cancellation for African countries.

<sup>51</sup> Idem.

<sup>52</sup> Catholic News Agency. 2020. Macron echoes pope’s call for debt relief amid pandemic

<sup>53</sup> Project Syndicate. 2020. Africa Needs Debt Relief to Fight COVID-19

<sup>54</sup> Africa Renewal. 2005. Industrial countries write off Africa’s debt

# CHAPTER 3

## HITTING THE MOST VULNERABLE

### *COVID-19 spread threatens South Sudan*

The news from South Sudan in the UN Portal hits one painfully below the belt.<sup>55</sup> A visit to the displaced people camps etch memories that cannot be easily erased. They said 1.5 million people who fled war and violence were at risk. The desperate eyes of the kids in the camp would break the stoniest heart. A visit to the bare tents where they live shows that no measure of social distancing can be achieved there, no matter how elastic your imagination may be.

And to this, you add COVID-19. As if they did not have enough in their plate. They had a long war, then a long civil war. It has been misery upon misery. They have oil but for what? Recently we conducted a study on access to potable water in Juba and found that majority of the people do not have water that is safe for consumption. You may wish that we could wash our hands with crude. Right? That is literally what we do, because whether in the Sudd or in the Niger Delta, it is hard to separate water from crude oil. The situation in the oil field communities here are indeed comparable to the situation in the Niger Delta. The difference may be one of scale, but the ecological damage is overshadowed only by the scars of open violence.

COVID-19 arrived South Sudan slowly. Mercifully. At the time of this report just three cases have been confirmed. And the demands of social distancing have kicked in. How would this adjust to the reality on the ground? A UN Inter-agency Group for Child Mortality analysis reported that pneumonia claimed the lives of 7,640 children under the age of five in South Sudan in 2018, or one child every hour.<sup>56</sup> Will COVID-19 make it worse? Will there be more cases of pneumonia? Why has it been difficult to cope with such big numbers of pneumonia without the coronavirus factor?

UNICEF in South Sudan concludes that pneumonia caused 20 per cent of under-five deaths in 2018 due to inequality, poverty and lack of access to health.

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<sup>55</sup> UN News. 2020. Over 10,000 confirmed COVID-19 cases in Africa; Zimbabwe and South Sudan among most vulnerable. April.

<sup>56</sup> UNICEF. 2019. Pneumonia is killing one child every hour in South Sudan. Press Release November.

And when the global data for 2018 is compared we see a troubling situation: “Globally, 802,000 children under the age of five died from pneumonia, more than from any other disease. 437,000 children under five died due to diarrhoea and 272,000 due to malaria.”<sup>57</sup>

So where is COVID? The WHO alerted the risks for millions of IDPs:

*“They have only limited access to healthcare, water, hygiene and sanitation, food, and adequate housing, with women and children among the worst affected by these shortages”.*

To halt the spread of the virus, the independent group of experts that report to the Human Rights Council asked for no scientific, nor technological solution. They asked the new Transitional Government of National Unity to quell intercommunal violence.

### *Health for all*

Health is crucial. Without health you cannot have an adequate standard of living, ... you cannot work, you cannot study, sometimes you cannot even move and if it is very serious your own life is in jeopardy. Africans are confronted day to day with the challenge of keeping healthy while mortality rates are huge in the continent. Children are one of the groups most affected by mortal diseases in the continent. Parts of Africa have the highest risk of death in the first month of life.<sup>58</sup>

The UN estimated the continent’s 2016 population as approximately 1.2 billion. In that year, some 8.8 million deaths were confirmed.<sup>59</sup> The top cause of death in Africa in 2016 was lower respiratory tract infections with close to 1,000,000 confirmed deaths that year. Africa has held this position since 2010. The infections affect people’s airways and lungs, with the most frequent illnesses being bronchitis and pneumonia. One of the most common illnesses transmitted from COVID-19 is pneumonia.

Will they be able to distinguish current mortality rates of pneumonia which are resulting from the current scenario pre-COVID, from the scenario post-COVID? Does it matter?

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<sup>57</sup> Idem.

<sup>58</sup> African Leadership for Child Survival. Africa Key Facts and figures for Child Mortality. [www.usaid.gov](http://www.usaid.gov)

<sup>59</sup> Africacheck. 2016. <https://africacheck.org/factsheets/factsheet-africas-leading-causes-death/>

Table 2. Causes of death in Africa in 2016

Group 1		
Cause of death	Number of deaths	Share of total deaths
Lower respiratory tract infections	916,851	10.4%
HIV/Aids	718,800	8.1%
Diarrhoeal diseases	652,791	7.4%
Malaria	408,125	4.6%
Tuberculosis	405,496	4.6%
Group II		
Cause of death	Number of deaths	Share of total deaths
Ischaemic heart disease	511,916	5.8%
Stroke	373,485	4.2%
Cirrhosis of the liver	174,420	2%

