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Leipzig Research Centre Global Dynamics

Ulf Engel

**Public health policies beyond the state:
A socio-spatial analysis of early
responses to Covid-19 in Africa, 2020**

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Public Health Policies beyond the State:
A Socio-spatial Analysis of Early Responses to Covid-19 in Africa

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TABLE OF CONTENTS

1 **Introduction** 3

2 **A Glimpse at the Academic Debate** 6

3 **Covid-19 Policies beyond the State** 8

 3.1 WHO Regional Office for Africa 8

 3.2 Africa CDC 10

 3.3 The Ethiopian Government 14

4 **Conclusions** 17

Bibliography 18

 Sources 18

 Literature 18

 Funding 21

 Biographical Note 21

ABSTRACT

In the perceptions presented by global media channels as well as in the academic public health debates of today, national perspectives on responses to the Covid-19 pandemic prevail. This situation also holds true for the dynamics unfolding on the African continent. In this paper, a socio-spatial perspective is taken to better understand the dynamics of current transregional responses to the virus in Africa. This perspective is adopted against the backdrop of the spatial turn in the humanities and social sciences while analysing the activities of the World Health Organization's Regional Office for Africa and the African Union's Africa Centres for Disease Control and Prevention as well as examining a case study on the transregional coordination efforts undertaken by the government of Ethiopia.

INTRODUCTION

As of 13 April 2020 (4:00 pm CEST), 14,524 cases of Covid-19 had been registered on the African continent. According to reports, 788 people had died and 2,570 had “recovered”.¹ This compares to 1.86 million infections worldwide. By the end of March 2020, 53 African states had introduced some forms of social distancing practices; by early April, 43 of them had also closed their borders.²

In the months prior, a lot has been speculated about the likely impact of the Covid-19 virus once it makes landfall on the African continent. Typically, health systems in African countries are weak, with limited capacities to deal with pandemics: hospitals are few and far between, the number of medical doctors per 100,000 citizens is shockingly low,³ and there are few intensive care units that are equipped to deal with lower respiratory tract infections. In addition, many people are already struggling with numerous other diseases and epidemics, such as malaria, tuberculosis, HIV/Aids, or Ebola, etc.⁴ At the same time, considerable parts of Africa are also facing a number of severe ongoing challenges that put a huge strain on the coping and adaptive capacities of these societies. These challenges range from terrorism and violent extremism in the Sahelo-Saharan, West African, and Great Lakes regions,⁵ to water shortages and extreme weather conditions in Southern Africa due to climate change,⁶ to the worst locust invasion that has hit the Horn of Africa in decades,⁷ to name but a few.

Initial responses of African states to the virus follow a global pattern – although all along national lines – that has become only too familiar: lockdowns at different speeds and of different scopes; social distancing; the closing of educational institutions as well as shops; the suspension of bigger gatherings; self-quarantine; the cessation of transport between different parts of a country; the imposition of travel bans for certain nationals (initially being mostly Chinese and later all people from countries in which virus infections had been registered); the grounding of air fleets; and the closure of national borders. Additionally, in many places public perception of the virus has reinforced internal/ external divisions: the virus “was brought to Africa by foreigners” or at least by the continent’s travelling upper classes.⁸

1 Africa CDC. “Daily Update”, 13 April 2020. Addis Ababa: Africa CDC. URL: <<https://africacdc.org/covid-19/>> (accessed on 14 April 2020).

2 Africa CDC. “COVID-19 Scientific and Public Health Policy Update”, 6 April 2020. Addis Ababa: Africa CDC. URL: <<https://africacdc.org/covid-19/>> (accessed on 14 April 2020).

3 Over 45 per cent of WHO member states report to have less than 1 physician per 1,000 inhabitants; most of these countries are located in Africa. URL: <https://www.who.int/gho/health_workforce/physicians_density/en/> (accessed on 14 April 2020).

4 See “Resources on Health and Diseases in Africa”. African Studies Centre Pennsylvania University. URL: <<https://www.africa.upenn.edu/health/diseases.htm>> (accessed on 14 April 2020).

5 Cf. Ulf Engel, “Introduction: Africa’s Transregional Conflicts”, in: U. Engel (ed.) “Africa’s Transregional Conflict Complexes” (= *Comparativ. Zeitschrift für Globalgeschichte und vergleichende Gesellschaftsforschung* 28 [2018] 6), Leipzig 2019, 7–25. On the impact of the virus on African peacekeeping missions, see Cedric De Coning, “The Impact of COVID-19 on Peace Operations”, in: *IPI Global Observatory*, 2 April 2020. URL: <<https://theglobalobservatory.org/2020/04/impact-covid-19-peace-operations/>> (accessed on 10 April 2020).

6 SADC. “Statement from the Twenty Third Annual Southern Africa Regional Climate Outlook Forum (SARCOF-23) HCTA, Luanda, Angola, 28–30 August 2019”. Gaborone: Southern African Development Community. URL: <<http://csc.sadc.int/images/data/documents/sarcof23/SARCOF-23%20STATEMENT.pdf>> (accessed on 14 April 2020).

7 According to Bloomberg at the beginning of April 2020, more than 25 million hectares (61.8 million acres) of farmland are affected in Ethiopia, Kenya, and Somalia. In Ethiopia alone, “approximately 18 million hectares, or 84% of crop-land” were affected (see Samuel Gebre, “Desert Locust Outbreak at Crisis Point, Industry Body Says”, in: *Bloomberg* [New York], 8 April 2020. URL: <<https://www.bloomberg.com/news/articles/2020-04-08/desert-locust-outbreak-at-crisis-point-industry-body-says>> (accessed on 14 April 2020)).

8 Even the Africa CDC makes a difference between “local transmissions” and “imported transmissions” (see Africa CDC. “Outbreak Brief #12”, 7 April 2020. Addis Ababa: Africa CDC. URL: <<https://africacdc.org/download/outbreak-brief-12-covid-19-pandemic-7-april-2020/>> (accessed on 14 April 2020)).

Oftentimes, this perception has translated into commonplace stereotyping and scapegoating, which in turn has led to xenophobic attacks and Western embassies warning their nationals visiting African countries to self-isolate in their respective hotels and avoid public spaces (before eventually being evacuated to their homelands).⁹ And, vice versa, Africans have been discriminated against elsewhere.¹⁰

In this paper, I am interested in developing a perspective that goes beyond *national* public health responses to the Covid-19 outbreak on the African continent.¹¹ The aim is twofold: first, to empirically reconstruct less reported transnational and transregional responses to the virus and by doing so, second, to make a modest contribution to the development of a heuristic for the emerging field of transregional studies.¹² Epistemologically speaking, this paper is developed at the intersection of critical area studies, with its interest in non-Western world regions and their contribution to global knowledge production, and post-colonial studies, which emphasize multiperspectivity and attempt to decentre traditional, often conceptually Eurocentric, international relations perspectives.¹³ In doing so, I draw on previous debates about African agency in international relations¹⁴ and on the critique of methodological nationalism and its prevalence, in particular, within the discipline of political science.¹⁵ This critique emerges from the spatial turn in the humanities and social sciences.¹⁶

Against this background, the conceptual emphasis in this paper is on “sovereignty regimes,”¹⁷ “spatial formats,”¹⁸ and “spatial entrepreneurs.”¹⁹ Accordingly, sovereignty regimes

