TACKLING COVID-19: FINDING WEST AFRICA’S PATH
Introduction

The days when COVID-19 was only a distant threat to West African countries are over. It is now evident that the virus is here to stay and must be addressed with practical responses that take into account the West African settings. Although, the infection curve is not exponential, community transmission is beginning to gain ground in the region, with countries such as Cote d’Ivoire, Ghana, Guinea, Nigeria, and Senegal at the forefront with the most cases (fig 1). The lack of testing capacity in many countries suggests that the estimated number of cases are most likely understated.

Currently, there are three factors that give the region an advantage in the fight against the novel disease. First, is youthful population. The average age of Africans is below 20 years, and available data suggests that the risk of serious medical complications and death is lower among younger people. Furthermore, warm weather in the region could potentially reduce the spread of the virus, although this fact is remains unproven. Lastly, as a result of the Ebola epidemic in West Africa, it could be argued that the region has some experience confronting infectious diseases. While these might allow the region to avoid the worst of the pandemic, it also faces grave challenges that could overwhelm these advantages. They include: high levels of poverty; densely packed urban areas; and weak health systems and insecurity.

As the number of COVID-19 cases continues to increase, it will become increasingly difficult for the fragile healthcare system and economics of the region to withstand the effects of the pandemic. This is because overall healthcare financing in most West African countries is relatively low at an average of US$292 per capita, thus, indicating a major constraint to effective healthcare service delivery. More than that, no country in West Africa has been able to achieve the target set at the Abuja Declaration in 2001 of allocating 15% of the government budget to health. In terms of economic impact, the series of disruptions caused by the collapse of commodity prices, rising inflation and currency devaluations is already having huge impacts on the region’s economy. Moreover, some policy responses such as movement restrictions, curfews, closure of borders, schools, markets and religious sites are threatening the livelihoods of most of the population who work in the informal sector. The informal sector accounts for approximately 50% of GDP, over 80% of employment, and provides 90% of new jobs in West Africa.

Hence, enforcing a complete lockdown or curfews in big cities such as Abidjan, Lagos and Dakar is utterly impossible. This is because millions of people live in densely populated urban areas, often with communal access to water and sanitation facilities; most people do not have access to electricity or refrigerators to ensure food storage; and more importantly, majority of the population work as farmers or self-employed entrepreneurs and need to work on a daily basis to earn a living. The effect of some of these measures will have devastating consequences on people’s livelihoods, food security, schooling levels and worse other development indicators that might even affect the region more than COVID19 would. In fact, due to decrease in economic activities, the World Bank to stated that the region is on its way into its first recession in 25 years, with growth rate falling as low as (~ 5.1%) in 2020.

In order to resume economic activity, countries such as Ghana and Nigeria lifted lockdowns in major cities and added guidelines to manage activities. However, a critical resource required to harness citizens’ cooperation and compliance is missing, as there is general lack of trust in government institutions across the region. For example, many Nigerians initially considered the pandemic a hoax, some even went as far as tagging it a ‘rich man disease’. In other countries, many see the pandemic as a ‘political ploy’ to loot the treasury, or government taking advantage of local fears by misusing their powers to restrict public freedoms for personal gains on a more permanent basis that further exacerbates public trust.

The speed at which the region can test, isolate and respond to the pandemic will reflect its wider institutional capacity. Effective leadership and good governance will be vital at both country and regional level. Mitigating the spread and negative consequences of the virus will depend on the improvements in the healthcare system and rebuilding citizens’ trust through effective communication.

Therefore, it is recommended, that both state governments and regional body pay adequate attention, to the evolving pandemic whilst responding in a practical and timely manner.

This paper reviews the current healthcare conditions in west Africa and its preparedness in combating COVID-19. It interrogates both states and regional level responses to the virus and analyses the risk factors and emerging issues the region as the pandemic continues to spread. Inevitably, the pandemic will widen inequalities across the region, worsen already existing fragilities, restrict employment and investment prospects, and possibly aggravate existing unrest in conflict prone regions. Therefore, it is recommended, that both state governments and regional body pay adequate attention, to the evolving pandemic whilst responding in a practical and timely manner.

Figure 1: Coronavirus (COVID-19) in West Africa

Figure 2: Government expenditure on health as % of general government expenditure, West Africa (2017)
West Africa’s Responses Should Not Be Copycat

The fast-changing global pandemic is filled with great uncertainty and has caused governments around the world to react with similar approaches. West African leaders have also responded to the pandemic with international approaches that include measures such as:

- A full or partial closure of educational institutions and workplaces;
- Limiting the number of visitors and limiting the contact between the residents of confined settings, such as long term care facilities and prisons;
- Internal or external border closures, ban on local movements and curfews;
- Cancellation, ban and restriction of mass gatherings and small meetings;
- Mandatory quarantine of buildings or residential areas.

As the pandemic continues to spread, and West Africa recording more cases, questions about the suitability and practicality of these measures are being contested. The structural characteristics of West African economies should impact the policy responses adopted by member states in response to COVID-19. Policy responses should be different from those implemented in developed and emerging countries and should take account of the following West African peculiarities:

Informal Sector: Informal employment plays an important role in job creation, production and income generation in West Africa. It accounts for approximately 50% of GDP, over 80% of employment, and provides 90% of new jobs in the region. Entrepreneurs own 92.4% of economic units in the region. Most informal workers are self-employed, and they need their daily income to pay for their basic needs. They also lack social benefits such as health insurance, paid leave and unemployment insurance. The long-term lockdown will threaten the means of survival of many families.

Small and Medium-size Enterprises(SMEs): Micro, small and medium businesses are important drivers of growth in economies across the region. They account close to 90% of all businesses and represent 38% of the region’s GDP. Prior to COVID-19, the industry faced challenges in obtaining financing to expand its businesses. In 2018, the International Finance Corporation estimated the finance gap for SMEs in West Africa at US$331 billion (IFC 2018). Essentially, the pandemic will further widen this financial gap and make it increasingly difficult for businesses to access finance.

Interest Rate: Many African countries have cut interest rates due to concerns over the economic impact of COVID-19 in line with the global monetary policy actions. In February, the Gambia cut its interest rate by 50 basis points, in March the Bank of Ghana cut its by 100 basis point, while the Nigerian monetary policy was left unchanged despite rising inflation. These modifications might not be effective in a West African setting because; most countries have reduced supply of labour or closed down businesses, particularly in contact-intensive sectors; they also have fairly underdeveloped financial markets that make monetary transmissions difficult. Central banks in the region need to provide liquidity support to formal and informal businesses using direct credit loans and guaranteed commercial loans to ensure stability.

Demand and Supply: West African markets are well integrated. Countries such as Benin, Burkina Faso, Cote d’Ivoire, and Togo are prime exporters of cereals and rice experienced a strong agricultural season in the last year. However, due to the pandemic, the region’s food market will go through high volatility as countries will be unable to supply their products across the region and globally. On the demand side, crashing demand of agriculture produce, extractive industry and tourism from other parts of the world will have major negative impacts on west Africa’s economies. Mali, Chad, Niger, and Burkina Faso are particularly vulnerable due to the ongoing humanitarian crisis and increasing internally displaced persons. Senegal will suffer in terms of tourism while Nigeria’s economy will be weakened because it relies on oil and cassava export. Consequently, countries that are highly dependent on primary commodity exports will possibly experience reductions in earnings. Even though demand for food is less elastic, global food markets are likely to go through some volatility as concerns over supply could trigger price hikes, protectionism or panicked buying.

Infrastructure: 66% of the population is still offline: The average score for infrastructure in 2017 was 44.5, though this is an improvement for the region, the performance is still very poor. Indicators such as reliability of electricity supply, transport infrastructure, digital and IT infrastructure are low across the region. Currently, powerful IT and digitization will be very useful for effective communication and reporting. Even if some urban cities are connected, there are still more than 50% of the population offline. For example, where e-commerce platforms could substitute for the physical retail activities, west Africa has been slow to digitize its market and countries that have managed to adopt it are still facing significant challenges.

### Table 1: Restrictions to Curb Viral Spread in the General Population

<table>
<thead>
<tr>
<th>Total Lockdown</th>
<th>Partial Lockdown</th>
<th>Compulsory Wearing of Masks</th>
<th>Curfew</th>
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<tr>
<td>Liberia (started 11th of April)</td>
<td>Nigeria (Started 4th May, 9pm - 6am)</td>
<td>Benin</td>
<td>Guinea Bissau</td>
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<tr>
<td>Sierra Leone (started 5th of April)</td>
<td>Ghana (Now Lifted)</td>
<td>Burkina Faso</td>
<td>Senegal</td>
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<tr>
<td>Benin</td>
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<td>Mali</td>
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<tr>
<td>Togo</td>
<td>Accra, Ghana</td>
<td>Cote d’Ivoire</td>
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<tr>
<td>Niger</td>
<td>Nigeria</td>
<td>Burkina Faso</td>
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<tr>
<td>Cape Verde (4th of May)</td>
<td>Niger</td>
<td>Togo</td>
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<td>Cape Verde</td>
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### Box 1: Citizens Reactions to West African Measures

Virus prevention measures have taken a violent turn in some parts of West Africa as countries impose lockdowns and curfews, seal off major cities and other measures to prevent the spread of the Virus.

- Protestors in Ivory Coast’s commercial capital, Abidjan destroyed a coronavirus centre that was being built in the district of Yopougon. Residents said it was being built in a crowded residential area, too close to their homes. Citizen in Ivory Coast have also accused the government of lack of transparency in disbursing the 13.3 billion set aside for the most vulnerable in the country. Citizens insist authorities must explain how the 177,198 households were selected and on what basis. Authorities say the identification of beneficiaries was done on the database existing in certain structures but refused to be specific structure. More Citizens have accused the government of not being transparent in these difficult times.

- In Nigeria, lockdown measures have also heightened tensions across the country. Some citizens are rebelling and in one instance burned down a police station in response to the closure of mosques in Katsina state. Citizens have also raised many questions on the palliatives promised to vulnerable Nigerians by the Government and at what time the funds will be disbursed, who the beneficiaries.