Source: WHO

The socioeconomic violence the poor population has to endure when members of a family have health problems is often unbearable. The cost for a simple test for malaria, and for the treatment can be excessive for some families. A cost close to \$10, for families that run on a daily basis with less than \$2 can be a huge burden. Some types of malaria, such as cerebral fever, can result in severe damage or even death if not treated quickly. **Universal public health is an instrument that needs to be built to provide social justice to our societies and end the vicious circle of socioeconomic violence.**

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<sup>60</sup> WHO Africa. 2018. THE STATE OF HEALTH in the WHO African Region

In the majority of African countries, the status of public health systems is at odds from where it should be. The WHO concluded in a 2018 report<sup>60</sup> that the health systems performance in Africa is not positive: “systems are only performing at 49% of their possible levels of functionality” and “all the indices for the performance dimensions are underperforming, with system resilience and access to essential services doing worst.”<sup>61</sup>

Such a system, first of all should serve the low-income groups, which constitute the majority of the population in African countries, and the most vulnerable. However, in recent decades private investors, often supported by institutions such as the International Finance Corporation (IFC) and the World Bank are supporting a healthcare system for those who can pay, leaving the low-income population out of those systems. Often through Public-Private Partnerships (PPP), the World Bank has expanded the privatization of healthcare in the continent.<sup>62</sup> But do Africans need a totally unfair dual system based purely on socioeconomic criteria?

Financial institutions like the IMF have had long term experience in the health sector in Africa. The IMF has been criticized by non-profit organisations, particularly on the conditionalities attached to the loans they give. Such conditionalities often hamper the sustainable development of the same institutions the IMF is supposed to help. These conditionalities mean that countries would have to prioritise repaying debt and interest payments over much needed socioeconomic and health services.

An analysis made by the Bretton Woods Project shows the challenges that face the countries that have received a loan, and the deep damage to healthcare systems. The current analysis that features the Ebola crisis can be useful for better understanding of the present scenario:

*“The problem is, the IMF requires cuts to the same public systems that could respond to a health crisis before it sweeps across the country. When countries sacrifice budget allocations to meet macroeconomic policy prescriptions, as per the IMF’s decree it is at the expense of social spending. Without money to fund basic infrastructure, health facilities are left crumbling, sometimes without access to water or electricity, and completely unprepared for complex emergencies. Few health workers are trained in infectious disease control, and those that have received training lack protective equipment and materials due to non-functioning supply systems. It is no wonder that when a truly serious epidemic*

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<sup>61</sup> [www.afro.who.int](http://www.afro.who.int)

<sup>62</sup> Bretton Woods Project. 2017. World Bank undermines right to universal healthcare.



*such as Ebola entered the scene, the West African countries, which have had to deal with IMF conditions for decades found themselves struggling to respond (...)*

*So the \$1 billion of Ebola aid that could help to build the very same health systems that had deteriorated from decades of IMF constraints is constrained once again and is diverted to fund one-off NGO projects or short-term UN programmes”.<sup>63</sup>*

### *Democratic Republic of Congo*

DRC is one of the countries that has been granted financial support from the initial COVID-19 funds. DRC shares over 9,000 km of border with nine countries and has a population of about 90 million people. The DRC is rich in natural resources but has not managed to use the wealth to benefit the majority of the population. Armed conflict between armies and the reign of militias have devastated the livelihoods of the local peoples. The situation of Congolese is dire, and health is a vital challenge. For the Bank, “DRC’s epidemiological profile, as well as its geographical and environmental diversity make it prone to many health challenges”.<sup>64</sup> Will the COVID-19 financing help DRC to start overcoming the current dire health situation of the country?

The tasks look almost insurmountable. What is going on in DRC goes much deeper and much farther than COVID-19. The incidence on health from other diseases takes an important toll on the Congolese society. Malaria, tuberculosis and malnutrition have serious impacts on their livelihoods. Will the funding influx improve coordination among the different strategies in a way that the health system as a whole is improved and there is advancement towards a new sustainable and successful model?

### **The magnitude of the health and socioeconomic situation: a profile of DRC**

Africa is a priority for the EU. We are proposing to re-allocate, accelerate and The population is young - about 43 percent is less than 15-years of age. Conflict, continued insecurity, poor service delivery and limited

<sup>63</sup> Bretton Woods Project. 2015. The IMF’s role in Ebola outbreak.