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- 9 See, e.g., Laura Kelly. “State warns foreigners ‘attacked’ in Ethiopia over coronavirus fears”, in: *The Hill* [Washington DC], 18 March 2020. URL: <<https://thehill.com/policy/international/488322-state-warns-foreigners-attacked-in-ethiopia-over-coronavirus-fears>> (accessed on 14 April 2020).
- 10 Several incidents have been reported, for example, from China. See *Daily Nation* [Nairobi], 10 April 2020. URL: <<https://allafrica.com/stories/202004100462.html>>; see also Nairobi News [Nairobi], 12 April 2020. URL: <<https://allafrica.com/stories/202004120030.html>> (both accessed on 14 April 2020).
- 11 On a personal note, I wrote this paper four weeks after I left Addis Ababa, Ethiopia, on the last regular Lufthansa flight (LH 599).
- 12 Matthias Middell (ed.), *The Routledge Handbook of Transregional Studies*. London: Routledge, 2019. Cf. Engel, “Introduction: Africa’s Transregional Conflicts”.
- 13 Cf. Amitav Acharya, “Global International Relations (IR) and Regional Worlds. A New Agenda for International Studies”, in: *International Studies Quarterly* 58 (2014) 4, 647–659.
- 14 See William Brown, “A Question of Agency: Africa in International Politics”, *Third World Quarterly* 33 (2012) 10, 1889–1908; Paul-Henri Bischoff, Kwesi Aning, and Amitav Acharya (eds.), *Africa in Global International Relations. Emerging Approaches to Theory and Practice*. London: Routledge, 2016; Rita Abrahamsen, “Africa and international relations: assembling Africa, studying the world”, in: *African Affairs* 116 (2017) 462, 125–139.
- 15 See John Agnew, “The Territorial Trap: The Geographical Assumptions of International Relations Theory”, *Review of International Political Economy* 1 (1994) 1, 53–80; Neil Brenner, “Beyond State-Centrism? Space, Territoriality, and Geographical Scale in ‘Globalization Studies’”, in: *Theory and Society* 28 (1999) 1, 39–78. – I am not claiming that his is a unique or novel perspective. Of course, the globally networked nature of pandemic responses has been noted before (see, e.g., Claude Hannoun, “Role of International Networks for the Surveillance of Influenza”, in: *European Journal of Epidemiology* 10 [1994] 4, 459–461 on influenza), although rarely from a spatial turn perspective (cf. Tim Brown, Susan Craddock, and Alan Ingram, “Critical Interventions in Global Health: Governmentality, Risk, and Assemblage”, *Annals of the Association of American Geographers* 102 (2012) 5, 1182–1189, with a perspective on global health and assemblage heuristics). With regard to the latter, Alan Ingram (“Biosecurity and the international response to HIV/AIDS: governmentality, globalisation and security”, in: *Area* 42 [2010] 4, 293–301) has made a number of pertinent observations on biosecurity and space.
- 16 In the tradition of Henri Lefebvre, *The Production of Space*. London: Blackwell Publishing, [1974] 1991; Edward W. Soja, *Postmodern Geographies: The Reassertion of Space in Critical Social Theory*. London: Verso, 1989; Doreen Massey, John Allen, and Phil Sarre (eds.), *Human Geography Today*. Cambridge: Polity Press, [1999] 2005; Jonathan Murdoch, *Post-Structuralist Geography. A Guide to Relational Space*. Thousand Oaks CA: Sage, 2006.
- 17 John Agnew, “Sovereignty Regimes: Territoriality and State Authority in Contemporary World Politics”, in: *Annals of the Association of American Geographers* 95 (2005) 2, 437–461.
- 18 S. Marung and M. Middell (eds.) *Spatial Formats under the Global Condition*. Berlin, Boston: De Gruyter Oldenbourg.
- 19 Cf. Ulf Engel, “Peace-building Through Space-making: The Spatializing Effects of the African Union’s Peace and Security Policies”, in: *Journal of Intervention and Statebuilding* 14 (2020) 2, 221–236. The theoretical perspectives on regions I have discussed in the following: Ulf Engel, “Regional Organisations and Regionalisms”, in: S. Marung and M. Middell (eds.) *Spatial Formats under the Global Condition*. Berlin, Boston: De Gruyter Oldenbourg, 2019, 310–333; Ulf Engel et al. (eds.), *The New Politics of Regionalism. Perspectives from Africa, Latin America and Asia-Pacific*. London, New York: Routledge, 2016.

result from distinctive combinations of central state authority (legitimate despotic power) on the one hand, and the degree of political territoriality (the administration of infrastructural power) on the other [...] [S]overeignty is neither inherently territorial nor is it exclusively organized on a state-by-state basis.²⁰

The analytical notion of “spatial formats” is intimately linked to the very process of space-making.²¹ Spatial formats are both “structures that shape social actions and imaginations that guide social actions”,²² and “they are imagined, and they inspire a praxis of spatial structuring”.²³ Historically, spatial formats have been conceived of not only as “empires”, “nations”, or “regions” but also as “networks”, “portals of globalization”, or “global cities”. Spatial formats are attributes of, models for, or templates for space-making processes that allow actors to label their various order-making projects. As such, they are competing with other spatial formats – often in contestation. As a result, the negotiation of spatial formats leads to the construction of a specific spatial order. The conceptual category of “spatial entrepreneur” refers to the agency and space-making practices of specific actors in relation to their respective political projects – in this case, the “regions”²⁴ and the hubs and spokes, or networks, connecting states across regions.²⁵

I will apply this particular socio-spatial perspective to institutional responses to the Covid-19 virus on three scales: the World Health Organization’s (WHO) Regional Office for Africa (ROA) as a trans-regional response mechanism, the Africa Centres for Disease Control and Prevention (Africa CDC) as the continental response mechanism of the African Union (AU), and – using the case of Ethiopia as an example – attempts of African member states to forge transnational as well as transregional alliances to cope with the pandemic. This choice certainly is not meant to imply a political or a spatial hierarchy.

With regard to sources, the following text is mainly based on an analysis of the websites of the WHO’s Regional Office for Africa (WHO ROA) and Africa CDC, respectively. And regarding Ethiopia online news has been assessed which were taken from the *Addis Ababa Playbook*, an unofficial newsletter, or portal, about developments in Ethiopia which is published on a daily basis (save for weekends).²⁶ In addition, use has been made of the news aggregating platform *allAfrica.com*.²⁷ The cut-off date for data analysis is the Easter weekend (10–13 April 2020).

20 Agnew, “Sovereignty Regimes”, 437.

21 Cf. John Agnew, “Editorial: Spatializing Politics”, in: *Territory, Politics, Governance* 4 (2016) 3, 265–268.

22 Matthias Middell, “Category of Spatial Formats: To What End?”. In S. Marung and M. Middell (eds.) *Spatial Formats under the Global Condition*. Berlin, Boston: De Gruyter Oldenbourg, 2019, 15–47, at 20.

23 Ibid., 47.

24 On the constructed nature of regions and related processes of regionalisation, see Andrew Hurrell, “One World? Many Worlds? The place of regions in the study of international society”, in: *International Affairs* 83 (2007) 1, 127–146 and Merje Kuus, “Regional Institutions”, in: J. Agnew et al. (eds.) *The Wiley Blackwell Companion to Political Geography*. Chichester: John Wiley & Sons, 2015, 311–323.

25 Here I am closely linking to the debate at the DFG-financed Collaborative Research Centre (SFB) 1199 at Leipzig University (Germany), which started in 2016 to work on “Processes of Spatialization under the Global Condition”. URL: <<https://research.uni-leipzig.de/~sfb1199/>> (accessed on 14 April 2020).