- In Niger, certain measures taken to contain its spread are causing discontent between the government and the populace. The closure of mosques and the suspension of collective prayers are fuelling an increasingly important challenge. Violent demonstrations took place in several localities to denounce these measures which some consider contrary to the Islamic doctrine. With the start of Ramadan today, the risk of these protests escalating, and spreading is very high. In rural areas where the state has less capacity to impose these measures, many mosques have remained open and prayers continue almost normally. In large cities, some worshippers continue to defy the ban by trying to reopen their mosques.
Weak Health Systems Remains A Major Challenge

The public health systems in West Africa have been underfunded and underdeveloped over the years, with governments allocating a small percentage of its budget to the development of the sector. The current state of healthcare systems in the region poses a great threat in terms of capacity to successfully combat COVID-19. Indeed, understanding the relative risk factors associated with the coronavirus will help generate insights to various overlapping levels of vulnerability faced at a country and regional level. It will also play a vital role in shaping policy responses that target the peculiarities of the West African setting.

At the basic level, millions of people lack access to clean water for frequent hand washing and cleaning, a top preventive measure recommended to limit the spread of the virus. In Africa, more than 1 in 5 people frequently lack clean water. Ghana, Mali, Mauritania, and Nigeria are the only countries with an average of 60% of people with access to basic facilities. Equally worrying, in the past year a total of 38% of Africans couldn’t receive the medical attention they needed or know someone that couldn’t and 41% live in areas with no easy access to a health clinic. Besides, those who succeed in accessing health care, the weak capacity in the system is always a challenge.[19] The International Health Regulations (IHR) help give an overall picture of Africa’s (West Africa) preparation for COVID-19 (see fig 6).

A widespread community transmission will be difficult to manage in West Africa, as the region is grossly understaffed and health service coverage is low. There is insufficient medical personnel (doctors, nurses, and midwives) and a severe lack of qualified health workers in some countries. For example in Togo, there were only 8 doctors and 14 nurses per 100,000 people in 2018, an amount that is below the WHO’s recommendation of 100 doctors and 35 nurses (fig 4). Shortage of medical personnel or qualified ones across the region will quickly overwhelm health systems, with serious implication for loss of life either directly from the virus or indirectly from pre-existing health conditions. Likewise, hospitals will be ill-equipped to handle an increase in the influx of infected people. Although, the number of beds per 1000 people varies across the region, nearly all of the countries have less than one hospital bed per 1,000 people.[16]

Finally, health workers at the frontline are particularly vulnerable as they are increasingly exposed to the virus. This vulnerability is a result of the following:

- Weak institutional capacity: across the region, health workers lack access to one of the most important tools to combat the disease - Personal Protective Equipment (PPE).
- Dishonesty of patients about travel history and negligence on the part of healthcare workers:
  - In Nigeria, about 28 health workers were exposed to coronavirus at the University of Ilorin Teaching Hospital having been in contact with an infected patient. In addition, a patient concealed his travel history from the doctor in LUTH, and 12 health workers were infected.[17] In Kano State, a total of 47 healthcare workers have tested positive for coronavirus due to the lack of protective gears. The first 20 doctors were infected at the Amino Kano Teaching Hospital, having been in contact with a female patient who recently had a surgery.[18] As of May 10, 2020, almost 200 health workers have tested positive for coronavirus in Nigeria.
  - In Ghana, at least 13 doctors have tested positive for the virus due to the lack of protective gears.[19]
  - In Burkina Faso, protective gears are only provided to the emergency response team designated to coronavirus patients, so about 50 doctors were confirmed positive the week of April 25th, although Alfred Ouedraogo, the chairman for doctors’ union in the country suspects the number is likely higher.[20]

If healthcare workers begin to die from the COVID-19, it will send a shock to the health care system and leave a huge vacuum in service delivery. Furthermore, in other regions, including some wealthy countries, the virus has reached crisis proportions, as testing capacity see fig 4, intensive care unit (ICU) space and personnel, ventilators, and personal protective equipment have been stretched past the breaking point. All of these are scarcer in West Africa. Protective equipment needs to be provided for health workers alongside a regulatory framework to penalise dishonest citizens who hide their travel history or fail to comply with guidelines. The safety of health workers must be prioritised across the region as West Africa has a less health worker per capita than other regions in the world. The government needs to provide them with adequate welfare packages and health insurance.
Covid-19: A Test For West Arica’s Political Hegemony

The pandemic is fast becoming an crucial test of good governance and leadership in West Arica. Already, the virus is exposing government’s capacity to spearhead economic survival and ensure citizen’s wellbeing during the crisis, and is sure to keep doing so afterward. While some leaders are trying to fight COVID-19 with scientific tools, others are using the pandemic as political confrontations for personal gains. On one hand, George Weah, Liberia’s president is trying to disseminate public health tips in ways that are both easy to understand and memorize. The government release a medically accurate song to inform its citizen about the dangers of poor hygiene. Similarly, Macky Sall, the Senegalese President in partnership with the UK firm has been able develop a low cost testing kit that produces results fast. Bio Maada Julius, the president of Sierra Leone addressed the citizens in Krio language urging them to wash their hands regularly and maintain good personal hygiene. On the other hand, Alpha Condé recommended drinking hot water and inhaling menthol to cure coronavirus(1). In Nigerian the opposition party has criticised President Buhari for weak leadership, for neglecting to address the nation on time. In Ghana, National Democratic Congress had advised Ghanaians to wash their hands thoroughly, as if they unexpectedly touched the NPP’s (ruling party) shirt(2).

Trust deficit: A critical resource required to harness citizens’ cooperation and compliance is missing, as there is general lack of trust in government institutions across the region. According to an AfroBarometer survey on public trust, the lack of trust is troubling as only an average of 48% of west Africans trust their elected leaders. While Senegal and Cote d’Ivoire recorded the highest level of trust in the region, 64% and 62% respectively, countries such as Mali and Togo, with 32% and 17% respectively (3). However, trust in traditional and religious leaders are more robust, 59% and 75% respectively. Given this trust deficit, West African leaders will do well to engage these community leaders to reach out to the citizens during this crisis.

Political Gamesmanship: this might come in play when a government that lacks the capacity and moral grounds to cooperatively and effectively engage its citizens in the COVID-19 response resorts to harsh forceful actions. In recent weeks we have witnessed incident where hundreds of Ghanaians and Togolese were stranded in Seme, Benin Republic due to border closure, they were denied freedom of movement, and held captive for several hours under harsh conditions(4). In Liberia, on May 4, officers of the police support unit fired tear gas to enforce lockdown, injuring about three people(4). Although, it is crucial for citizens to cooperate with the orders of temporary restrictions to curb the spread of the virus, enforcement of the restrictions should not resort to violence as this will further undermine trust.

There are emerging signs that some countries are slowly moving towards authoritarian governance. These troubling signs are indicating that governments could potentially be taking advantage of pandemic to impose greater restriction that are intended to become permanent and the limits on public freedoms may not be easily reversed. There are rising concerns as leaders are using their newly granted presidential powers to strengthen their hold at a time when elections are being postponed and oppositions protests banned. Also troubling is citizens might be forced to comply because of their health and lives. For example, Ghana introduced isolation and quarantine measures for infected persons, restrictions on public and social gatherings and border closures under a law called, the Imposition of Restrictions Act. This law has been opposed by minority members of the parliament because the law isn’t justified by the constitution. First, the draconian law could potentially lead to the violation of freedom and fundamental human rights in Ghana. It does not include a timeline for the law to be lifted and the law is quite vague, it does not specify COVID-19 as its focus(5). Similarly, in Nigeria, the proposed infectious Disease Act aims to hand over absolute powers and illegal authorities to the Director General, including power to arrest without warrant (7).
## Box 2: A Food Crisis is looming in West Africa

The United Nations & World Food Programme has indicated that an estimated that an additional 70 million more people could face acute food insecurity by the end of 2020. As the coronavirus crisis unfolds, disruptions in domestic food supply chains and other shocks affecting food production, and loss of incomes are creating strong tensions and food security risks in many West African countries. Labor shortages (due to morbidity, movement restrictions, social distancing rules) are starting to impact producers, processors, traders and trucking/logistics companies in food supply chains – particularly for food products that require workers to be in close proximity. At the same time, loss of income and remittances is reducing people’s ability to buy food and compensate farmers for their production.

About 11.4 million people are estimated to be in immediate need of assistance in March to May 2020, including 5.1 million in Nigeria, 1.6 million in Niger and 1.6 million in Burkina Faso. By June-August 2020, 17 million people (6.2%) are projected to be in a food crisis situation, including 1.2 million in an emergency situation. The security crisis and the Covid-19 health crisis could tip over 51 million additional people into a food and nutrition crisis. Across West Africa, as of April, over 11 million people need immediate food assistance. Some four million people in Burkina Faso, Mali and Niger are already facing extreme hunger and this could rise to 5.5 million people by August. In Côte d’Ivoire, Benin, Togo, Niger, Chad, Burkina Faso, imported rice price decreased more than 10 percent compared to the five-year average.

In Burkina Faso, Amadou Hamalous Diogcou, President of the Association for the Promotion of Livestock in the Sahel and Savannah (APESS) mentioned that the 100 kg bag of millet has gone from 16,000 to 19,000 CFA and the liter cooking oil has decreased by one-third. The 100 kg bag of rice in Nigeria, has doubled. Likewise, the price to feed livestock has increased amidst the virus. Ghana has already seen a 7.5% increase on the average cost of food. On the other end of the spectrum, the cashew nut, a major export crop for Ghana, has dropped in price by 63% between January and March this year as China and India have slashed imports. This has severely reduced the income of farmers.

In Nigeria already, importers of farm inputs have little clarity that prices are going up because of the rise in dollar compounded by the Covid-19 crisis. Farm inputs have gone up by 24 per cent. This will have an overall impact on cost of production thereby leading to increase in food prices. According to the Co-founder, Famvilla Resource Centre, Agy Amoado, Sahel East Local Government Area of Oyo State, Yinika Adesola, the development poses a serious food security risk to the country. Some of the current challenges of farmers at this period include absence of farm labourers; lack of access to farm inputs like seedlings, herbicides, pesticides, fertilisers and farm equipment. In the face of this crisis, ensuring that food systems and food supply chains are maintained is one of the most important actions to take at all levels. It will be increasingly important to continually monitor the food security and nutrition of affected populations as this crisis unfolds.
Emerging Issues

Elections during COVID-19 in West Africa

West African countries such as Guinea Conakry and Mali have conducted elections during the coronavirus pandemic. Guineans voted on the 22nd of March in a controversial constitutional referendum and parliamentary elections marred by protests and election violence. Due to COVID-19, some polling stations required voters to wash their hands before casting their votes [27]. Reuters reports that the large turnout resulted in crowds being “squeezed in line to vote.” At the time of the double elections (referendum, parliamentary) only two cases of COVID-19 had been recorded in the country [28]. It is pertinent however to point out that Mamadou Salif Kébé, the President of Guinea’s Commission Electorale Nationale Indépendante (CENI), has died from coronavirus infection. Kebe contracted the disease from a visiting team member of an African civil society electoral expert, who were in Guinea to observe the elections. He was hospitalized for a few days and died in Conakry. Also, seven of the International Mission of African Civil Society Observers have also tested positive for COVID-19 and are stranded in Conakry because of border closures [29].