<sup>64</sup> World Bank. 2020. DRC COVID-19 Strategic Preparedness and Response Project. Project Information Document.

access to services have led to persistently high poverty and weakened economic development. In 2018, DRC had a Gross Domestic Product (GDP) per capita of US\$562, and 73 percent of the population—equalling 60 million people—lived on less than \$1.9 a day. The country has a life expectancy at birth of 60 years (2017), and the top causes of death—the same over the past decade—include malaria, lower respiratory infections, neonatal disorders, and tuberculosis (2017). In 2018, infant and under-five mortality were 43 and 70 deaths per 1,000 live births respectively. In 2014, maternal mortality stood at 846 deaths per 100,000 live births—one of the highest in the world. Women in DRC, and particularly in the East, experience high levels of sexual and gender-based violence as part of the ongoing conflict. Malnutrition and inadequate access to water and sanitation services are primary drivers of death and disability and have remained consistent between 2007 and 2017. While the prevalence of chronic malnutrition (stunting) has declined on the African continent over the past two decades, it has been stagnant in the DRC at 44.4 percent in 2001, 45.8 percent in 2007, 43.5 percent in 2010 and 42.6 percent in 2013. DRC ranked 146 among 157 countries on the 2018 Human Capital Index. A child born in DRC today will attain only 37 percent of human capital as a productive adult (18-year-old), given the risks of poor health and education he/she faces in the country

Source: World Bank

### *Conflict situation*

The continent has experienced countless wars and conflicts almost on a permanent basis since independence.<sup>65</sup> Still, today there are violent conflicts in parts of Africa. When such situations arise the most vulnerable are children and women. Sadly, refugee camps remain due to displacements from persistent conflicts. This can be seen in the DRC, a country that hosts more than half a million refugees and five million internally displaced people (IDPs) – the largest IDP population on the continent.<sup>66</sup> Never ending conflicts...

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<sup>65</sup> Lopez Villar J. 2016 Living in fear: Wars and conflicts in the heart of Africa. Kraft Books

<sup>66</sup> [www.unrefugees.org](http://www.unrefugees.org)

Conflicts provide a treadmill for financial flows... Financing and fundraising goes on, peace efforts go on, and then they find often partial solutions, and the fundraising continues. And when the violence reinforces the cycle of dependence and the countries get locked in the debt trap with the fragmented development policies, dozens and dozens of NGOs and an influx of multiple UN agencies... Do we foster dependence or independence? Does anyone aim **to go once and for all to the heart of the problem?**

*The socioeconomic and development model needs to be seriously questioned*

Such analysis reflects that the problems do not just lie in different components on their own, but in the socioeconomic and development model which has been riding in Africa for the past fifty years. But the right question is: what activity will make the system sustainable and independent from debt and other future ties? What would strengthen regional systems to ensure that countries are not vulnerable to be manipulated by private and public funders holding the purse strings?

Fragmentation needs to end, and national and regional strategies need to be cohesive and united. Further indebtedness should be avoided as much as possible, and more regional cooperation should be forged on health and related matters.

# CHAPTER 4

## THE VACCINE

### *The hunt for the vaccine*

“Only a vaccine can truly stop the virus.” We hear this over and over again. This was the main reflection made in a great number of circles, including in financial circles. Masks, handwashing, lockdowns, social distancing are considered by many as just a necessary temporary measure until the vaccine appears. We are told that only the vaccine can solve the health emergency.

It is worth noting that new waves of COVID-19 epidemics are possible as research from the Lancet published on 8 April just informed us.<sup>67</sup> The authors of the study alerted the public that lockdowns can’t end until COVID-19 vaccine is found. The Study has been done in the Chinese context of COVID-19, and one of the co-authors Professor Joseph T Wu from the University of Hong Kong concludes as follows:

*“While these control measures appear to have reduced the number of infections to very low levels, without herd immunity against COVID-19, cases could easily resurge as businesses, factory operations and schools gradually resume and increase social mixing, particularly given the increasing risk of imported cases from overseas as COVID-19 continues to spread globally”.*<sup>68</sup>

The hunt for the COVID-19 vaccine has been on. It does not exist yet but is in the process with over 50 initiatives around the world running to be on the final pipeline trenches of its discovery. In the meantime, dozens of teams from Europe, United States and Russia are already advancing in the quest for the final vaccine. According to Chinese media, China is advancing in the trials of a vaccine. They are entering the second phase of clinical trials. The vaccine has been developed through genetic engineering methods by the Institute of Biotechnology, Academy of Military Medical Sciences.<sup>69</sup>

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<sup>67</sup> Leung et al. 2020. First-wave COVID-19 transmissibility and severity in China outside Hubei after control measures, and second-wave scenario planning : a modelling impact assessment. The Lancet.

<sup>68</sup> The Guardian. 2020. Lockdowns can’t end until COVID-19 vaccine found, study says.