26 See <addis-playbook+owners@googlegroups.com>.

27 See <<http://allafrica.com>>.

A GLIMPSE AT THE ACADEMIC DEBATE

Despite this paper addressing a very recent global development, there are of course a number of relevant academic debates to take into account. First, there is a general public health debate on the trans-regional spread of contagious diseases and deadly pandemics.²⁸ This debate is usually framed against the backdrop of the “global governance” discourse.²⁹ In general, this debate is descriptive and, by and large (and probably for good reasons), not interested in spatial turn-informed concepts. More recent contributions to this debate look at the security dimension of pandemics,³⁰ the issue of comparison,³¹ and the nexus between global health and geographical imaginaries³² or take a global history perspective on the subject.³³

Second, while there is a small body of literature on the history of the WHO,³⁴ very little attention has so far been devoted to its Regional Office for Africa. However, in the context of the last major Ebola epidemic in West Africa (2014–2016, which affected in particular Guinea, Liberia, and Sierra Leone), Ifediora and Aning discuss “effective multilateral responses” by looking at the role of the African Union and the Economic Community of West African States (ECOWAS) and its West Africa Health Organization (WAHO) as well as at the scale-up of public health responses from the regional to the global.³⁵ In this context of the Ebola epidemic, the role of the WHO and the changing nature of global health governance in the course of this epidemic has been critically discussed.³⁶ These more recent contributions are an extension of earlier and more general debates about health governance in Africa.³⁷ As to be expected, there is no academic state of the art to mention yet when it comes to the Africa CDC – it was only launched in January 2017.

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- 28 Cf. Colin McInnes, Lee Kelley, and Jeremy Youde (eds.), *The Oxford Handbook of Global Health Politics*. New York: Oxford University Press, 2020.
- 29 Cf. Peter J. Brown and Svea Closser (eds.), *Foundations of Global Health: An Interdisciplinary Reader*. New York: Oxford University Press, 2019; Eduardo Missoni, Guglielmo Pacileo, and Fabrizio Tediosi, *Global Health Governance and Policy: An Introduction*. London: Routledge, 2019; Geoffrey B. Cockerham, *Global Governance and Public Health: Obstacles and Opportunities*. London: Rowman & Littlefield International, 2018; Anna Holzscheiter, “Health”, in: A. Draude, T.A. Börzel and T. Risse (eds.) *The Oxford Handbook of Governance and Limited Statehood*. Oxford: Oxford University Press, 2018, 438–458. In this context, it is always irritating to see how long it takes to construct the “international” in an epidemic or pandemic. See, amongst many others, Nicholas A. Christakis, “Responding to a Pandemic: International Interests in AIDS Control”, in: *Daedalus* 118 (1989) 2, 113–134, on HIV/Aids.
- 30 Anthony J. Masys, Ricardo Izurieta, and Miguel Reina Ortiz (eds.), *Global Health Security. Recognizing Vulnerabilities, Creating Opportunities*. Cham: Springer International Publishing, 2020.
- 31 Robert H. Blank, Viola Burau, and Ellen Kuhlmann, *Comparative Health Policy*. Rev. 5th ed., Basingstoke: Palgrave Macmillan, 2018.
- 32 Claire Herrick and David Reubi, *Global Health and Geographical Imaginaries*. Abdingdon: Routledge, 2017.
- 33 Randall M. Packard, *A History of Global Health: Interventions into the Lives of Other Peoples*. Baltimore: Johns Hopkins University Press, 2016.
- 34 See, e.g., Kelley 2010; Amy LS. Staples, *Birth of Development. How the World Bank, Food and Agriculture Organization, and World Health Organization Changed the World, 1945–1965*. Kent OH: Kent State University, 2006; Yves Beigbeder, *L'Organisation mondiale de la Santé*. Paris: Presses Universitaires de France, 1995.
- 35 Obinna Franklin Ifediora and Kwesi Aning, “West Africa’s Ebola Pandemic: Toward Effective Multilateral Responses to Health Crises”, *Global Governance* 23 (2017) 2, 225–244.
- 36 Cf. Colin McInnes, “Who’s Next? Changing Authority in Global Health Governance After Ebola”, in: *International Affairs* 91 (2015) 6, 1299–1316; Adam Kamradt-Scott, “WHO’s to blame? The World Health Organization and the 2014 Ebola outbreak in West Africa”, in: *Third World Quarterly* 37 (2016) 3, 401–418; Laurie Garrett, “Ebola’s Lessons: How the WHO Mishandled the Crisis”, *Foreign Affairs* 94 (2015) 5, 80–107.
- 37 See, e.g., Sandra MacLean and David R. MacLean, A “New Scramble for Africa”: The Struggle in Sub-Saharan Africa to Set the Terms of Global Health”, in: *Round Table* 98 (2009) 402: 361–371.

Third, and more specific to the African continent, there is a debate about what exactly could be learned from the last major Ebola epidemic in West Africa.³⁸ This includes not only general lessons learned in terms of public health politics,³⁹ but also reflections on the specific role of Regional Economic Communities (RECs), such as ECOWAS,⁴⁰ in addressing epidemics.

Fourth, there are very recent, non-academic comments in different media channels that discuss in how far contemporary Covid-19 responses by South East Asian governments, such as Taiwan, Singapore, or Hong Kong, have been successful and could be copied elsewhere.⁴¹

And, fifth, there are already more general, brief comments on the prospects of international cooperation in fighting the pandemic.⁴²

Yet, in the present situation, very little attention has been paid to the collective African responses to the Covid-19 virus. The illuminating blog on this topic by Witt – and with regard to past experiences, the articles by Bappah and Ifediora / Aninig on ECOWAS – stand out as rare exceptions. Conceptually speaking, the current dynamics still call for contextualization and interpretation.⁴³

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- 38 On the political economy of the Ebola epidemic, see Ibrahim Abdullah and Ismail Rashid, *Understanding West Africa's Ebola Epidemic: Towards a Political Economy*. London: Zed Books, 2017. For introducing an argument to use the term “pandemic” for these Ebola outbreaks, and thereby linking them to global structural issues, see Eugene T. Richardson et al. “Biosocial Approaches to the 2013–2016 Ebola Pandemic”, in: *Health and Human Rights* 18 (2016) 1, 115–127.
- 39 Amongst others, see Andrew Green, “Ebola outbreak in the DR Congo: lessons learned”, in: *The Lancet* 391 (26 May 2018), 2096; Ramesh Govindaraj et al., *Strengthening Post-Ebola Health Systems: From Response to Resilience in Guinea, Liberia, and Sierra Leone*. Washington DC: World Bank, 2018; Daniel Gulati and Maike Voss, “Health and security: why the containment of infectious diseases alone is not enough”. Berlin: Stiftung Wissenschaft und Politik, 2019 (= SWP Comments); Peter Piota, Moses J. Sokab, and Julia Spencer, “Emergent threats: lessons learnt from Ebola”, *International Health* 11 (2019), 334–337; Santiago Ripoll et al., “Social Science in Epidemics: Ebola Virus Disease lessons learned”. Sussex: The Social Science in Humanitarian Action, 2018 (= Background Report; No. 1). URL: <www.socialsciencein-action.org> (accessed on 14 April 2020); Paul Richards, *Ebola: How a People's Science Helped End an Epidemic*. London: Zed Books, 2016.
- 40 Cf. Habibu Yaya Bappah, “Human Security in Practice: Securing People from the threat of Epidemic – What Can We Learn from the ECOWAS Response to Ebola?”, *Strategic Review for Southern Africa* 37 (2015) 1, 190–199. See also WHO. “Ebola then and now: Eight lessons from West Africa being applied in the Democratic Republic of the Congo”. Geneva: World Health Organisation, 22 August 2019. URL: <<https://www.who.int/news-room/feature-stories/detail/ebola-then-and-now>> (accessed on 14 April 2020).
- 41 See, e.g., Soonman Kwon. “COVID-19: Lessons from South Korea”. *Health Systems Global* [Bern], 31 March 2020. URL: <<https://www.healthsystemsglobal.org/blog/406/COVID-19-Lessons-from-South-Korea.html>>; Suzanne Sataline. “Covid-19's resurgence in Hong Kong holds a lesson: Defeating it demands persistence”. *Stat News* [Boston], 26 March 2020. URL: <<https://www.statnews.com/2020/03/26/coronavirus-hong-kong-resurgenece-holds-lesson-defeating-it-demands-persistence/>>; and Margie Warrell. “COVID-19 Leadership Lessons From Singapore: Be Ready, Be Bold, Be Decisive”. *Forbes* [Jersey City NJ], 30 March 2020. URL: <https://www.forbes.com/sites/margiewarrell/2020/03/30/singapore-sets-gold-standard-against-covid-19-be-ready-be-decisive-be-bold/> (all accessed on 14 April 2020).
- 42 See, e.g., Hanns W. Maull. „Internationale Zusammenarbeit in der Corona-Krise: Chancen für Europa, Gefahren für die Welt“. 30 March 2020. Berlin: Stiftung Wissenschaft und Politik. URL: <<https://www.swp-berlin.org/publikation/internationale-zusammenarbeit-in-der-corona-krise-chancen-fuer-europa-gefahren-fuer-die-welt/>>; and Volker Perthes. “The Corona Crisis and International Relations: Open Questions, Tentative Assumptions”. 31 March 2020. Berlin: Stiftung Wissenschaft und Politik. URL: <<https://www.swp-berlin.org/en/publication/the-corona-crisis-and-international-relations-open-questions-tentative-assumptions/>> (both accessed on 14 April 2020).
- 43 Antonia Witt, “An Island of Internationalism: The African Union's Fight Against Corona”. PROF Blog, 7 April 2020. URL: <<https://blog.prif.org/2020/04/07/an-island-of-internationalism-the-african-unions-fight-against-corona/>> (accessed on 14 April 2020); Bappah “Human Security” and Ifediora/Aninig, “West Africa's Ebola Pandemic”.