Furthermore, Mali held the first round of the long-delayed parliamentary elections on March 29 and the second round on the 19th of April 2020. Despite calls by several opposition parties for the elections to be cancelled due to fears over the spread of coronavirus, President Ibrahim Boubacar Keita assured the country that thorough health measures would be implemented [30]. Reuters reported that turnout in the capital appeared low in the morning. Lines were short, allowing voters to cast their ballots while maintaining distance from other voters. Handwashing facilities were meant to be available, but kits arrived late. The low voter turnout, which marred the elections is not only due to the coronavirus pandemic but also the ongoing security crisis in Mali’s northern and central regions. The opposition leader Soumaila Cissé was abducted along with six members of his team during the campaign in the central region [31].

West African countries that are set out to conduct elections during the pandemic could face the following challenges:

- **Risk of exposing citizens.** Conducting an election during the pandemic could mean potentially exposing citizens to the virus. Campaign rallies, polling units are often crowded with long queues and people have to share voting materials. Governments will have to implement strict guidelines and thoroughly monitor the process and set up emergency healthcare facilities at every corner polling units.

- **Campaign funding.** The pandemic has resulted in the slowdown of economic activities around the round. Governments have to deplete finances to combat the virus and support livelihoods of citizens, by providing fiscal stimulus packages for the most vulnerable groups. Thus, only limited resources will be available to fund campaign for both candidates and the electoral commission.

- **Low Voter Turnout.** The infectious nature of the virus could translate into low voter turnout in the region. Fears over coronavirus spread coupled with weak health systems could deter citizens from participating in upcoming elections. For examples, Mali recorded its first coronavirus death prior to the first round of parliamentary elections so citizens did not come out to vote.

- **Postponement of election.** The expiration period of political office holders and the provisions of the constitution stipulates that elections must be held within a certain period. For some countries, this could mean that presidents do not have the prerogative to postpone. There is also the challenge of how long the elections can be postponed for. For instance, in Mali, many called for the postponement of the elections but President Keita stressed that it wasn’t his government's decision to put off the elections, but rather “the outcome of the National Inclusive Dialogue, which has worked in total independence and without any interference.” [36]

<table>
<thead>
<tr>
<th>S/N</th>
<th>Country</th>
<th>Date</th>
<th>Positions</th>
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<td>Presidential and (Burkinabe National Assembly)</td>
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<td>3</td>
<td>Ghana</td>
<td>7th December 2020</td>
<td>Presidential and Referendum (Ghanaian Parliament)</td>
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<tr>
<td>4</td>
<td>Nigeria</td>
<td>19th September and 10th October 2020</td>
<td>Edo and Ondo State Governorship election</td>
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Way Forward

If elections are to be conducted during the pandemic, it is important to take necessary steps to ensure that citizens exercise their civil rights in a way that free, fair, secure, and safe. Countries such as Liberia conducted a successful election during the Ebola epidemic and South Korea also conducted its parliamentary election with high turnout. West Africa countries with upcoming elections that can not afford to postpone should learn for these success stories.

Case Study Liberia

Liberia held its election on December 20, 2014, during an epidemic [32]. The following measures were implemented to ensure a successful election process:

- Liberian election officials worked closely with health experts to integrate a range of practical health measures, such as social distancing and revised processing, to ensure the safe exchange of ballot papers, ID cards, pens, and other common voting materials.
- Poll workers were also trained in the “roll of queue controllers,” and there was an extensive voter-education effort [33].
- Hand washing stations and temperature monitoring equipment were present at all points of entries and campaign gatherings. Individuals with temperatures above 37.5 degree Celsius were excluded, and public health authorities were notified.
- All attendees were required to maintain a distance of at least 3 feet.
- That election was conducted with in-person voting not an all-mail election.
Emerging Issues

Rise in Human Right violations during COVID-19 in West Africa

Given the exceptional situation, countries have been forced to adopt extraordinary measures such as general lockdowns to decelerate transmission of the virus, movement restrictions that have hindered the freedom to enjoy many other human rights activities. Although Human rights law recognizes that national emergencies may require limits be placed on the exercise of specific human rights and the scale and severity of this disease is on a level that justifies these restrictions, measures still need to be taken to lessen these unintended consequences. The pandemic is creating further hardship that is raising tensions and provoking civil unrest and in some cases causing further human rights violations across the region.

Recently, UN Secretary-General pointed out that global lockdowns have resulted in an alarming increase in gender-based violence (GBV) and the pandemic further deepens gender inequalities. After all, "the burden of caring for children at home and sick or older family members falls disproportionately on women" COVID-19 already triggering political and economic crises that can be exploited by destructive forces. As the pandemic provides opportunities to deepen divisions between communities, it also demonstrates the importance of defending human rights and upholding our collective responsibility to protect.

Cases of Human Rights Violation

Ghana: According to Human Rights Watch, on the 27th of April, a patient tested positive for COVID-19 at Accra’s Psychiatric Hospital. However, upon the diagnosis civil authorities in Ghana rejected the transfer due to the patient's mental health status. According to Dr Akwasi Osei, head of the Ghana Mental Health Authority, the patient would have been allowed treatment if he/she was mentally stable, although, it is required that people with psychosocial disabilities should have the same access to COVID-19 treatment as anyone else.

Guinea: The Human Rights Watch (HRW) reported that in recent weeks authorities in Guinea have intimidated, harassed and arbitrarily arrested members and supporters of the oppositions party as a result of movement restriction measures of the pandemic. During the controversial constitutional referendum and legislative elections that were held on the 22nd of March, it was reported that, security forces violently cracked down on opposition members and supporters. Between April 1st and 2nd, at least 6 shops were looted and destroyed in Conakry's Kagbélen market during the curfew. On the 14th of April, a 38-year old FNDC member, who was sick and receiving treatments in his home in Tougou, Central Guinea was arrested and beaten up by gendarmes. He allegedly set fire to the Tougou gendarmerie station on February 28. On April 16, a marse in Conakry's Hamdallaye neighbourhood was beaten up in her home for supporting the opposition party. On April 17, Oumar Sylla, an FNDC member was arrested by the police and detained until April 24, for spreading false information. He was taken before a court in Conakry, and later moved to Conakry central prison.

Sierra Leone: On April 1st, Sierra Leonean journalist was reportedly abused while on an essential duty in Kenema City. The reporter was attacked by a group of 10 soldiers, who hit him with their guns, kicked him and seized his phone after he photographed a new COVID-19 quarantine center. The soldiers then arrested him and alleged that he had assaulted a soldier. After the attack, a local court charged Fayia with assault, disorderly behavior, and obstruction of security duties. Following the attack, he was detained and maltreated for seven days until April 8 when he was taken to court and charges were filed against him. The court freed Fayia on bail after he posted a bond of 30 million Leones ($3,093) and two sureties. Fayia was said to have fainted during the April 8 court appearance because he had been denied medication for a pre-existing condition during his detention.

Nigeria: The National Human Rights Commission reported that security operatives killed 18 civilians during the enforcement of lockdown in worse hit cities in the country over the novel coronavirus on the 13th of March. The commission stated that it included 105 petitions from the families of deceased persons through their lawyers and carried out investigations. In the same period, the report also stated violations that include; unlawful arrests, and detention, 33 incidents of torture, 27 violations of right to freedom of movement, inhumane and degrading treatment, and 13 incidents of extortion, and 19 incidents of confiscation of properties.

On Wednesday, the 15th of April 2020, a commercial vehicle driver, Amobi Igwe, was killed by an officer of the Nigeria Security and Civil Defence Corps, Eke Richard. Mr Amobi was conveying food items to Aba when the NSCDC officer stopped him and demanded a bribe to allow him passage since the roads were blocked due to the lockdown necessitated by COVID-19. The driver refused to pay the bribe, and that led to his harassment and subsequent murder by the officer.

The Governor of Rivers state commenced demolition of two hotels in the state for flouting the lockdown orders on May 10th. However, in Ekiti and Ondo State, Security officials have been carrying out illegal arrests, seizing personal belongings, exploiting and threatening citizens who flout the lockdown orders. The Special Anti-Robbery Squad and Nigeria Security and Civil Defence Corps personnel in Akure recently brutalized a doctor while returning from an emergency duty at the hospital.
Designing policies should be priority-based

Crisis often provides the chance to reflect the reasons certain structures were created, or in the case of many West African countries to identify the gaps in structures and develop strategies to bridge the gaps. The West African states must demonstrate a vibrant and united response that works in the interest of the people, that is inclusive and defend the human, social, economic and political integrity of their environments. We suggest that member states use the following priority framework to organise their responses (see) and immediately execute them to successfully combat the current pandemic.

1. Strengthening Public Health Capacity
Public health infrastructure and capacities must be strengthened in West Africa. Undoubtedly, health systems will be overwhelmed throughout this pandemic. It is, therefore, crucial to provide requirements for healthcare systems to perform at an optimal level. Governments need to allocate additional funds to reinforce scientific investigations, provide more testing facilities, hospital beds, the supply of PPE, ventilators, masks and other medical equipment. There is also need to consider financing research on alternative drugs.

Scaling up COVID-19 testing
Member states are now faced with community transmission, thus it is critical to engage in mass testing that will inform case management and suppress transmission. Laboratories need to be upgraded and prepared for the huge surge in the number of samples to test for COVID-19. Health systems need to be able to test, trace and isolate. What's more, when there is a lack of medicines and testing capacities and certain populations or individuals need to be prioritized, the countries may need to start considering rationalization. First, all health workers should be tested frequently before and after attending to patients. Also, people with pre-existing conditions and vulnerable populations, who might need hospitalisation and intensive care for COVID-19 should be prioritised.