<sup>69</sup> China Daily.2020. Phase II clinical trial for COVID-19 vaccine underway. [www.chinadaily.com.cn](http://www.chinadaily.com.cn)

But not only countries are involved. Companies like Sanofi, GSK, Pfizer and the British American Tobacco, BioNTecch and CureVac are in the hunting wave.<sup>70</sup>

Most specialists on vaccines do not imagine a vaccine within less than a year. Most of them see it in the second half of 2021. Melinda Gates interviewed on the 9th of April announced that they would need a year and a half to be ready.<sup>71</sup> But the reality check sometimes beats the excitement of the date. Even vaccine enthusiasts like the Gates family have admitted that *“it’s possible we won’t be able to create a coronavirus vaccine, although Gates thinks that’s highly unlikely”*.<sup>72</sup>

The hunt for the new gold continues. The Gates want to be the first to get it. However, the pole position is still not guaranteed as other competitors are on the race.

The work on the vaccine is complex and involves developing infrastructure and services needed for its full development. Some philanthropists for example already have plans to fund factories for the production of promising vaccines.

The vaccines have to consider some socioeconomic contexts and if proved to be the right vaccines they must be affordable. Melinda Gates stated that for a vaccine to be adequately distributed it will have to be made cheap and affordable for everyone; should be given to the healthcare workers and highest-risk people and be accompanied by a system that makes the vaccine available in an equitable way for everyone else.<sup>73</sup>

Despite the best intentions, those vaccines are normally sold at high prices. Even in countries where there is a good social security system, many vaccines are often not included in the subsidized list of vaccines. In some western countries, some vaccines can cost you up to 100 Euros per dose at the pharmacy counter.

At the end of the day, vaccines are very profitable if you make them happen on time. In this particular case of COVID-19 unfolding on a global magnitude, it is a matter of billions, even trillions of dollars. Speculators, philanthropists and venture capitalists are aware of the huge market thrown up by this global misery.

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<sup>70</sup> Financial Times. 2020. Bill Gates urges rich countries to fund coronavirus vaccine search. April 9th.

<sup>71</sup> Business Insider. 2020. Melinda Gates: This is not a once-in-a-century pandemic. “We will absolutely have more of these.” The billionaire philanthropist predicts a timeline for going back to normal.

<sup>72</sup> Ibidem. Business Insider. 2020. Melinda Gates: This is not a once-in-a-century pandemic.

<sup>73</sup> Ibidem. Business Insider. 2020. Melinda Gates: This is not a once-in-a-century pandemic.

### *When would the vaccine be ready?*

Many potential vaccines are advancing at different levels. In early April 2020 for instance, it was announced that a new COVID-19 vaccine candidate backed by the Gates Foundation was advancing towards Phase 1 clinical human testing. Inovio Pharmaceuticals managed to get its application accepted by the US Food and Drug Administration and if clinical trials are successful, they believe that they will be able to produce up to one million doses of INO-4800 vaccine by the end of 2020. Inovio is one of the strong contenders as they already have a vaccine for MERS in the human trials phase. At present, they will also advance with INO-4800 through the Phase 1 with trials on 40 healthy adult volunteers. The Vaccine Research Center at the National Institute of Allergy and Infectious Diseases (NIAID) together with the biotech company, Moderna are in Phase 1 clinical trials as well.<sup>74</sup>

The biotech firm, CureVac plans to develop a potent vaccine candidate within months and they claim that a final vaccine might be ready within 2020. This vaccine development left us an interesting scenario - a silent dispute between Germany and the US, when according to German officials, President Trump offered a substantial amount of money to CureVac to move to the US and gain very exclusive conditions to work in.

### *Analysis of geographical development of vaccines*

Bill Gates is very skilled in galvanizing strong partners to support his work. For instance, in the development of vaccines the Foundation has partnered with The Coalition for Epidemic Preparedness Innovations (CEPI). CEPI is a Norwegian association who defines itself as an “innovative global partnership between public, private, philanthropic, and civil society organisations”.

CEPI is currently involved in the development of a vaccine for COVID-19, and their motto is “We want to create a world in which epidemics are no longer a threat to humanity”.<sup>75</sup> CEPI estimates that it will cost \$2 billion to develop a vaccine for COVID-19 within the next 12-18 months. So far, they claim to have raised over \$700 million.

CEPI also has done a study on the landscape of vaccine development.<sup>76</sup> According to their study the 72 percent of the vaccine candidates which are being developed

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<sup>74</sup> Vox. 2020. A guide to the vaccines and drugs that could fight coronavirus.

<sup>75</sup> <https://cepi.net/>

<sup>76</sup> Tung Thanh Le et al. 2020. The COVID-19 vaccine development landscape. April 9th.

are led by the private and industrial sector, while 28% of the projects are led by academic, public sector or other non-profit organizations.

### **Geographic analysis of COVID-19 vaccines development**

As of April 8, 2020, 115 vaccine candidates were in varying stages of development. 78 of them are confirmed as active and 37 are unconfirmed (that is, their development status cannot be determined from publicly available or proprietary information sources). The study showed that a wide range of technology platforms are being assessed, including traditional and novel approaches.