COVID-19 POLICIES BEYOND THE STATE

In comparison to, say, most of the governments in Europe, the governments in Africa have responded faster and often more forcefully to the Covid-19 virus, with first measures being introduced at an early point in time when the number of infections – or to be more precise, confirmed cases – were still comparatively low (these low figures are partly an indication of insufficient testing and laboratory capacities). And when it comes to action beyond the nation-state, Africa has also shown remarkable responses, involving supranational organizations, continental and regional bodies, as well as a range of transnational and transregional initiatives, as will be discussed in the following.

WHO Regional Office for Africa

As part of the UN system, the World Health Organization came into being on 7 April 1948. Since 2017, it has been headed by former Ethiopian Foreign Minister Dr Tedros Adhanom Ghebreyesus (55), the first African to lead the WHO. The director-general is a microbiologist by training and was actually born in Eritrea. The WHO Regional Office for Africa is based in Brazzaville, Republic of Congo. Since 2015, it has been headed by Matshidiso R.N. Moeti, a South African-born medical doctor of Botswanan nationality and the first woman to be in charge of the WHO ROA. She was appointed for a second five-year term in February 2020. The office itself is one of the WHO's six regional offices around the world. The Regional Office for Africa comprises 47 sub-Saharan African states (the other African states are covered by the Regional Office for the Eastern Mediterranean [EMRO]).⁴⁴ At a very general level, the WHO ROA is assisting member states to translate “global health initiatives into regional plans that respond to the specific needs and challenges of countries in the Region” (WHO ROA 2020). This assistance mainly applies to infectious diseases.

Initially, Covid-19 seemed to be déjà vu of the Ebola epidemic in West Africa a few years before.⁴⁵ Only fairly late – on 12 March 2020, that is to say 20 days after the first case was discovered in Algeria and had already spread to most continents – the virus was classified as a worldwide pandemic.⁴⁶ At this stage, 47 people in 9 African countries were infected.⁴⁷ The WHO director-general was criticized for lavishly praising China's containment efforts too early. He was also attacked personally by the US president, who accused him of having “missed the call”; the WHO was accused of being “China-centric”.

44 Actually including Djibouti, Egypt, Libya, Morocco, Somalia, Sudan, and Tunisia – but not Algeria (which is in and of itself an interesting form of regionalisation worthwhile to be discussed somewhere else). WHO EMRO. “Countries”. WHO: Geneva, 2020. URL: <<http://www.emro.who.int/countries.html>> (accessed on 14 April 2020).

45 For a critique of the WHO response to this epidemic, see McInnes, “Who's Next?”; Kamradt-Scott, “WHO's to blame?”; Garrett, “Ebola's Lessons”.

46 WHO. “WHO announces COVID-19 outbreak a pandemic”, 12 March 2020. WHO: Geneva. URL: <<http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic>> (accessed on 14 April 2020). On 30 January 2020, the outbreak of Covid-19 was declared a “public health emergency of international concern (PHEIC)”, and on 29 February 2020, the risk was elevated at the global level to “very high”. (on classificatory knowledge regimes, see, amongst others, Sudeepa Abeysinghe, “When the spread of disease becomes a global event: The classification of pandemics”, in: *Social Studies of Science* 43 (2013) 6, 905–926; Pardis Sabeti and Lara Salahi, *Outbreak Culture: The Ebola Crisis and the Next Epidemic*. Cambridge: Harvard University Press, 2018.

47 WHO ROA. “COVID-19. External Situation Report No. 2”, 11 March 2020. Brazzaville: WHO ROA. URL: <https://apps.who.int/iris/bitstream/handle/10665/331425/SITREP_COVID-19_WHOAFRO_20200311-eng.pdf> (accessed on 14 April 2020). Although the map reproduced in this SitRep already shows a total of 118 confirmed cases for the continent, including WHO EMRO (top of the list was Egypt with 60 reported cases).

This immediately prompted a series of expressions of solidarity with the WHO director-general by African heads of state and government.⁴⁸

In the light of Covid-19, the WHO ROA's activities were concentrating on policy coordination, surveillance, upscaling laboratory capacity, case management training, infection prevention and control, operations supporting logistics, risk communication and community engagement, and human resources deployment.⁴⁹ In practice, first, the WHO ROA activities are focusing on early detection by providing Covid-19 testing kits to countries, training health workers, and strengthening surveillance in communities. By the beginning of April 2020, all 47 countries of the WHO Africa region were able to test for Covid-19. At the start of the outbreak, only Senegal and South Africa could do so. Second, the office is regularly issuing updated guidance on quarantine, repatriation of citizens, and preparedness at workplaces. Third, the WHO ROA is

*working with a network of experts to coordinate regional surveillance efforts, epidemiology, modelling, diagnostics, clinical care and treatment, and other ways to identify, manage the disease and limit widespread transmission.*⁵⁰

Fourth, the office is

*providing remote support to affected countries on the use of electronic data tools, so national health authorities can better understand the outbreak in their countries.*⁵¹

And, fifth, the WHO ROA is distributing information (mainly through radio and television) and also tries to counter disinformation and fake news. In this respect, it also helps member states to set up call centres to provide the public with reliable information. In support of the activities listed above, the ROA set up a website with technical guidance.⁵²

In terms of communication (one of the issues critically raised with regard to handling the Ebola epidemic in West Africa), the WHO ROA issued its first weekly situation report on 4 March 2020.⁵³ By this time, only 3 countries – namely Algeria, Nigeria, and Senegal – had reported a total of 11 infections. First signs of illness had developed on 22 February, by “a 61-year-old Italian male with pre-existing comorbidity who travelled from Milan, Italy and arrived in Algiers, Algeria on 17 February 2020”.⁵⁴ Actually, most of the infections that were registered early were related to travel to northern Italy. The first case on African soil was reported by Egypt on 15 February 2020.

48 “African Leaders Stand With WHO Boss Tedros After Trump Attack”, 8 April 2010. URL: <<https://allafrica.com/stories/202004080896.html>>; and *Daily Nation* [Nairobi], 10 April 2020. URL: <<https://allafrica.com/stories/202004130252.html>> (both accessed on 14 April 2020). But also see Kathy Gilsinan. “How China Deceived the WHO”, *The Atlantic* [Boston], 12 April 2020. URL: <<https://www.theatlantic.com/politics/archive/2020/04/world-health-organization-blame-pandemic-coronavirus/609820/>> (accessed on 14 April 2020).

49 Ibid.

50 “WHO Regional Office for Africa”. URL: <<https://www.afro.who.int>> (accessed on 14 April 2020).