Improving the provision of water and sanitation services
Member States:
• should make mandatory the provision of hand hygiene stations (for handwashing with soap and water) to be placed in front of the entrance of every public (including schools, markets and healthcare facilities) or private commercial building, to allow everyone to practice hand washing before entering and when leaving;
• should collaborate with the private sector and civil society to support the purchase of commodities, maintenance and effective use of these facilities.

Maintaining essential health services during the pandemic:
Members states need to maintain other essential lifesaving health services, while simultaneously addressing the pandemic to avoid overwhelming mortality rates and mitigate the risk of system collapse. The health system must develop practical solutions to maintain the provision of daily services. Member States should:
• adopt an easy or simplified approach to manage essential health service delivery. Procedures that facilitate the coordination of services should be implemented.
• intensify efforts to monitor and evaluate the current delivery of essential healthcare services. The gaps in service delivery need to be identified and promptly addressed.

Box 3: Public health campaigns: the challenge of information
The overload of both accurate and inaccurate information surrounding the coronavirus pandemic has become a global issue that has forced the World Health Organization (WHO) to refer to it as an ‘INFODEMIC’. It is now difficult for people to find trustworthy information and reliable guidance needed to navigate this difficult time. Most West African countries have set up COVID-19 Task Force to manage the spread of the virus, combat misinformation and strengthen communication engagement.

The IAG Indicator Public Health campaigns reveals the extent to which African countries have been educating their citizens on illnesses and prevention and alerting them on possible health hazard. West African countries have shown remarkable improvements in public health campaigns despite the current difficulties with information sharing. Only 7 west African countries achieve the perfect score of 100 – indicating that public health emergencies trigger awareness campaigns and information is presented in a way that is easy to understand. Most countries were with the average of 60 – indicating, that epidemics do not always trigger awareness campaigns and that information at times might be presented in a way that makes it more difficult for citizens with less education to understand. Benin and Togo achieved the lowest score in triggering public health awareness campaign in the region.

However, the challenges of ineffective risk communication and community engagement (RCCE) still threatens effective control of COVID-19 in the region. Information about the virus are sometimes presented in ways that makes it more difficult for citizens with less education to understand. There are also issue of language barriers, there are over 200 languages in West Africa. Vulnerable groups such as Persons with Disabilities (hearing and sight) are often excluded in communication engagements. There have been misinformation claims that COVID-19 is “a disease of the rich” and “God’s punishment for sinners” in Ghana and Nigeria.

Effective communication with the public is an important factor for epidemic control and is key to managing public health emergencies in order to inform citizens, to share information and to provide guidance on risk and exposure mitigation.

We suggest 5 priority areas for immediate focus by governments

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</table>
Designing policies should be priority-based

2. Protecting lives and livelihood

A food crisis that threatens food security is looming across the region. Local and international border closures, market and supply chain and trade disruptions in labour-intensive forms of production such as fisheries and agriculture are particularly at risk and access to adequate, varied and nutritious food have been restricted.

Member states need to:

- observe the early warning systems for farming and emergency food provision systems
- develop strategies that will help manage disruption in food supply chains and keep logistic functioning
- establish a Food Safety Management System (FSMS) as recommended by WHO and FAO to manage food safety risk and prevent contamination.

3. Economic Response

In the short term, fiscal policies should be tailored to provide income support to the most vulnerable, particularly those who are self-employed, and/or people living in rural areas. So far, 11 West African countries have introduced social protection responses to fight COVID-19. Despite this, there are still challenges of low coverage, there is still no pensions and safety nets for 80% of the population in countries ().

Member states should therefore:

- Strengthen existing programs and adopt multiple schemes to expand coverage
- Seek to reduce disruptions in schemes so that stimulus reaches their beneficiaries
- Ensure that the priority goal of social safety nets should be households with children.
- Social insurance program should expand beyond the formal sector

How will West African governments ensure that SMEs are not completely annihilated by this pandemic?

It is clear that the informal sector accounts for a significant share of the output of West African economies. However, the government in the region has failed to adequately regulate and serve the informal and agricultural sector, thus they face a challenge of effectively protecting the sector during the pandemic and ensuring stability.

- It is of little relevance to lowering MSMEs tax rates, because most of them neither pay taxes. For example, a report indicated that only 15 companies pay up to 75% of the state's tax revenue Most SMEs borrow money from cooperatives or unions, and the fees charged by cooperatives or unions are ridiculously high. It will be useful to incentivise bank lending by making interest rates attractive to mitigate the shortage of working capital.
- Stimulating bank loans can also provide companies with a means to keep workers and suppliers paid
- Small-scale businesses can be given a moratorium on debt payments
- Digital technologies can simplify the loan application processes and provide alternative methods

In the long term, governments need to pay more attention to the informal and agricultural sector. The sector needs to adopt a seamless structure to provide the government with important policy levers to ease the economic cycle. The sector is a primary source of employment and need more public investments. These investments should not only target increase productivity but a broader market reach, both domestically and internationally.

Economic policies and government budgets should reflect the reality that SMEs are the most important drivers growth in the region. Failure to do so will continue to severely limit the effectiveness of policy interventions, and leave governments wasting scarce resources attracting investments with very little multiplier effects in their economies.

Box 3: Digital Solutions Can Help the Expansion of Social Assistance

Digital technologies can provide a solution for the disbursement and expansion of social assistance to African individuals and households during this COVID-19 emergency. Sub-Saharan Africa has the largest number of registered mobile money accounts in the world, at around 400 million, and most unbanked adults own a mobile phone. In several African countries, governments already transfer cash to their citizens’ mobile accounts. Challenges include the interoperability of various network providers, since it is common for people to subscribe to more than one mobile network, due to connectivity issues.

A low-hanging fruit for African governments is the reduction of regulatory barriers to scaling up social assistance. In the past few years, some African governments have imposed regressive taxes on mobile money and other digital financial transactions. These taxes disproportionately affect low-income earners who mostly transact in small values and are sensitive to these costs (Ndung’u 2019). Therefore, a review of such regulations, say by temporarily suspending these charges, would be a quick and effective way to put cash back into the pockets of the poor and encourage cashless transactions for the purpose of enforcing social distancing. This is happening already. In Kenya, Safaricom, in consultation with the government, is implementing fee waivers on person-to-person mobile money transactions under 1,000 Kenyan shillings, about $10, on M-PESA (Bright 2020).

Box 4: Information-based Policy Response

In short, African states’ policy responses to the pandemic so far are an urgent reminder of the enormous gaps that exist between knowledge production, policymaking, and objective realities in the region. Now more than ever, there is a need for socially and politically relevant knowledge production. To bridge these gaps, African governments should invest in making their economies more legible. Such investments should target better data collection as well as the establishment of strong academic departments with expertise in political economy and economic history, in addition to other economics subfields.

African states cannot afford to continue making policy from positions of ignorance, or to outsource economic thinking and policymaking. Collect the data. Analyse the data. Have the results inform policy.

Such efforts will go a long way in helping craft domestic narratives and counter-narratives of socio-economic transformation, and hopefully entrench reality-based policymaking, in addition to putting an end to ahistorical and apolitical policymaking.
Regional Responses: An Opportunity For West African Integration

The initial reaction to the coronavirus by most countries was to look inward and act alone. While lockdowns and movement restrictions were certainly needed to confront this global health crisis, these efforts have left borders closed, supply chains disrupted, thereby causing a fall in regional economic activities. Isolation is not a long-term solution in West Africa, given the peculiarities of the socio-economic environment of member states. Although commendable national responses have been implemented (see), it is clear that only a coordinated approach at both regional and global levels can best mitigate the challenges of COVID-19.

At a regional level, ECOWAS has drawn up a short to medium-term assistance plan to render humanitarian assistance and support the economic recovery of member states. West African Health Organisation (WAHO), a specialised arm of ECOWAS has taken a lead role in responding to COVID-19 challenges. It recently disbursed medical kits containing diagnostic test kits, extraction kits, viral sample transport equipment, personal protective equipment (PPE), masks for medical personnel, ventilators, and hand sanitizers and disinfectants to member states. While this is commendable, the ECOWAS aid plan needs to be translated into actions immediately to protect people’s lives and livelihoods.

To respond effectively to COVID-19, these 5 priorities should be considered to coordinate actions:

- **Setting up a regional Nerve Centre.** This centre would be responsible for synergizing government, private sector or any key players (scientist, researchers) that will assist in accelerating the responses to the crisis. It will bring together critical leadership skills, organisational capabilities and digital tools that will give member states the best chance to get on top of the event. It allows leaders to become proactive and responsive as events unfold rather than reactive.

- **Coordination of Medical Supply.** The purchase and distribution of medical supplies and equipment should be coordinated at the regional level to ensure that they are purchased at a lower price and distributed at a lower cost. Senegal recently announced the development of a testing kits for COVID-19 at $1, which can produce results in 10 minutes. ECOWAS and the regional nerve centre should support the Senegalese institute, at both capacity and financial levels.

- **Effective real-time information sharing.** Coordination at a regional level can help spot commonalities, the emerging hotspot on time. It can also help spread trustworthy information and reliable guidelines in simple languages that are easy to comprehend. ECOWAS and WAHO should strengthen surveillance capacity in the region and facilitate coordination of responses as well as the mobilization of international support.

- **Providing COVID-19 Container Clinics.** It is important to provide a prompt and coordinated intervention along West Africa’s major transportation corridors. The corridor-centric interventions should target should mainly the drivers, for example, truck drivers along Abidjan-Lagos Corridor could potentially become critical vectors of transmission, thus, it will be useful to set up a container clinic along transport corridors to frequently monitors the drivers[1].

- **Governance and Leadership.** Now more than ever, there is an urgent for both ECOWAS and member states to demonstrate accountability and transparency. Maintaining public trust will crucial to control the spread of the virus and maintain order in countries. Governments should simply communicate rather than force citizens to adhere to the rule of law because effective communication is an important component of public health campaigns. The increasing use of force to enforce rules by some security agencies in member states should be condemned. ECOWAS needs to unite its members and display good leadership that proves that it can provide practical solutions to protect citizens.