Of the confirmed active vaccine candidates, 36 (46%) developers are in North America, 14 (18%) in China, 14 (18%) in Asia (excluding China) and Australia, and 14 (18%) in Europe. There is no public information on vaccine development activity in Africa or Latin America. However, it was noted that vaccine manufacturing capacity and regulatory frameworks exist in the regions.

Most of the active projects are in exploratory or preclinical stages. However, 5 candidates have recently moved into clinical development, including mRNA-1273 (Moderna), Ad5-nCoV (CanSino Biologicals), INO-4800 (Inovio), LV-SMENP-DC and pathogen-specific aAPC (Shenzhen Geno-Immune Medical Institute). Notably, Moderna was able to start clinical testing of its mRNA-based vaccine just 63 days after sequence identification.

Source: CEPI

### *The invisible war*

The quest for the vaccine has turned the debate into an open war within the invisible world. We are told all the time that new infections and probably most devastating pandemics risk to appear in the future. Most probably rightfully, the Gates believe that COVID-19, despite being highly infectious is not as infectious as others, like measles. At present, Gates has made a call to all the members of the global community to plan a global strategy on such risky epidemics and pandemics.

It is not a problem to alert and prepare, but it is key to not create a national or global pandemic of fear amongst the world population. COVID-19 should be respected and acted upon as indicated before, without driving the global population into a permanent state of panic and fear.

In the world of philanthropy, the Gates Foundation is a mammoth. They employ close to 1500 people and have made a total amount of grant payments since the inception of over \$50 billion. Just in 2018 they had a direct grantee support of \$5 billions, and the Foundation endowment close to \$50 billion.<sup>77</sup> The biggest portfolio in the funding areas of the Foundation is the Global Development Division with funding of over \$1,8 billion for 2018. Within this portfolio, vaccines delivery occupies the second position in funding making up one fourth of the total Global Development Division, or approximately \$450 millions.

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<sup>77</sup> Gates Foundation. Annual Report 2018.



# CHAPTER 5

## BILL

*Just who I am*

Bill Gates is definitely very smart, very strategic and a great pusher when his plans are defined and clear. However, does he have all that is needed to fight poverty and inequality in the world? Does he have a compassionate heart? Does he understand the dynamics in Africa? He can talk on the phone with Tony Blair, Obama, the President of Syngenta, the President of South Africa and maybe even Trump, all on the same day, but does he speak the language of the African continent? He, no doubt is a science and technology wizard, but will those tools solve the challenges of the continent?

He has helped the fight against polio on the continent and that has been acknowledged. Capital is powerful, but a summation of wealth, science and technology is not equal to a universal solution to every problem. The fixation on technology has driven the Gates to invest heavily in agricultural genetic engineering and having the ears of African politicians, they have pushed the technology through AGRA and through weak and porous biosafety laws on the continent. Intent on helping solve the malaria problem in Africa, they are funding Target Malaria to experiment with gene drive mosquitoes in villages in Burkina Faso. It has been said that a person with a hammer tends to see every problem as a nail.

With COVID-19, technology is hoisted as the ultimate solution. What we are not looking at is the root of the problems. Rather than looking at the roots, fingers are pointed at population numbers that must be sliced down as though humans were mere statistics.

The fight against COVID-19 requires that we have the capacity to listen, the capacity to understand other people's opinions, and to accept different ways of fighting a battle even if some do only need simple tools and not complex science and technology. Will the man with the hammer know that the hammer can be

a destructive tool and may even kill, if utilized wrongly? A passion for science and technology can indeed blur the vision and block off the best paths towards solving certain problems, which require actions, which may not at all be related to complex science and technology developments. But who will not listen when a man that created the computer giant, Microsoft and influenced the entry of computers into billions of households in the planet speaks? Who will not indulge one of the most powerful peoples on Earth?

He is a leader, a businessman, that has learnt to be ahead of the competition. Some say that Bill Gates has transformed himself from an IT businessman into a global philanthropist. However, there may not have been such transformation as he basically remains a corporate man. His heart is corporate and that will never change. He deserves the credit for being a man that goes to the end of things and that makes plans happen. He may know corporate America and its politics but a key question remains: does he understand the whole global puzzle? What is he going to do with the COVID-19 cake? He has invested in companies that might commercialize the vaccines in the US. He worked with them for years and prepared everything in detail. Trillions of dollars are expected to pour in from the American market, and then the rest of the world should be opening their gates to Bill. Trillions and trillions of dollars. What does this mean in the context of the panic linked to the pandemic, the destruction of economies and the gloomy predictions for Africa?