51 Ibid.

52 WHO. “Country & Technical Guidance – Coronavirus disease (COVID-19)”. Geneva: WHO ROA, 2020. URL: <<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance>> (accessed on 14 April 2020).

53 WHO ROA. “COVID-19. External Situation Report No.1”, 4 March 2020. Brazzaville: WHO ROA. URL: <https://apps.who.int/iris/bitstream/handle/10665/331330/SITREP_COVID-19_WHOAFRO_20200304-eng.pdf> (accessed on 14 April 2020).

54 Ibid. The WHO ROA was only notified of this case three days later.

Basically, the WHO ROA efforts can be classified as a traditional form of interregionalism between the regional branch of a supranational body and its member states⁵⁵. The WHO is channelling its support to member states through institutional platforms that are organized on the basis of historically constructed regions.

Africa CDC

The Africa CDC, launched in January 2017, is a response mechanism to disease threats. It is one of the specialized technical institutions of the African Union, and it was established

*to support public health initiatives of Member States and strengthen the capacity of their public health institutions to detect, prevent, control and respond quickly and effectively to disease threats. Africa CDC supports African Union Member States in providing coordinated and integrated solutions to the inadequacies in their public health infrastructure, human resource capacity, disease surveillance, laboratory diagnostics, and preparedness and response to health emergencies and disasters.*⁵⁶

Essentially, the establishment of the Africa CDC, based on a decision by the African Heads of State and Government taken on 30 January 2016,⁵⁷ is a reaction to the West African Ebola pandemic.⁵⁸ The Africa CDC is based in Addis Ababa, within the headquarters of the African Union Commission (AUC). Its founding director is Dr John Nkengasong (61), a Cameroonian microbiologist with extensive experience of working on HIV/Aids. In an interview published in December 2017, he explains the institution's strategic approach:

*We're systems-focused [emphasis added], not disease-focused. Our mission is to support African nations as they create strong health systems and institutions, and then ensure that they are sustainable, fully functional operations that can be called on to fight multiple diseases. Our operations model is simple: we want member states to establish their own national public health institutes, which will network with regional collaborative centers.*⁵⁹

Subsequently, five Regional Collaborating Centres (RCC) were established to serve as hubs to reinforce the Africa CDC's "surveillance, preparedness and emergency response activities and coordinate regional public health initiatives":⁶⁰ Central Africa (with headquarters in Libreville, Gabon), East Africa (Nairobi, Kenya), Northern Africa (Cairo, Egypt), Southern Africa (Lusaka, Zambia), and Western Africa (Abuja,

55 See Acharya, "Global International Relations"; Tanja A. Börzel and Thomas Risse (eds.), *The Oxford Handbook of Comparative Regionalism*. Oxford: Oxford University Press, 2016; Frank Mattheis and Andréas Litsegård (eds.), *Interregionalism Across the Atlantic Space*. Cham: Springer International Publishing, 2018.

56 "Africa CDC". URL: <<https://africacdc.org>> (accessed on 14 April 2020).

57 "Decision on the Specialised Technical Committees" adopted at the 26th Ordinary Session of the AU Assembly held in Addis Ababa, Ethiopia, on 30-31 January 2016. Assembly/AU/Dec. 589 (XXVI). Addis Ababa: African Union, 2016.

58 Already at the AU Special Summit on HIV, TB and Malaria held in July 2013 in Abuja, Nigeria, the African heads of state and government recognized the need to establish Africa Centres for Disease Control and Prevention.

59 John Nkengasong, "Q and A with Dr John Nkengasong, director of Africa CDC and former Fogarty trainee", in: *Global Health Matters Newsletter* 16 (2017) 6. Fogarty International Center, Bethesda MD. URL: <<https://www.fic.nih.gov/News/GlobalHealthMatters/november-december-2017/Pages/john-nkengasong-africa-cdc.aspx>> (accessed on 14 April 2020).

60 "Africa CDC". URL: <<https://africacdc.org>> (accessed on 14 April 2020).

Nigeria).⁶¹ The substructure of the Africa CDC include the Pathogen Genomics Intelligence Institute (PGII) and the Institute for Workforce Development (IWD).

The Africa CDC activated its Emergency Operations Centre (EOC) and its Incident Management System (IMS) for the Covid-19 outbreak on 27 January 2020, immediately rolling out a communication strategy, which included regularly updated “Incident Action Plans”.⁶² The day after, the Africa CDC started publishing weekly “Outbreak Briefs: Coronavirus Disease 2019 (COVID-19) Pandemic”, and since 10 March, has also disseminated weekly “COVID-19 Scientific and Public Health Policy Updates”. On 9 February, posters and small brochures were distributed throughout the continent, informing healthcare workers and the general public about the virus. The centre also posted information about frequently asked questions.⁶³ And on 12 March, an updated recommendation on AU meetings and travel was issued, basically meaning that the African Union started postponing larger face-to-face meetings, a first step towards a policy of home office that followed the week after.⁶⁴

This was followed by the publication of a *Joint Strategy* and two very detailed and specific guides. On 20 March, the “Africa Joint Continental Strategy for COVID-19 OUTBREAK” was released.⁶⁵ It aimed at preventing “severe illness and death from COVID-19 infection in Member States” and at minimizing “social disruption and economic consequences of COVID-19 outbreaks”. The coordinating efforts of the Africa CDC were defined along four spatial scales: in-house across the African Union (mainly involving the departments of peace and security, trade and industry, economic affairs, and rural economy and agriculture); multilaterally vis-à-vis the WHO and its regional offices for the Eastern Mediterranean and African regions; regionally with respect to the 8 officially recognized RECs;⁶⁶ and bilaterally with regard to the 55 members of the African Union. Operationally, the Africa CDC relied on the Africa Task Force for Coronavirus (AFTCOR)⁶⁷ and the IMS, which is supported by the African Volunteer Health Corps (AVoHC), “a continental resource for surge staffing during public health emergencies”. The two guides addressed African citizens and were issued on 20 March 2020. The first one addresses questions of assessment, monitoring, and movement restrictions of people at risk for Covid-19; the second introduces community social distancing during the outbreak.⁶⁸

A week later three more pieces of information were shared through the Africa CDC website with the African public: a 12-page “Recommendations for Stepwise Response to COVID-19 by African Union Member States” and two 1-page leaflets: “Know Your Epidemic through COVID-19 Testing” and “Hand

61 Interestingly, the member states of these five regions are not exactly identical with the five African regions the African Union usually refers to, for instance when it comes to the African Peace and Security Architecture (APSA). They are also not identical with the African subregions of the United Nations.

62 To place this information into a global context: on the very same day of 27 January 2020, the coronavirus pandemic was confirmed to have reached Germany.

63 Africa CDC. “2019 Novel Coronavirus Disease Outbreak. What Health Care Workers Should Know”; “2019 novel Coronavirus”; and “What you should know about the 2019 novel Coronavirus Disease”, all 9 February 2020. Addis Ababa: Africa CDC.

64 Africa CDC. “Updated Policy Recommendation for African Union Meetings and Travel During COVID-19 Outbreak”, 12 March 2020. Addis Ababa: Africa CDC.

65 Africa CDC. *Africa Joint Continental Strategy for COVID-19 OUTBREAK*. 20 March 2020. Addis Ababa: Africa CDC.

66 These are the Community of Sahel-Saharan States (CEN-SAD), the Common Market for Eastern and Southern Africa (COMESA), the East African Community (EAC), the Economic Community of Central African States (ECCAS), the Economic Community of West African States (ECOWAS), the Intergovernmental Authority on Development (IGAD), the Southern African Development Community (SADC), and the Arab Maghreb Union (AMU).