- **ECOWAS and other African regional bodies should advocate for a more inclusive trade that limits the restrictions of key exports such as medical supplies and food items by developed countries. A regional and coordinated force like ECOWAS could exert more pressure against trade restrictions that prevent poorer countries from accessing essential medical supplies and other necessities during this pandemic.**

### The Economic Community of West African States (ECOWAS)

The ECOWAS has closely monitored the evolution of the Covid-19 pandemic in the world and predominantly in West Africa. A lot of focus was geared at analyzing the adverse effects of the coronavirus on the economic welfare of its emboldened states. As of 27th of April 2020, the 15 member states have been affected by the pandemic with 7,905 confirmed cases, 2,410 Discharged and, 201 Deaths. In light of these growing numbers, ECOWAS reaffirmed its commitment and solidarity towards supporting countries. To this effect the West African Health Organization (WAHO) which is the specialized health institution responsible for coordinating the response at the regional level, has drawn up a regional strategic plan with all member states. Thus, to support the emergence already at hand, ECOWAS on the 6th of April responded in a statement the following ways:

- Made available financial support from its own resources.
- Made available medical kits which entails of 30,500 diagnostic test kits, extraction kits, viral sample transport equipment, 10,000 personal protective equipment (PPE), mask for medical personnel, ventilators, and hand sanitizers, disinfectants and 740,000 prescription tablets (Chloroquine and Azithromycin).

While all these medical kits have also been made available, the WAHO has already ordered 240,000 diagnostic kits; 240,000 extraction kits; 250,000 viral sample transport equipment; 285,100 Personal Protective Equipment (PPEs); 268,1000 masks for medical personnel (face masks, surgical masks, full face masks); 120 ventilators; Several thousand litres of alcohol gel and disinfectants.

These equipment's are going to made available to the 15 member states of the ECOWAS.

- The WAHO is working in partnership with the expert services in member states, to set up personnel and epidemiological investigation and data collection tools to support the capacity of reference laboratories and train technical personnel.

- The West African Health Organization (WAHO) oversees the Economic Community of West African States (ECOWAS) is also actively looking into mobilization of funds and medical equipment both in and out of Africa. This is a vision of increasing the testing capabilities as well as flattening the curve which will be done with the availability of medical equipment and funds to help prevent, monitor and combat this pandemic. This support the efforts of member states to curb the virus.

As part of ECOWAS commitment to its member states, the commission is working to complement its involvement as part of a short and medium term state assistance plan (Humanitarian assistance and support for economic recovery).
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### Benin Republic

- The regional central bank (BCEAO) for the West-African Economic and Monetary Union (WAEMU) has taken pre-emptive steps to better satisfy banks’ demand for liquidity and mitigate the negative impact of the pandemic on economic activity.
- The BCEAO first raised the liquidity made available to banks at its weekly and monthly auctions of March 23, allowing average refinancing rates to remain relatively close to the floor of the monetary policy corridor of 2.5 percent.
- This was followed, starting with the weekly refinancing auction of March 30, 2020, by the adoption of a full allotment strategy at a fixed rate of 2.5 percent thereby allowing banks to satisfy their liquidity needs fully at a lower rate. As announced on March 21, 2020, the BCEAO has also: (i) extended the collateral framework to access central bank refinancing to include bank loans to prequalified 1,700 private companies; (ii) set up a framework inviting banks to accommodate demands from firms with Covid-19 related repayment difficulties to postpone for a 3-month renewable period debt service falling due, without the need to classify such postponed claims as NPL; and (iii) introduced measures to promote the use of electronic payments.
- In addition, the BCEAO has announced the creation of a special 3-month refinancing window at a fixed rate of 2.5 percent for limited amounts of 3-month “COVID-19 T-Bills” to be issued by each WAEMU sovereign to help meet funding needs related to the current pandemic.
- The government has adopted several containment measures, including social distancing, a nationwide curfew, closure of schools and universities, cancelation of major public events, closure of terrestrial borders, suspension of commercial flights, and quarantine of the affected cities.
- The government has also: (i) significantly limited the transit of people across land borders; (ii) restricted the issuance of entry visas to the country; (iii) introduced a systematic and compulsory quarantine of all people coming to Benin by air; and (iv) suspended all public gatherings including conferences, funerals, festivals, political rallies, sporting events, and religious activities.
- Benin is subjecting visitors and passengers entering the country to a systematic and compulsory 14-day quarantine.
- Religious leaders are to enforce, during worship, the health social distance of at least one meter.
- Resumption from School holidays have been postponed until mid-May. Moreover, as of April 23, the government announced the installation of laboratories in each of Benin’s 12 departments and started a nationwide screening program.

### Burkina Faso

- The authorities on April 2, 2020 announced plans to revise the 2020 budget to address the socio-economic impacts of the outbreak. Several measures are under consideration, including, among others:
  - lowering import duties and VAT for hygiene and healthcare goods and services critical to tackle COVID-19, and for tourism businesses;
  - lowering other selected tax rates;
  - delaying tax payments, and waiving late payment fines and penalties;
  - suspending government fees charged on informal sector operators for rent, security and parking in urban markets;
  - lowering the licensing fee for companies in the transportation and tourism sectors;
  - suspending on-site tax inspection operations;
  - Donating food and providing assistance to households and local small businesses;
  - Reclassing public places; and
- Just like in many other west Africa Francophone countries, the regional central bank (BCEAO) for the West-African Economic and Monetary Union (WAEMU) has taken pre-emptive steps to better satisfy banks’ demand for liquidity and mitigate the negative impact of the pandemic on economic activity.
- The BCEAO first raised the liquidity made available to banks at its weekly and monthly auctions of March 23, allowing average refinancing rates to remain relatively close to the floor of the monetary policy corridor of 2.5 percent. This was followed, starting with the weekly refinancing auction of March 30, 2020, by the adoption of a full allotment strategy at a fixed rate of 2.5 percent thereby allowing banks to satisfy their liquidity needs fully at a lower rate. As announced on March 21, 2020, the BCEAO has also announced: (i) an extension of the collateral framework to access central bank refinancing to include bank loans to prequalified 1,700 private companies; (ii) a framework inviting banks to accommodate demands from firms with Covid-19-related repayment difficulties to postpone for a 3-month renewable period debt service falling due, without the need to classify such postponed claims as NPL; and (iii) measures to promote the use of electronic payments.
- Burkina Faso has reported 641 positive cases and 43 deaths of COVID-19 as of April 25, 2020. The government has adopted several containment measures, including: social distancing, a nationwide curfew, closure of schools and universities, cancelation of major public events, closure of terrestrial borders, suspension of commercial flights, and quarantine of the affected cities.
- On April 16, the government announced the mandatory nationwide use of masks (effective April 27) and solidarity actions by top government officials (President, Prime Minister, Ministers) through donation of part of their salaries to support the health emergency operations.
- On Monday 20th April, the Burkina Government relaxed some of the measures put in place. Its main markets were reopened for business after a 3-week shutdown. Before reopening, markets in Ouagadougou and around the country were totally hosed down and disinfected. Other measures put in place in the newly reopened market include:
  - Shoppers must disinfect their hands and have their temperature taken when entering the market.
  - The door of markets was marked to enforce social distancing.
  - The government say the Police and about 500 volunteers will be deployed to encourage public awareness and respect for anti-corona measures.
### Country

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<td><strong>Gambia</strong></td>
<td>In mid-March, the authorities prepared a US$9 million (0.5 percent of GDP) COVID-19 action plan, for which they have already obtained grant financing. The government has also reallocated 500 million dalasi (0.6 percent of GDP) from the current budget to support the implementation of hygiene measures. The plan will be regularly updated to reflect local and global developments.</td>
<td>In addition, the BCEAO has announced the creation of a special 3-month refinancing window at a fixed rate of 2.5 percent for limited amounts of 3-month &quot;Covid-19 T-Bills&quot; to be issued by each WAEMU sovereign to help meet funding needs related to the current pandemic.</td>
<td>Cabo Verde has reported 114 confirmed COVID-19 cases and 1 death as of April 29, 2020.</td>
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<td><strong>Côte d'Ivoire</strong></td>
<td>The government adopted an emergency health response plan of 96 billion CFAF (0.3 percent of GDP). It will include: (i) income compensation to provide financial support to individuals operating in the informal sector; (ii) social inclusion emergency measures for vulnerable people without income; (iii) social inclusion income, with support from the World Bank; and (iv) support to microfinance institutions to support interest-free loans to vulnerable households and, (v) care for the elderly with food assistance and other financial support.</td>
<td>The BVC also implemented prudential measures, including the reduction in capital adequacy ratio and provision for banks depending on requests by borrowers to place a moratorium or forbearance on loan repayment for three months.</td>
<td>Prevention measures taken by the authorities include: installation of body temperature scans in airports, suspension of official travel and flights to China and other heavily affected countries, preparation of quarantine areas in hospitals, suspension of flights from European countries affected by COVID-19, the United States, Brazil, Senegal and Nigeria, as well as maritime traffic (with few exceptions), and quarantine of the island of Boa Vista where the community spread started inside a resort hotel.</td>
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<td><strong>Cape Verde</strong></td>
<td>The authorities stand ready to reprioritize spending, notably through a revised budget to be tabled in parliament by June. However, the likely fall in revenue from the expected economic contraction in 2020 will further constrain fiscal space. In the meantime, they have taken measures to support the private sector, including loan guarantees and tax obligations facilities as follows: loan guarantees of up to 50 percent for large companies in all sectors (CVE 1 billion, about $9 million); up to 80 percent for companies in the tourism and transport sectors (CVE 1 billion); up to 100 percent for small-and medium-sized enterprises in all sectors (CVE 300 million, $2.7 million) and for micro-enterprises in all sectors (CVE 700 million, about $6.7 million).</td>
<td>In late March, the central bank decided to loosen the monetary policy stance and to increase liquidity in the banking system. Key measures included a reduction in rates as follows: the policy rate by 125 basis points to 0.25 percent, the minimum reserve requirements from 13 to 10 percent, and the overnight deposit rate by 5 basis points to 0.05 percent; and the setting up at the central bank of a long-term lending instrument for banks. The central bank (BCV) also called on banks to grant a moratorium on loans obligations to borrowers in good standing with their payment record as of end-March 2020.</td>
<td>The authorities have also prepared a contingency plan and put in place a rapid response team. In late March, they declared the state of emergency, put in place social distancing measures, restricted travel between the nine inhabited islands, and put the country in lockdown for non-essential activities.</td>
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<td>The authorities have also prepared a contingency plan and put in place a rapid response team. In late March, they declared the state of emergency, put in place social distancing measures, restricted travel between the nine inhabited islands, and put the country in lockdown for non-essential activities.</td>
<td>Authorities placed the Boa Vista Island under quarantine with immediate effect, with aerial and maritime connections suspended between the island and the rest of the country. Suspension of all commercial passenger flights in and out of Cabo Verde.</td>
<td>In late March, they declared the state of emergency, put in place social distancing measures, restricted travel between the nine inhabited islands, and put the country in lockdown for non-essential activities.</td>
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<td><strong>Gambia</strong></td>
<td>In early April, the government announced a package of measures to support the informal sector and facilitate access to financial resources. These measures include: (i) cash transfers to vulnerable households; (ii) employment and training for the unemployed; (iii) subsidy of the cost of water and electricity; (iv) extension of the collateral framework to access central bank refinancing to borrowers to place a moratorium or forbearance on loan repayment for three months.</td>
<td>The regional central bank (BCEAO) for the West-African Economic and Monetary Union (WAEMU) has taken pre-emptive steps to better satisfy banks' demand for liquidity and mitigate the negative impact of the pandemic on economic activity. The BCEAO first raised the liquidity made available to banks at its weekly and monthly auctions of March 23, allowing average refinancing rates to remain relatively close to the floor of the monetary policy corridor of 2.5 percent.</td>
<td>The authorities swiftly adopted containment measures including (i) declaring a state of emergency and establishing a curfew from 9pm to 5am; (ii) banning all international travels, except for humanitarian aid purpose; (iii) prohibiting public gatherings of more than 50 people; (iv) closing schools, nightclubs, restaurants, bars, theatres and other recreational facilities; and imposing restrictions on public transportation and movements between regions in the country; (v) making wearing masks mandatory and encouraging teleworking. On March 30, 2020, the authorities launched a vast cleaning and disinfection operation inAlhijan.</td>
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<td><strong>Côte d'Ivoire</strong></td>
<td>As of April 29, 2020, the Gambia has registered 10 confirmed cases of COVID-19. One person died of COVID-19 with 1,238 confirmed cases as of April 29, 2020.</td>
<td>Assistance provided: grants totalling 60 billion CFAF, 30 billion CFAF for the tourism and transport sectors, and 15 billion CFAF for the informal sector; (b) creation of an additional liquidity facility for banks; (c) extension of the collateral framework to access central bank refinancing to borrowers to place a moratorium or forbearance on loan repayment for three months.</td>
<td>Gambia has also reallocated 500 million dalasi (0.6 percent of GDP) from the current budget to support the implementation of hygiene measures. The plan will be regularly updated to reflect local and global developments.</td>
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### Country | Fiscal Policy | Monetary Policy | Other Measures
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**Monetary Policy**