Piles of cash and the dreams of bigger piles can block the vision of reality. This happens both for the venture capitalists and the corrupt politician. Indeed it is easy to lose touch with reality and to at the same time believe that you are always right. But is it their fault? ...when you are young and you earn your first ten thousands you get really excited. When you get a hold of a few hundreds of thousands you feel really empowered. When you play in the million division then that is another level entirely... However, the day you start swimming in billions, then ... It is then when things get complicated. That day you cannot think any more about the first time you got a few tens of thousands... At that moment you lose a bit of your childhood... And many start seeing the world in a square mode...

These are changing times at national and global levels. This is the perfect scenario for the creative capitalist speculator. He feeds on challenges, dreams them up, fabricates them and takes them on. The current situation must be really exciting time for the vaccine makers.

### *The hidden side*

Every great man, every really powerful man has failures, wrong actions, and weaknesses as well. Bill tends to be a discrete man, who has mastered the world of corporate management, financing and numbers. And if he had to get into bed with some of the less social and environmental corporates in the planet, he does not hesitate. He will just do it. For him it will be worthy if the returns for his foundation are satisfactory enough.

One of those shady investments was in Monsanto, which was in the foundation's annual investment portfolio with over \$20m back in 2010.<sup>78</sup> This followed an earlier pattern. For instance, the Gates also invested \$423 million in Eni, Shell, Exxon, Mobil, Chevron and Total, the companies responsible for a great majority of the gas flaring in the world and oil spills dated back to the beginning of the century.<sup>79</sup> The Gates had at that time, endowments in major polluters in North America including ConocoPhillips, Dow Chemical and Tyco International. The LA Times concludes their analysis of hundreds of Gates Foundation investments of around \$9bn which have been in companies that went against the "foundation's charitable goals or socially concerned philosophy":

*"(...) the Foundation does not invest any portion of its endowment in companies specifically because they advance its philanthropic mission.*

*Much of the rest of philanthropy, however is beginning to address contradictions between making grants to improve the world and making investments that harm it. According to recent surveys, many foundations, including some of the nation's largest, have adopted at least basic policies to invest in ways that support their missions".<sup>80</sup>*

Another important criticism towards the Gates that has been repeated over the years is the alleged lack of commitment towards developing countries, namely when looking at the destination of the contributions. A study published in 2014

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<sup>78</sup> The Guardian. 2010. Why is the Gates foundation investing in GM giant Monsanto? [www.theguardian.com](http://www.theguardian.com)

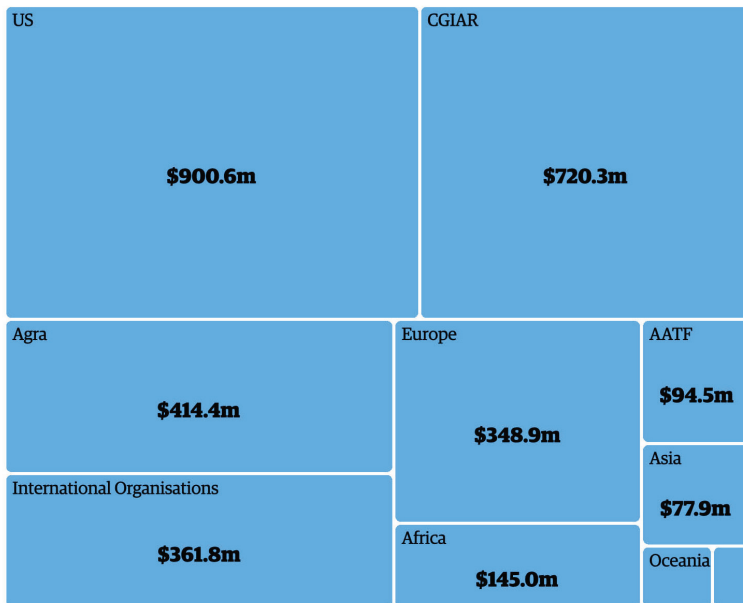
<sup>79</sup> Los Angeles Times. 2007. Dark cloud over good Works of Gates Foundation.

<sup>80</sup> Ibidem. Los Angeles Times. 2007

revealed that recent financial contributions of the Gates Foundation totalling \$3bn mostly went to the western world, and only 10% was spent in Africa (See Figure 2).<sup>81</sup> Henk Hobbelink, agronomist in GRAIN and author of the research affirmed that: “It also appeared that they’re not listening to farmers, despite their claims. The overwhelming majority of its funding goes to hi-tech scientific outfits, not to supporting the solutions that the farmers themselves are developing on the ground. Africa’s farmers are cast as recipients, mere consumers of knowledge and technology from others.”

A good person can hold wrong beliefs and take wrong actions. The problem is that the wrong action in the name of S&T can lead to undermining the livelihoods of many of the vulnerable people that are in the planet.