67 It is made up of five working groups, which are always co-chaired by the respective regional directors of the RCCs (1. surveillance, including screening at points-of-entry, 2. infection prevention and control in healthcare facilities, 3. clinical management of persons with severe Covid-19 infection, 4. Laboratory diagnosis and subtyping, and 5. risks communications), and someone from the Africa CDC, plus one group on “supply chain and stockpiling medical commodities” co-chaired by the Africa CDC and United Nations Children’s Fund.

68 Africa CDC. “Africa CDC Guidance for Assessment, Monitoring, and Movement Restrictions of People at Risk for COVID-19”; and “Guidance on Community Social Distancing During COVID-19 Outbreak”, both 20 March 2020. Addis Ababa: Africa CDC.

Hygiene Can Save Your Life and the Lives of Your Friends and Families”.⁶⁹ And on 9 April, two more documents were added to the website: a “COVID-19 Contact Tracing Protocol for African Union Staff” and a “Protocol for Enhanced Severe Acute Respiratory Illness and Influenza-like Illness Surveillance for COVID-19 in Africa”.⁷⁰

These efforts were followed up by meetings of line ministers, first health and later finance. On 22 February, the African ministers of health held an emergency meeting in Addis Ababa.⁷¹ They discussed a continental response strategy to Covid-19, a common approach to receiving African students and citizens wishing to return from China, and ways of knowledge sharing “about experimental drugs, vaccines and clinical trials currently being undertaken for the control of the coronavirus disease”.⁷² This was followed by two online meetings of the African ministers of finance, on 19 March and 31 March respectively. First, they looked into the social and economic impact on the African people related to measures for social contact restriction. The ministers focused

*on the need for debt relief and fiscal stimulus for all countries; liquidity relief to the private sector and in particular the service sectors, tourism, airlines and SMEs; call for coordinated trade policy environment; and finally the use of ICT [information and communication technology, UE] to better manage the crisis from awareness, to support, to accountability and transparency.*⁷³

As a follow-up, the African Union published on 6 April 2020 a detailed analysis of the economic implication of the virus on member states, listed the national efforts undertaken so far to mitigate these severe impacts, and made recommendations to member states and RECs.⁷⁴

In a tradition of also regarding epidemics and pandemics as security treats, the AU Peace and Security Council (PSC) – which is the highest decision-making body of the African Union in between biannual summits – discussed on 9 March 2020 how to respond to the virus. The meeting was briefed by Africa

69 Africa CDC. “Recommendations for Stepwise Response to Covid-19 by African Union Member States”; “Know Your Epidemic through COVID-19 Testing” and “Hand Hygiene Can Save Your Life and the Lives of Your Friends and Families”; all 27 March 2020. Addis Ababa: Africa CDC.

70 Africa CDC. “Covid-19 Contact Tracing Protocol for African Union Staff”; and “Protocol for Enhanced Severe Acute Respiratory Illness and Influenza-like Illness Surveillance for Covid-19 in Africa”, both 9 April 2020. Addis Ababa: Africa CDC.

71 Similar meetings were held at REC’s levels. The SADC ministers of health, for instance, met for a first emergency meeting on 9 March 2020 and decided to reconstitute the Technical Committee for Coordinating and Monitoring the Implementation of the SADC Protocol on Health. On 18 March, the SADC Council of Ministers met for the first time via video conference (see *Southern African News Features* [Harare], 3 April 2020. URL: <<https://allafrica.com/stories/202004030634.html>> (accessed on 14 April 2020)).

72 African Union. “News Event: Ministerial Meeting on Coronavirus Disease Outbreak”, 22 February 2020. URL: <<https://au.int/en/newsevents/20200222/ministerial-meeting-coronavirus-disease-outbreak>>; African Union. “Communique by the Emergency Meeting of African Ministers of Health on the Coronavirus Disease Outbreak”, 22 February. Addis Ababa: African Union. URL: <<https://africacdc.org/download/communique-by-the-emergency-meeting-of-african-ministers-of-health-on-the-coronavirus-disease-outbreak/>> (both accessed on 14 April 2020).

73 On the first meeting, see *The African Courier*, “Africa needs \$100 billion in aid over coronavirus pandemic – AU finance ministers” [Berlin], 4 April 2020. URL: <<https://www.theafricancourier.de/africa/africa-needs-100-billion-in-aid-to-combat-coronavirus-au-finance-ministers/>>; on the second meeting see UNECA. “Communiqué. African Ministers of Finance – Immediate call for \$100 Billion support and agreement the crisis is deep and recovery will take much longer”. Addis Ababa: United Nations Commission for Africa, 31 March 2020. URL: <<https://www.uneca.org/stories/communique-african-ministers-finance-immediate-call-100-billion-support-and-agreement-crisis>> (both accessed on 14 April 2020).

74 *Impact of the Coronavirus (Covid-19) on the African Economy*. Addis Ababa: African Union, 2020.

CDC Deputy Director Dr Ahmed Ogwell Ouma, a Kenyan national who joined the CDC in September 2019. Amongst other issues, the PSC stressed the importance

*of a Continent-wide collective response to the COVID-19 and, in this context, underlines the importance of emulating the best practices and lessons learnt from the successful fight against the 2014–2016 West Africa Ebola Virus Disease outbreak, including the need to mobilize private sector resources.*⁷⁵

The PSC underlined “the urgent need” to put in place an effective communication strategy⁷⁶ and requested that the AUC chairperson “to champion adequate responses to the COVID-19 outbreak, including through playing a lead role in mobilizing the resources required to effectively combat the COVID-19 scourge”.⁷⁷ The PSC also looked into the increased financial needs of the Africa CDC.⁷⁸

African heads of state and government also started coordinating and harmonizing responses to Covid-19. On 26 March 2020, a teleconference was called by South African President Cyril Ramaphosa (68), in his capacity as the current chairperson of the African Union, to coordinate Africa’s response efforts ahead of a virtual G20 meeting that was held the same day.⁷⁹ The presidents of the Democratic Republic of Congo (DRC), Egypt, Kenya, and Mali as well as AUC Chairperson Moussa Faki Mahamat (59) and the director of the Africa CDC also participated in the teleconference. Ramaphosa emphasized that a continental coordinated response was needed more than before. Dr Nkengasong characterized “the rapid spread of the COVID-19 is an unprecedented public health disaster”.⁸⁰ The meeting subsequently decided to establish an African Coronavirus fund to which the members of the Bureau of the AU Assembly immediately dedicated USD 12.5 million. Finally, the meeting urgently appealed to the World Bank, the International Monetary Fund (IMF), and the African Development Bank (AfDB)

*to use all the instruments available in their arsenal to help mitigate against the scourge and provide relief to vital sectors of African economies and communities.*⁸¹

In a follow-up teleconference, held on 3 April 2020, more presidents joined the coordination effort: the presidents of Ethiopia, Rwanda, Senegal, and Zimbabwe participated as much as WHO Director-General Dr Tedros, the head of the Africa CDC, and French President Emmanuel Macron.⁸² Amongst other successes, the meeting noted progress in operationalizing the AU Covid-19 Response Fund (meanwhile an additional USD 4.5 million had been raised for Africa CDC activities). It concluded to establish continental ministerial coordination committees on health, finance, and transport “to coordinate [together] in order to support the comprehensive continental strategy”.⁸³ The next meeting was held on 9 April. The meeting was led by South African Minister of International Relations and Cooperation Dr Naledi Pandor (66), the current chairperson of the AU Executive Council. The ministers of foreign affairs of DRC, Egypt, Kenya, and Mali took part, as did the AUC chairperson, AU Commissioner for

75 “Communiqué adopted at the 915th PSC Meeting held in Addis Ababa, Ethiopia, on 9 March”. PSC/PR/COMM. (CMXV). Addis Ababa: AU Peace and Security Council, 2020. §2.

76 Ibid., §4.

77 Ibid.

78 Ibid., §7.

79 “Communiqué of the Bureau of the Assembly of the African Union Heads of State and Government Teleconference on Covid-19, held on 26 March 2020”. Addis Ababa: African Union, 2020.