Emphasize the need for more testing, especially identifying local transmissions, building preparedness for rapid regional responses, and stepping up targeted support for the most vulnerable groups. RCF and CCRT financing from the IMF (see below) could be used to cover these additional costs.

Donor agencies, including the UNDP, WFP, WHO, FAO, UNCEF, UNDP and UNICEF, have focused financial assistance (about $1.5 million cumulatively, so far) to strengthen social assistance programs for vulnerable groups impacted by COVID-19 by improving communication, safeguarding nutrition and promoting food security. On April 2, The World Bank (WB) approved a US$10 million grant for the COVID-19 Response and Preparedness Project to enhance case detection, tracing, prevention, and social distancing communication as well as the provision of equipment to isolation and treatment centers. The WB is accelerating the rollout of its Social Safety Net project to help mitigate the impact of COVID-19 on the most vulnerable population. Many of the other donors will also be expanding their social assistance support through cash transfers using mobile money and direct payments targeted to poor households, new mothers and farmers using existing databases of past recipients, village lists and voter rolls.

The Gambia Revenue Authority has extended by two months the filing of the 2019 annual tax return and the payment of final 2019 tax as well as for the filing of the first quarter 2020 declaration and the payment of the first quarter instalment.

**Ghana**

The government committed US$100 million to support preparedness and response, and about US$210 million under its Coronavirus Alleviation Programme to the promotion of selected industries (e.g., pharmaceutical sector supplying COVID-19 drugs and equipment), the support of SMEs and employment, and the creation of guarantees and risk-loss instruments. Additional funds have been earmarked to address availability of test kits, pharmaceuticals, equipment, and bed capacity.

To compensate for larger spending related to the COVID-19 crisis, the government plans cutting spending in goods and services, transfers, and capital investment (also reflecting the lower absorption capacity of the economy due to the pandemic), for a total of at least GHc 1.1 billion (0.3 percent of GDP). Also, the government has agreed to reduce spending on non-essential services by 15 percent of GDP (0.3 percent of GDP).

To reduce the financing needs, the government will draw US$218 million from the mobilization fund.

**Guinea**

A National Emergency Preparedness and Response Plan for a COVID-19 outbreak was prepared, with the support of international development partners. Key measures focus on strengthening surveillance at ports of entry; reinforcing capacity for COVID-19 detection; increasing the number of quarantine centres; expanding treatment facilities and acquiring needed medical equipment; and conducting a communication campaign. The implementation cost of the National Emergency Plan is estimated at US$47 million (0.3 percent of GDP).

In addition, a COVID-19 economic response plan was announced on April 6, 2020. The Plan aims at strengthening infrastructure in the health sector, protecting the most vulnerable, and supporting the private sector, notably small and medium enterprises. The authorities estimate the cost of the Plan at about USD dollars 290 million (2 percent of GDP). Key measures include the introduction of temporary exemptions on taxes, social contributions and payment of utilities for firms in the most affected sectors; the implementation of labour-intensive public works, provision of cash transfers, a waiver on the payment of utilities for the most vulnerable.

The Economic Response Plan envisages the use of monetary policy tools to ease liquidity conditions in the banking system (including a reduction in the monetary policy rate, lowering reserve requirements, and a recourse to liquidity instruments). It also envisages the establishment of a credit guarantee scheme for SMEs.

As of April 29, 2020, 1,351 cases of COVID-19 were confirmed in Guinea. In addition to the capital area, cases were also reported in the regions of Boké, Labé, Faranah, and Teléminé.

The authorities have adopted several measures to reduce the risk of contamination. Notably, large public gatherings have been banned, the international airport has been closed to non-essential flights, and public areas (markets, religious facilities) are required to have hand sanitizing equipment. All schools have been closed.

Other measures included closure of land borders, suspension of public events, religious, and leisure facilities; limiting public transport; and a night curfew in Conakry.

Guinean embassies and consulates have suspended visa issuance to travellers from countries with more than 30 confirmed cases. On March 26, Guinea declared a state of emergency and tightened lockdown.

**Exchange rate and balance of payments**

The central bank stepped up the monitoring of banks’ FX net open positions but has not imposed any specific exchange measures; the central bank is committed to maintaining a flexible exchange rate to absorb balance-of-payment (BOP) shocks.

The IMF is providing additional BOP support, which also can be oriented/transferred to the budget. On April 15, the Executive Board approved a US$213.3 million for The Gambia under the Rapid Credit Facility (RCF). The RCF support supplements earlier financing from the IMF under a US$47.1 million Extended Credit Facility (ECF) arrangement approved on March 23, 2020. To accommodate the worsened BOP outlook, the IMF also agreed to modify the performance criteria on net usable international reserves and net domestic assets of the central bank under the ECF-supported program. The Gambia will also benefit from debt relief under the Catastrophe Containment (CC) window of the Catastrophe Containment and Relief Trust (CCRT) approved on April 13, 2020. The first tranche of $29 million (corresponding to debt service due to the Fund in the first six months) has been already approved for delivery. The total debt relief can be extended up to $10.8 million if resources are identified to extend the initiative for 24 months.

The Monetary Policy Committee (MPC) cut the policy rate cut by 350 basis points to 14.5 percent on March 18, and announced several measures to mitigate the impact of the pandemic shock, including lowering the primary reserve requirement from 10 to 8 percent, lowering the capital conservation buffer from 3 to 1.5 percent, revising provisioning and classification rules for specific loan categories, and steps to facilitate and lower the cost of mobile payments. The committee also signaled it would continue to monitor the economic impact of COVID-19 and take additional measures if necessary.

The government has committed to curtailing the non-essential public and private businesses following the earlier order to close the airspace and land borders for 21 days.

On April 4, the National Assembly approved the extension of the state of emergency for 45 days. Emergency powers were used to freeze prices of essential commodities such as rice, meat, fish, cooking oil soap, sanitizers and cement. To enforce social distancing, all commercial vehicles are only allowed to carry half of their licensed passengers. All public gatherings including funerals are now limited to a maximum of 10 people. Tourism—a key driver of foreign exchange and trade—has been halted and foreign exchange flows and remittances have declined, while financial conditions have tightened.

The President declared a state of emergency starting March 27 including closing all non-essential public and private businesses following the earlier order to close the airspace and land borders for 21 days.

As of April 29, 2020, Ghana recorded about 1,671 confirmed COVID-19 cases and 9 deaths. Starting March 16, the government adopted sweeping social distancing measures and travel restrictions to avert an outbreak, including (i) suspension of all public gatherings exceeding 25 people for four weeks; (ii) closure of all universities and schools until further notice; and (iii) mandatory 14-day self-quarantine for any Ghanaian resident who has been to a country with at least 200 confirmed cases of COVID-19, within the last 14 days.