Figure 2. Gates Foundation \$3bn agricultural grants by type of grantee, 2003-2014



Source: The Guardian

<sup>81</sup> The Guardian. 2014. Gates foundation spends bulk of agriculture grants in rich countries

*Where are you on diet diversification, Mr Gates?*

The webpage of the Gates Foundation presents their nutrition campaign as a combination of efforts, that include micronutrition supplementation, breastfeeding during the first 6 months, and fortification. The Gates Foundation affirms that they “invest in proven approaches to improving nutrition, such as focusing on the 1000-day window, immediate and exclusive breastfeeding, complementary feeding, and food fortification and supplementation.”<sup>82</sup> Have they looked holistically at one of the most important challenges in the world of nutrition such as hidden hunger, also known as micronutrient deficiency, that affects around two billion people in the world? The Gates Foundation acknowledge the problematic of hidden hunger: “Most undernourished people live in South Asia and Sub-Saharan Africa. (...) This “hidden hunger” is invisible to families, communities, and policymakers, which means that nutrition does not get enough attention and national nutrition programs are often underfunded”. However, despite its critical importance, the Gates Foundation acknowledge a great neglect of this sector: “Nutrition has been a neglected area of global health and development, accounting for less than 1 percent of global foreign aid.”<sup>83</sup> What interventions are needed? What have they prioritised?

Significant campaigns have been developed in recent decades against hidden hunger.<sup>84</sup> They have all worked with the main three approaches: supplementation, food fortification and diet diversification. In past decades, supplementation and food fortification have been the main mechanisms used to tackle hidden hunger. Supplementation with vitamin A has been universalized in recent decades in developing countries where all children between the 6-59 months in more than 100 targeted countries received high-dose vitamin A supplements every four to six months. This has not prioritized local food varieties but has been thought to latch mainly on vested interests.

Food fortification attracts substantial private sector interest and is a platform not just for public health interventions, but for-profit enterprises. We note that the effectiveness of these interventions is mixed. For instance, the Africa Biofortified Sorghum initiative noted that despite over 50 years of efforts conventional or industrial fortification has had limited success.<sup>85</sup>

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<sup>82</sup> <https://www.gatesfoundation.org/What-We-Do/Global-Development/Nutrition>

<sup>83</sup> <https://www.gatesfoundation.org/what-we-do/global-development/nutrition>

<sup>84</sup> Lopez Villar, J. 2015. Tackling hidden hunger: putting diet diversification at the centre. TWN.

<sup>85</sup> Lopez Villar, J. 2015. Tackling hidden hunger: putting diet diversification at the centre. TWN.

But, where is diet diversification in the triumvirate? Well, there is consensus that diet diversification is the best intervention to tackle hidden hunger: “there is general agreement that dietary diversification would be the ideal remedy to address micronutrient malnutrition.” Although it ought to play a prominent role among the key strategies to combat hidden hunger, diet diversification seems to have received the least attention in the past decades.<sup>86</sup>

If adequate policies on diet diversification were to be implemented at the local and national level thousands of communities in selected countries could become autonomous in food security, and also their inhabitants health status would dramatically improve thanks to diverse nutrition. The Community economy as a whole and its livelihoods would most probably improve significantly after such interventions.

However in this context conclusions reached by agencies such as the USAID can be rather problematic: “Quality, varied diets would resolve most vitamin and mineral deficiencies. However, improving the diets of the world’s poor is a complex and long-term undertaking.”<sup>87</sup> After fifty years of fighting micronutrient malnutrition we should have reached an end of the “long term undertaking.” Why have we not overcome already today the barriers of complexity and length in time? How long do we have to wait until massive donor support puts behind all its muscle on diet diversification and we eradicate from the planet such deficiencies? When will diet diversification become the real priority?

The Gates Foundation has been supporting a few organizations recently to analyse several regions in Ethiopia on diverse diets. The research showed which potential food groups offer promise in diversifying diets and identified a series of numerous challenges to achieve effective diet diversification.<sup>88</sup> However, doubts arose since a few years ago about the serious commitment of the Gates Foundation on the topic of diet diversification. Some believe that their real intentions are hidden. A paper from CGIAR, financed by the Gates Foundation, considers that biofortification can contribute to dietary diversification through combination of biofortified foods with locally available foods. It is their belief that this could be a unified strategy:

*“Biofortification should not be seen as a rival or even a complement to dietary diversification, but as an integral component of food-based solutions to improve*

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<sup>86</sup> Lopez Villar, J. 2015. Ibidem.

<sup>87</sup> Idem.

<sup>88</sup> Alive & Thrive. 2019. Lack of dietary diversity in Ethiopia is tied to limited access to a variety of foods and affordability, new research finds

*nutrition and public health by providing people with an array of healthier food choices”.*<sup>89</sup>

The commitments of Gates to diet diversification do not support a food-based approach based primarily on the diversification of diets. It leans more to conventional and genetic engineering biofortification rather than something that goes to the root of the problem and prioritizes investing in what has been identified as the best solution for decades: massive support to the development and promotion of diet diversification ?. Will science and technology again show Mr Gates again as the master of technology fixes in the case of nutrition?