80 Ibid.

81 Ibid. Actually, by 5 April 2020 the AfDB had raised USD 3 billion through a three-year bond. *The East African* [Nairobi], 5 April 2020. URL: <<https://allafrica.com/stories/202004090123.html>> (accessed on 14 April 2020).

82 “Communiqué of the Bureau of the Assembly of the African Union Heads of State and Government Teleconference on Covid-19, held on 3 April 2020”. Rev. 1. Addis Ababa: African Union, 2020.

83 Ibid. The meeting also “strongly urged for the immediate lifting of all [international] economic sanctions imposed on Zimbabwe and Sudan to allow them to adequately respond to the pandemic and save lives” (ibid.).

Social Affairs Amira El Fadil (53), from Sudan, and the director of the Africa CDC.⁸⁴ And on 13 April 2020, Ramaphosa appointed a number of eminent African former ministers of finance (including Rwandan Donald Kaberuka, one of the masterminds behind the AU financial reform) as African Union special envoys to mobilise international financial support.⁸⁵

To summarize, the African Union and its technical agency, the Africa CDC, have responded swiftly in communicating and coordinating African responses to the Covid-19 pandemic. Emphasis has been placed on disseminating information to member states and their citizens. At the same time, the African Union has attempted to raise financial support and develop mitigation strategies with key international partners. In a recent blog of the Frankfurt/Main-based Peace Research Institute, published on 7 April 2020, Antonia Witt, a peace and security researcher, neatly summarizes:

*Since [early March 2020], the AU has displayed at least five functions which International Relations scholars attribute to international organizations: coordination and standard-setting, expertise, technical support, public agenda-setting, as well as mobilization of resources.*⁸⁶

The African Union is responding to the Coronavirus out of a decades-long tradition of foreign policy coordination and harmonization, which, although not always working well, can build on a number of successful precedents (historically most important in the fight against apartheid and White minority rule, but in some respect also with regard to various violent conflicts on the continent).⁸⁷ Activating existing response mechanisms in time also strongly resonates with the current debate on the institutional reform of the African Union, which started in 2016, with a view to make the continental body more effective and responsive to its citizens.⁸⁸ In terms of space-making, the African Union and its various components are employing forms of networked regionalism to boost the sovereignty of RECs and member states.⁸⁹ The African Union is invoking principles of multilateralism not only amongst member states, but also between the AU and other international stakeholders – from UN bodies to international financial institutions.

The Ethiopian Government

In mid-February 2020, the WHO considered Ethiopia as one of 13 African countries “as [a] top priority for Covid-19 preparedness due to direct links or a high volume of travel to China”.⁹⁰ In fact, over the last years, the flag carrier, Ethiopian Airlines (ET), has established itself as *the* major African airline. Before the crisis, it used to operate 34 flights a week to China.⁹¹ The first Covid-19 case in Ethiopia was

84 “Communiqué of the Bureau of the African Union (AU) Executive Council Teleconference Meeting held on Thursday, 9 April 2020”. Addis Ababa: African Union, 2020.

85 *Daily Trust* [Abuja], 13 April 2020. URL: <<https://allafrica.com/stories/202004130356.html>> (accessed on 14 April 2020).

86 Witt, “An Island of Internationalism”.

87 See Klaas van Walraven, *Dreams of Power. The Role of the Organization of African Unity in the Politics of Africa 1963–1993*. Ridderkerk: Ridderprint, 1996.

88 See Paul Kagame, *The Imperative to Strengthen Our Union Report on the Proposed Recommendations for the Institutional Reform of the African Union*. 27 January. Addis Ababa: African Union, 2017.

89 On sovereignty boosting regionalism, see Fredrik Söderbaum, *Rethinking Regionalism*. London, New York: Palgrave Macmillan, 2016.

90 WHO ROA. “Covid-19 Newsletter”. Brazzaville, 13 February 2020. URL: <<http://whotogo-whoafrocmaster.newsweaver.com/JournalEnglishNewsletter/62uxehwl61ay48iiujdam4?email=true&a=11&p=56444925>> (accessed on 14 April 2020).

91 WHO ROA. “Covid-19 Newsletter”. Brazzaville, 20 February 2020. URL: <<http://whotogo-whoafrocmaster.newsweaver.com/JournalEnglishNewsletter/122clqhd6iy48iiujdam4?a=1&p=56483140&t=31103707>> (accessed on 14 April 2020).

registered on 13 March 2020 (a Japanese citizen who had arrived from Burkina Faso on 4 March).⁹² Already on 29 February, the Ethiopian Council of Ministers had decided to set up a national ministerial committee to prevent the spread of Covid-19 to the country.⁹³ On 16 March, the first lockdown measures were announced.⁹⁴ On 23 March, the country closed its borders.⁹⁵ And 16 days later, a 5-month-long state of emergency was imposed.⁹⁶

All of this has been happening during a fundamental political crisis in the country. With the ruling four-party government coalition, the Ethiopian People's Revolutionary Democratic Front (EPRDF), being dissolved in November 2019, Prime Minister Abiy Ahmed (43) has been promoting a new non-ethnic-based party, called the Prosperity Party – a development that his former ally, the Tigray People's Liberation Front (TPLF), vehemently opposes. Initially, elections had been called for August 2020, but now they have been postponed indefinitely because of Covid-19. Parts of the country were under a communication lockdown because of the government's fight against the opposition in the Oromia regional state. At the same time, an influx of small arms and light weapons (SALW) to many regions has been registered over the last months. Armed militias are mushrooming, and violent incidents of various forms are on the rise. And on top of this domestic time bomb, a foreign policy crisis is looming regarding the government's plan to start filling the Grand Ethiopian Renaissance Dam (GERD) on the Nile River – to which Egypt is fiercely opposed. The results of United States "mediation" have been rejected, amidst an increasing nationalist rhetoric.⁹⁷

Despite these escalations, and in the tradition of late Prime Minister Meles Zenawi, who, from late 2009 until his death on 20 August 2012, championed Africa's international response to climate change, the current prime minister, 2019 Nobel Peace laureate Abiy, has taken the lead in coordinating Africa's response to Covid-19. This developed along several transnational and transregional lines. First, on 15 March 2020, the prime minister announced that he had secured continent-wide Covid-19 support from Chinese businessman and billionaire Jack Ma (the founder of the manufacturing company Alibaba).⁹⁸ This involved 10,000 to 20,000 testing kits per country, more than 100,000 masks for each African country, and books containing guideline on how to treat patients with the virus. The material was flown to Addis on 22 March, and distribution to 51 African countries started the following day. Second, the

92 *Fana Broadcasting Corporation* [FanaBC, Addis Ababa], 13 March 2020. URL: <<https://www.fanabc.com/english/ethiopia-confirms-first-coronavirus-case/>> (accessed on 14 April 2020).

93 *FanaBC* [Addis Ababa], 29 February 2020. URL: <<https://www.fanabc.com/english/council-of-ministers-passes-decisions-on-various-agendas-including-gerd/>> (accessed on 14 April 2020). The committee was made up of the minister of peace (Muferihat Kamil), the minister of finance (Ahmed Shide), the minister of foreign affairs (Gedu Andargachew), and the state minister of health (Dr Lia Tadesse, whose appointment was only approved by the House of People's Representatives on 12 March).

94 *FanaBC* [Addis Ababa], 16 March 2020. URL: <<https://www.fanabc.com/english/ethiopia-suspends-schools-sporting-events-for-15-days-due-to-coronavirus/>> (accessed on 14 April 2020).

95 *FanaBC* [Addis Ababa], 23 March 2020. URL: <<https://www.fanabc.com/english/ethiopia-closes-borders-to-prevent-spread-of-covid19/>> (accessed on 14 April 2020).

96 *FanaBC* [Addis Ababa], 8 April 2020. URL: <<https://www.fanabc.com/english/ethiopia-declares-state-of-emergency-over-covid19/>> (accessed on 14 April 2020). This actually is the fourth state of emergency in recent years.