On March 23, Ghana closed all its borders to travellers. Starting on April 23, the partial partial lockdown of major urban areas has been lifted following aggressive contact tracing, expansion of treatment and isolation centres, enhanced testing capacity, better understanding of the virus contagion dynamics, increased capacity to produce sanitizers and medicines, and severe impact of the lockdown on the most vulnerable. As an oil exporter, Ghana is also significantly affected by the large decline in oil prices.
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<td>Guinea</td>
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<td>Starting April 18, wearing a face mask is mandatory in public places. Containment measures are extended until May 15. Alpha Conde’s administration says it will take care of the water and electricity bills and makes public transport free for 3 months starting form April to support the populations in the fight against the pandemic. Suspected cases of COVID-19 will be sent to a Ministry of Health centre for testing and will be required to remain at the centre until test results are available, in approximately 10 hours. Negative cases will be required to report their temperature to Ministry of Health officials twice a day for fourteen days. Positive cases will be treated at the Ministry of Health centre.</td>
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<td>Guinea Bissau</td>
<td>Emergency measures of about US$ 0.5 million have been approved. These are focused on upgrading the main national hospital, and the provision of medicines, food, and medical equipment to the country's hospitals. The regional central bank (BCEAO) for the West-African Economic and Monetary Union (WAEMU) has taken pre-emptive steps to better satisfy banks' demand for liquidity and mitigate the negative impact of the pandemic on economic activity. There are fifty-two confirmed cases as of April 22nd, 2020. On March 18, borders were closed and flights to Bissau interrupted. Schools and outdoor markets are closed. On March 28, a state of emergency was declared. A National Covid-19 Contingency Plan was adopted at the end of March. On April 15, the state of emergency was prolonged until April 26. Public transportation vehicles are not allowed to circulate in the country. All circulation is forbidden between 12am and 7am. Guinea-Bissau is fighting the pandemic in the midst of a political crisis related to the result of the December 2019 presidential election. Guinea-Bissau is amongst the 25 beneficiary countries of the IMF debt service relief through the Catastrophe Containment and Relief Trust (CCRT), approved on April 15.</td>
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<td>Liberia</td>
<td>The authorities already made available FCFA 100 million 0.01 percent of GDP and will provide monthly FCFA 122 million to the main hospital. They are seeking support from multilateral donors to finance additional emergency healthcare and sanitary expenses. The CBL has suspended fees and charges for most electronic transfers and point-of-sale outlets used by merchants and mobile money operators; and increased allowable daily limits. Exchange rate and balance of payments No measures so far, but the authorities are committed to allowing the exchange rate to adjust in line with market forces.</td>
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<td>As of April 29, Liberia currently has 141 confirmed cases of COVID-19 virus, with the first one detected on March 16, 2020. There have been at least 16 fatalities so far. On March 21, 2020 the Liberian authorities issued a declaration designed to enforce severe social distancing, including: closure of all schools, night clubs, cinemas, beaches, spas, mosques and churches; banning of all street selling and gatherings of more than 10 people; limits on admittance to banks and restaurants to five customers kept six feet apart; Social distancing for health facilities and pharmacies (which are to remain open); mandatory washing with soap and clean water at all public and private establishments; and a hotline was established to report those exhibiting COVID-19 symptoms. On March 21, 2020, the Liberian authorities issued a declaration designed to enforce severe social distancing, including: closure of all schools, night clubs, cinemas, beaches, spas, mosques and churches; banning of all street selling and gatherings of more than 10 people; limits on admittance to banks and restaurants to five customers kept six feet apart; Social distancing for health facilities and pharmacies (which are to remain open); mandatory washing with soap and clean water at all public and private establishments; and a hotline was established to report those exhibiting COVID-19 symptoms. On midnight April 10, Government announced a State of Emergency, which is now in force and which is now before the Legislature awaiting approval as stipulated in the Constitution. The provisions prohibit inter-county movement of persons while in, the four hardest-hit counties, residents—excepting essential workers—have been ordered to stay at home outside of very restrictive periods. All non-essential businesses and government offices will remain closed. A total countrywide lockdown in order to limit the spread of the coronavirus was declared on the 10th. To render the lockdown viable, the Executive has also asked the Legislature to allocate US$25 million—to be supplemented by donor funds—for a World Food Program-implemented food distribution in the four hardest-hit counties for 60 days. The World Bank approved US$17 million of off-budget project funding for the health sector, of which US$7.50 million was new investment financed by the COVID-19 Fast Track Facility (March 23); and $9.5 million was temporarily diverted from existing projects (March 30).</td>
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The Liberian authorities will finalize a COVID-19 preparedness plan in conjunction with its donor community. The World Bank approved US$1.5 million available for actions under the plan from its overall funding envelope and utilization of this has began. Areas of concentration under the plan include support to health care workers, purchase and rehabilitation of health care equipment, procurement of drugs and other medical supplies, deployment of surge staff to contact tracing activities, border areas, rapid response teams, training of responders, planning, communications and information sharing, staffing and equipping of laboratories, and logistical and supply support. The CBL is expediting the procurement of additional banknotes approved by the Legislature in December 2019. In response to the difficulties being felt by the private sector, the CBL is also allowing banks to practice limited forbearance on asset classification, provisioning, and lending policies in hard-hit sectors of the economy, while remaining vigilant for signs of banking sector stress. On the payments side, to better facilitate the use of electronic payments, the CBL has suspended fees and charges for most electronic transfers and point-of-sale outlets used by merchants and mobile money operators; and increased allowable daily limits. Exchange rate and balance of payments No measures so far, but the authorities are committed to allowing the exchange rate to adjust in line with market forces. |

The regional central bank (BCEAO) for the West-African Economic and Monetary Union (WAEMU) has taken pre-emptive steps to better satisfy banks' demand for liquidity and mitigate the negative impact of the pandemic on economic activity.

On March 21, 2020, the BCEAO has also: (i) extended the collateral framework to access central bank refinancing to include bank loans to prequalified 1,700 private companies; (ii) set-up a framework inviting banks to accommodate demands from firms with COVID-19 related repayment difficulties to postpone for a 3 month renewable period debt service falling due, without the need to classify such postponed claims as NPL; and (iii) introduced measures to promote the use of electronic payments. In addition, the BCEAO has announced the creation of a special 3-month refinancing window at a fixed rate of 2.5 percent for limited amounts of 3-month "Covid-19 T-Bills" to be issued by each WAEMU sovereign to help meet funding needs related to the current pandemic. |