The work overview on Nutritious Food Systems in the webpage on nutrition of the Gates Foundation -funded by UK government’s Department for International Development- does not contain any single mention to food diversification which is a key terminology widely used in any conversation dealing with food and nutrition. They only affirm that they work to “shape food systems that can deliver safe, affordable, and healthy diets year-round to low-income people”.

Food diversification is largely ignored as a key means of tackling nutrition not because it is not the best approach, but because it does not fit into the business model of powerful interests. Can we see the same approach in other sectors?

In development strategies it has been recognized that gardening, a key tool to achieve diet diversification, has been neglected. A key element, sustainable diets, can only be achieved if the fields of agriculture and nutrition go hand in hand in a diverse sustainable manner. For instance, some forms of agriculture such as monoculture and high-chemical input agriculture would not be included among measures to realize sustainable diet.

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<sup>89</sup> Harvest Plus. 2015. At issue. Dietary Diversity and Biofortification: Closer Than You Think.

# EPILOGUE

## WHO HAS BENEFITED FROM CORONA?

Benin City, Nigeria, December 2021

My wife and I decided to build that little house, just for one reason, more than 20 years ago. Our children have grown up healthy, running and playing around the little garden surrounding the house... And that table and my favourite chair have been the best company for my wife and I, particularly in those times of lockdown due to the coronavirus pandemic. Now that Corona has gone, we are learning to return to old habits. During the week, we take breakfast inside and during the weekend we move out to our favourite space beneath the trees... And the birds, some of our eternal companions never fail in their ritual of chirping away in the branches.

The breakfast is not ready yet, but my first guest is already at the table. I look at the 2021 December Edition of the Time Magazine and he is right there on the cover. Bill... Man of the Year 2021. The photo is black and white, unlike many issues surrounding pandemics, food, climate and financial crises. It is a very nice one, very intense and his bright eyes competes with the sunrise. This is a profound man, simple, complex, satisfied and without an apparent ego... I hear the photo whisper that he is just happy to work for a better world without asking for anything in return. It is amazing how much a photo can transmit quietly. The title screams, "Gates, the man who saved us from COVID-19." I turned the page and read that the promised vaccine will reach commercialization by the end of 2021 or by early 2022. Since he was a child he repeatedly heard a voice telling him "be 10 steps ahead of the others, make a difference..." How many steps ahead is he now?

As I kept thinking, my breath synchronised with the rhythm of fresh morning weather. At the same time my thoughts flew as the early morning sun rays softly caressed my head. Soon it will be noon and I will need a hat (crown, corona) to escape the tyranny of the merciless sun. Did I fall asleep again? For a moment



I wondered whether the seeing Bill as “Man of the Year” was a dream. Did I actually have breakfast with him in my garden?

Back to the question: Who has benefited from Corona? Or, should we ask: Who does not benefit from Corona? The answer rotates between the two Ps. The Planet and the People. The overwhelming majority of inhabitants of Planet Earth have not benefited at all from diseases like COVID-19. They never asked for it. They want to live in harmony with Nature and not push viruses and other micro-organisms off their natural habitats. The pandemic did expose the futility of dependence on fossil fuels and the planet/climate definitely enjoys that break from the choking emissions of hydrocarbons, greenhouse gases and other ecologically harmful activities. Africa deserves to thrive. She deserves to be free from predictions of disaster and doom and the facilitation of destruction on her territory and peoples.

Now is the time to tackle problems holistically and connect the dots across borders. It is time to look at the severity of what is killing us and, prioritise actions, harness resources and deal with their root causes. Again, we say, it is time to tackle the problems at the roots. Disasters such as the COVID-19 pandemic should be an opportunity to get to the roots of our many crises and not a time for financial and business speculators to commence another round of exploitation.

Africa deserves much better. Our planet as well...

## **About HOMEF**

HOMEF is an ecological think tank and an advocacy organization promoting environmental/climate justice and food sovereignty in Nigeria and Africa.

Our main thrust is examining the roots of exploitation of resources, peoples and nations. We nurture movements for the recovery of memory, dignity and harmonious living with Mother Earth.

HOMEF believes in the rights of Mother Earth, the need to equip communities to push back oppression and the need for justice for the environment, our food systems and natural cycles at every level of policy engagement.

HOMEF believes in contextual solutions over externally generated and imposed ideas and is firmly rooted in the ideals of solidarity and dignity.

Our Core Values: justice& equity in all circumstances, people and the planet in harmony and free from exploitation, dignity (respect), action (solidarity), and knowledge.

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