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<td>Mali</td>
<td>The government updated its medical response plan to prevent the spread of COVID-19 and strengthen its medical care capacity, in collaboration with the World Health Organization, now costing at about 0.5 percent of GDP (including bonuses to health workers). The government is also working with the World Bank to enhance its medical care capacity, notably in terms of medical equipment (respirators, quarantine facilities, etc.). The government unveiled a package of social measures to support the most vulnerable households. These measures include the setup of a special fund to provide targeted income support to the poorest households, a mass distribution of grain and food for livestock to poorest households, the supply of electricity and water free of charge to the poorest consumers for the months of April and May 2020, a 3-month exemption from VAT on electricity and water tariffs, and a 3-month exemption from customs duties on the import of basic food (rice and milk). A package of economic measures was also announced to ease liquidity constraints on ailing firms, including an SMEs-support guarantee fund, clearing the budget spending float, granting tax deferral and relief to ease liquidity constraints on the hardest-hit companies, especially in the hospitality sector (hotels, restaurants, transportation).</td>
<td>The regional central bank (BCEAO) for the West-African Economic and Monetary Union (WAEMU) has taken pre-emptive steps to better satisfy banks' demand for liquidity and mitigate the negative impact of the pandemic on economic activity. The BCEAO first raised the liquidity made available to banks at its weekly and monthly auctions of March 23, allowing average refinancing rates to remain relatively close to the floor of the monetary policy corridor of 2.5 percent. This was followed, starting with the weekly refinancing auction of March 30, 2020, by the adoption of a full allotment strategy at a fixed rate of 2.5 percent thereby allowing banks to satisfy their liquidity needs fully at a lower rate. On March 21, 2020, the BCEAO had also announced: (i) an extension of the collaterals framework to access central bank refinancing to include bank loans to prequalified 1,700 private companies; (ii) a framework inviting banks to accommodate demands from firms with Covid19-related repayment difficulties to postpone for a 3 month renewable period debt service falling due, without the need to classify such postponed claims as NPL; and (iii) measures to promote the use of electronic payments.</td>
<td>The COVID-19 pandemic has hit at a time when the country is facing a challenging security situation in the northern and central regions. 482 confirmed cases and 25 deaths have been reported as of April 20, 2020. Since mid-March, the government has been responding to the global emergence of the pandemic with preventive containment measures. These include the suspension of commercial flights (except cargo flights), the closure of land borders, a curfew from 9:00pm to 5:00am, the suspension of all public gatherings, the prohibition of social, sports, cultural and political gatherings of more than 50 people, and the closure of schools (until May 9th), night clubs and bars. In addition, the government has set up a crisis response unit, a hotline for signalling any suspicious case, and is stepping up sensitization campaigns, strengthening testing capacities, expanding quarantine and hospitalization facilities, and improving medical care capacities. Working hours in the public administration have been reorganized to end earlier (at 2:30pm), to protect civil servants. Retail markets will remain open from 6:00am to 4:00pm, to prevent disruptions in the supply of population with basics goods. 10 million masks have been distributed to the population.</td>
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<td>Niger</td>
<td>A plan has been presented to donors with an estimated cost of 7.4 percent of GDP, divided into an immediate health response and broader economic and social mitigation. Key elements are already being implemented, such as temporary tax relief for hard-hit sectors, two months of free utilities for vulnerable households, and distribution of food from the strategic reserve.</td>
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<td>The COVID-19 pandemic has hit at a time when the country is facing a challenging security situation in the northern and central regions. 482 confirmed cases and 25 deaths have been reported as of April 20, 2020. Niger has recorded 713 COVID-19 cases and 32 deaths as of April 29, 2020. The first case was reported on March 19, 2020. On March 27, 2020, the President declared a national emergency, and imposed a night curfew in the capital in addition to shortened work hours and earlier measures that include the closure of Niger's borders and a ban on large gatherings. The emphasis remains on containment with the capital in quarantine from the rest of the country. All persons who have been in contact with infected patients are being traced confirmed and taken care of at the Gawèye hotel in Niamey. Religious, social gathering of more than 50 persons was banned in the country. Schools were closed throughout the country for two weeks. The government reiterated that the measure could be renewed depending on the evolution of the situation. The president also pardoned 1540 prisoners in different correctional facilities across the country.</td>
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<td>Nigeria</td>
<td>Contingency funds of N984 million ($2.7 million) have been released to Nigeria's Centre for Disease Control, and an additional N6.5 billion ($18 million) was distributed for purchasing more testing kits, opening isolation centres and training medical personnel.</td>
<td>The Central Bank of Nigeria (CBN) maintained its current monetary policy rate in March but introduced additional measures, including: (i) reducing interest rates on all applicable CBN interventions from 9 to 5 percent and introducing a one year moratorium on CBN intervention facilities; (ii) creating a N50 billion ($139 million) targeted credit facility; and (iii) liquidity injection of 3.6 trillion (2.4 percent of GDP) into the banking system, including N100 billion to support the health sector, N2 trillion to the manufacturing sector, and N1.5 trillion to the real sector to impacted industries.</td>
<td>Nigeria has been severely hit by the spread of COVID-19 and the associated sharp decline in oil prices. Government policy is responding to both these developments. The authorities have reported 1,728 cases of COVID-19 and 51 deaths as of April 29, 2020. A range of measures have been implemented to contain the spread of the virus, including closure of international airports, public and private schools, universities, stores and markets, and suspension of public gatherings. A “lockdown” has been declared in Lagos, Abuja and Ogun states. Work at home is also encouraged in several states and government institutions while isolation centres are being expanded in Lagos state. Testing capacity has been increased to 2500 per day. The president ordered the release of inmates in correctional facilities to decongest prisons.</td>
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<td>Senegal</td>
<td>Senegal announced fiscal measures could reach up to 7 percent of GDP. The government has allocated FCFA 71 billion (0.5 percent of GDP) to finance additional health spending. Furthermore, the authorities have set out an economic support package to mitigate the impact of the pandemic: FCFA 69 billion will be used to provide urgent food aid and essential medical supplies; FCFA 15 billion will finance the suspension of utility payments for poorer customers; FCFA 12.5 billion has been allocated to the Senegalese diaspora; hard-hit sectors such as tourism and transport are expected to receive about FCFA 100 billion; and an expedited payment of unrmet obligations will help strengthen firms balance sheets. On the tax side, postponing tax payments will improve liquidity of enterprises. Their balance sheets will also profit from a partial write-off of tax debt. The government has announced its intention to provide FX resources to ensure the importation of essential goods. The exchange rate has been adjusted by 15 percent, with an ongoing unification of the various exchange rates under the investors and exporters (IDU) window, Bureau de Change, and retail and wholesale windows. The authorities committed to let the IDU rate move in line with market forces. A few pharmaceutical companies have been identified to ensure they can receive FX and naira funding.</td>
<td>The regional central bank (BCEAO) for the West-African Economic and Monetary Union (WAEMU) has taken pre-emptive steps to better satisfy banks’ demand for liquidity and mitigate the negative impact of the pandemic on economic activity. The BCEAO first raised the liquidity made available to banks at its weekly and monthly auctions of March 23, allowing average refinancing rates to remain relatively close to the floor of the monetary policy corridor of 2.5 percent. This was followed, starting with the weekly refinancing auction of March 30, 2020, by the adoption of a full allotment strategy at a fixed rate of 2.5 percent thereby allowing banks to satisfy their liquidity needs fully at a lower rate. On March 21, 2020, the BCEAO had also announced: (i) an extension of the collateral framework to access central bank refinancing to include bank loans to prequalified 1,700 private companies; (ii) a framework inviting banks to accommodate demands from firms with Covid19-related repayment difficulties to postpone for a 3 month renewable period debt service falling due, without the need to classify such postponed claims as NPL; and (iii) measures to promote the use of electronic payments. Containment measures and the sudden stop of travel and tourism are already having a significant economic impact, exacerbated by declining export demand and lower remittances. The IMF approved emergency financing of US$462 million to provide much-needed liquidity to support the authorities’ response to the crisis.</td>
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<td>Sierra Leone</td>
<td>The government is developing, in close collaboration with the Fund and other development partners, a health response and a broader economic package of measures. On April 2, the World Bank approved a $7.5 million International Development Association (IDA) grant to support preparedness of the Sierra Leone health system in the context of COVID-19. On April 22, the government announced its plans to include regulatory forbearance was also introduced to restructure loans in impacted sectors. The CBN is also coordinating a private sector special intervention initiative targeting N120 billion ($333 million) to fight COVID-19. As of April 16, N42.6 billion was received, including N50 million grant from the European Union. The official exchange rate has been adjusted by 15 percent, with an ongoing unification of the various exchange rates under the investors and exporters (IDU) window, Bureau de Change, and retail and wholesale windows. The authorities committed to let the IDU rate move in line with market forces. A few pharmaceutical companies have been identified to ensure they can receive FX and naira funding.</td>
<td>Senegal has reported 882 positive cases (9 deaths) as of April 29, 2020. The government has declared a national state of emergency and adopted strict containment measures, including suspension of international air travel, closure of borders, limits on inter-regional travel, bans on public gatherings, school closures, and a curfew. As of April 29, Sierra Leone has 316 confirmed cases of COVID-19. With the memory and economic and human costs of the Ebola health crisis (2014 15) still sharp in people’s minds, the Government has acted decisively to implement a range of prevention and containment measures. On March 24 the President declared a national state of emergency that is set to last for 12 months. Prevention and containment measures include: (i) Border controls and closure: a mandatory quarantine for anyone arriving from a country with 50 or more cases (monitoring of those with fewer than 50); closure of land borders, enhanced border controls and a 3-month suspension of all incoming and outgoing regular passenger flights. (ii) Social distancing: Closure of education institutions as of March 31. Discouraging gatherings of more than 100 people; restricting attendance of religious events and use of public beaches; narrow opening hours for non-essential businesses; restrictions on the number of passengers in public transport; and requiring face masks in public spaces. In Freetown a special bus service has been introduced to transport health workers to and from work. (iii) Partial lockdown: The country was in a national lockdown during April 5 7, 2020. As of April 11, a partial 14-day lockdown restricts inter-district travel except for essential purposes, public working hours are shorter (9am to 4pm) and there is a national evening curfew from 9pm to 7am.</td>
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Other measures:**

**Currency:**

- Nigeria: FCFA 100 billion and an expedited payment of unmet obligations will help strengthen firms balance sheets.
- Senegal: FCFA 15 billion will finance the suspension of utility payments for poorer customers; FCFA 100 billion to support the health sector, N2 trillion to the manufacturing sector, and N1.5 trillion to the real sector to impacted industries.
- Sierra Leone: Containment measures and the sudden stop of travel and tourism are already having a significant economic impact, exacerbated by declining export demand and lower remittances. The IMF approved emergency financing of US$462 million to provide much-needed liquidity to support the authorities’ response to the crisis.
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<td>Togo</td>
<td>On March 20, 2020, the authorities announced an action plan heavily reliant on development partners’ financing. The overall financing need is estimated at about CFAF 70 billion (about $130 million or 2 percent of GDP). The National Assembly authorized the Government to rule by decrees for a period of 6 months to accelerate the decision-making process. President Faure Gnassingbé has declared a state of health emergency for 3 months and announced a series of additional measures.</td>
<td>The regional central bank (BCEAO) for the West-African Economic and Monetary Union (WAEMU) has taken pre-emptive steps to better satisfy banks’ demand for liquidity and mitigate the negative impact of the pandemic on economic activity. The BCEAO first raised the liquidity made available to banks at its weekly and monthly auctions of March 23, allowing average refinancing rates to remain relatively close to the floor of the monetary policy corridor of 2.5 percent. This was followed, starting with the weekly refinancing auction of March 30, 2020, by the adoption of a full allotment strategy at a fixed rate of 2.5 percent thereby allowing banks to satisfy their liquidity needs fully at a lower rate. As announced on March 21, 2020, the BCEAO has also announced: (i) an extension of the collateral framework to access central bank refinancing to include bank loans to prequalified 1,700 private companies; (ii) a framework inviting banks to accommodate demands from firms with Covid19-related repayment difficulties to postpone for a 3 month renewable period debt service falling due, without the need to classify such postponed claims as NPL; and (iii) measures to promote the use of electronic payments. In addition, the BCEAO has announced the creation of a special 3-month refinancing window at a fixed rate of 2.5 percent for limited amounts of 3-month “Covid-19 T-Bills” to be issued by each WAEMU sovereign to help meet funding needs related to the current pandemic.</td>
<td>As of April 29, 2020, the number of confirmed COVID-19 cases reached 109 cases and 7 deaths. Given its position as a regional transportation hub (serving as a base of a pan-African airline company) and strong trade ties with Asia, Togo is particularly exposed to the COVID-19. In order to contain the outbreak, Togo has taken a series of measures including closing land borders and airspace to flights from countries with high infection rates. Entries for non-citizens from countries with high infection rates is banned. Nationals and permanent residents will be subject to a mandatory quarantine for 14 days upon entry. Official travels to risky countries and gatherings of more than 100 people are banned until further notice. Furthermore, all sport or cultural events have been adjourned for 3 weeks. Also, to stem the COVID-19 pandemic, Faure Gnassingbe declared a curfew from 7 p.m. to 6 a.m., which took effect from April 2, 2020, until further notice. A special anti-pandemic force consisting of 5,000 men was set up “to ensure full compliance with the decisions taken in the fight against the COVID 19.”</td>
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Health measures: (i) State of health emergency for a period of 3 months; and (ii) Establishment of mobile units for screening and testing throughout the country.

Social measures: (i) Free water and electricity for groups paying social tariffs for 3 months; (ii) Mobile-based cash transfer program aiming to support informal workers directly through mobile enrolment to receive a state grant of at least 30 percent of the minimum wage, with payouts from CFAF 10,500 ($18) to CFAF 20,000 ($34); (iii) Adjustment of the working hours of civil servants from 9 a.m. to 4 p.m.; and (iv) A decree freeing 1,048 detainees was signed.

Economic measures: (i) Creation of a Solidarity and Economic Recovery Fund of CFAF 400 bn (11.8 percent of GDP). Financing is expected from the budget, private sector, and donors. No specifics on the timeline has been provided; and (ii) Issues to be discussed by inter-ministerial committees: situation of young entrepreneurs; support agricultural sector; measures to support consumption, production and job protection; possibilities for tax relief for business exposed to the COVID-19 fallout. More specifically, the government announced a series of fiscal measures for businesses: (i) a reduction of VAT rate from 18 percent to 10 percent for the hotel and catering sectors, (ii) a suspension of tax audits and penalties for the fiscal year, (iii) waiver for the submission of financial statements and postponement of tax payments for selected businesses, and (iv) granting instalments in tax payments for SMEs.

Security measures: (i) Implementation of a curfew: as of April 2, 2020 from 8 pm to 6 am; and (ii) Creation of a special anti-pandemic force of 5,000 men.