97 For data on violent conflict, see "Regional Overview: Africa". [Weekly Data]. Madison WI: Armed Conflict Location & Event Data Project. URL: <<https://acleddata.com/>> (accessed on 14 April 2020). For historical background to the political crisis, also in its regional context, see (2020), Redie Bereketeab (ed.), *State Building and National Identity Reconstruction in the Horn of Africa*. Cham: Palgrave Macmillan, 2017; Christopher Clapham, *The Horn of Africa. State Formation and Decay*. London: Hurst, 2017, G. Berhe Mulugeta, *Laying the Past to Rest. The EPRDF and the Challenges of Ethiopian State-Building*. London: Hurst, 2020, and Alex de Waal, *The Real Politics of the Horn of Africa*. Cambridge: Polity Press, 2015.

98 *AfricaNews* [Pointe Noire], 29 March 2020. URL: <<https://www.africanews.com/2020/03/29/ethiopia-pm-secures-big-coronavirus-support-for-africa-from-jack-ma/>> (accessed on 14 April 2020). A second donation was announced on 6 April 2020. See also AU Directorate of Information and Communication. "Africa's fight against COVID19 receives major boost with Alibaba donation of 1.5 million test kits and 100 tons for infection prevention and control commodities". Press Release 019/2020, 23 March 2020. Addis Ababa: African Union.

prime minister appealed to G20 leaders to help Africa to cope with the coronavirus crisis by facilitating debt relief and providing USD 150 billion in emergency funding.⁹⁹ Third, Abiy tried to engage both the AfDB and the IMF to assist African states, reiterating his call for a USD 150 billion facility.¹⁰⁰ Fourth, on 30 March these activities were linked to the efforts of the Intergovernmental Authority on Development (IGAD), that is to say the relevant REC in the Horn of Africa.¹⁰¹ Fifth, the prime minister tried to coordinate both country and continental responses with other international organizations, such as the European Union.¹⁰² Sixth, Ethiopia became part of a group of African countries convened by the current AU chairperson, South African President Ramaphosa, to coordinate and harmonise policy responses to Covid-19 on the African continent (see above, section 3.2).¹⁰³ These efforts were seconded by Ethiopian President Sahle-Work Zewde (70), who – together with the presidents of Ecuador, Germany, and Singapore as well as the king of Jordan – called for a global alliance to deal with the virus, as opposed to narrow national response strategies or geopolitical manoeuvrings.¹⁰⁴

The Ethiopian government has rather deliberate and successfully placed itself as an interlocutor between AU member states and the external world, almost assuming the role of a spokesperson (which in view of the Chairmanship of the Union currently by South Africa it certainly is not). But because of the infrastructural advantages with the dominance of Ethiopian Airlines as a carrier and the function of Addis Ababa as a hub within Africa, but also between the continent and the outside world, the Ethiopian government could easily claim this role. As an effect, Ethiopia has established vital hubs and spokes in fighting the virus.

99 *AFP* [Paris], 24 March 2020. URL: <<https://news.yahoo.com/ethiopias-abiy-seeks-150bn-african-virus-response-090331142.html?guccounter=1>> (accessed on 14 April 2020).

100 *FanaBC* [Addis Ababa], 26 March 2020. URL: <<https://www.fanabc.com/english/pm-holds-phone-conversation-with-afdb-imf-chiefs/>> (accessed on 14 April 2020). On 4 April a USD 80 million support line for Ethiopia was signed with World Bank. See *FanaBC* [Addis Ababa], 3 April 2020. URL: <<https://www.fanabc.com/english/world-bank-approves-82m-support-for-ethiopias-covid-19-response/>> (accessed on 14 April 2020).

101 *FanaBC* [Addis Ababa], 30 March 2020. URL: <<https://www.fanabc.com/english/igad-leaders-hold-discussion-on-regional-response-to-curb-covid19/>> (accessed on 14 April 2020).

102 *FanaBC* [Addis Ababa], 31 March 2020. URL: <<https://www.fanabc.com/english/pm-eu-high-representative-hold-talks-on-covid-19-challenges/>> (accessed on 14 April 2020). Efforts were also made to engage the assistance of the Russian Federation and the World Bank.

103 *FanaBC* [Addis Ababa], 4 April 2020. URL: <<https://www.fanabc.com/english/premier-holds-teleconference-with-african-leaders/>> (accessed on 14 April 2020).

104 “Five world leaders: No time for geopolitical turf battles”, *Financial Times* [London], 31 March 2020.

CONCLUSIONS

From a socio-spatial perspective, this paper addressed early transregional response dynamics to the Covid-19 virus in Africa by focusing on the activities of the WHO Regional Office for Africa, the AU Africa Centres for Disease Control and Prevention, and the transregional coordination efforts undertaken by the Ethiopian government. At this stage of the pandemic, it is far too early to form any informed opinion on the impact of the measures described above and on how, in the end, these will compare to, for instance, responses to the 2014–2016 Ebola epidemic in West Africa, or elsewhere. Obviously, despite the concerted efforts of the actors analysed in this paper, many African countries still lack fundamental technical capacities with regard to testing (i.e. identifying) and treating infected people.¹⁰⁵ The social and economic challenges remain immense. And the international environment for tackling the pandemic is, at best, unstable and unpredictable.

The space-making practices of the actors under review – sovereignty boosting through region-building, establishing networks, investing in interregionalism and transregionalism, and upholding principles of multilateralism – clearly show that analytical perspectives drawn from the spatial turn in the humanities and social sciences can enrich the understanding of African (and other world region's) responses to the Covid-19 pandemic. In this sense, the WHO ROA, Africa CDC, and Ethiopian government have become important spatial entrepreneurs. Witt describes the African Union's efforts as “a rare case of internationalism: it has played an important role in providing coordination, expertise and technical support to its member states, engaging in advocacy, and mobilizing resources”.¹⁰⁶ Yes, true, but analytically speaking it is far more than just a matter of “internationalism”.

The African Union is claiming African agency in international relations, and it is struggling to maintain, increase, and expand sovereignty of its member states amidst shrinking multilateral spaces. The African Union is applying lessons learned from previous Ebola outbreaks and has chosen a specialized agency – the Africa CDC – to address the Covid-19 pandemic. All three actors discussed in this paper – the WHO ROA, Africa CDC, and Ethiopian government – are developing sovereignty strategies and contributing to the building of related sovereignty regimes. Through setting up and networking the Regional Collaborating Centres, the Africa CDC is notably implementing a strategy of creating hubs and spokes in the African regions. Historicizing the current experiences extends a promising invitation to researchers and policy-makers alike to discuss the spatializing practices and effects of past outbreaks of communicable diseases on the African continent, together with the associated governance practices, such as malaria or tuberculosis in the nineteenth century and HIV/Aids in the twentieth century.¹⁰⁷

105 In Ethiopia, for instance, until 12 April 2020 only 3,863 tests had been carried out since the discovery of the virus four weeks earlier (this compares to 2.8 million tests the United States had undertaken). Geographically, tests were mainly conducted in the capital of Addis Ababa. This has so far led to the identification of 71 cases. See “Ethiopia COVID 19 update April 12: two more cases confirmed”, *Borkena.com* [Addis Ababa], 13 April 2020. URL: <<https://borkena.com/2020/04/12/ethiopia-covid-19-update-april-12-two-more-cases-confirmed/>> (accessed on 14 April 2020).

106 Witt, “An Island of Internationalism”.

107 See, e.g., Manuela Bauche, *Medizin und Herrschaft. Malariabekämpfung in Kamerun, Ostafrika und Ostfriesland (1890–1919)*. Frankfurt/Main, New York: Campus, 2018., Tamara Giles-Vernick et al. 2013. “Social History, Biology, and the Emergence of HIV in Colonial Africa”, *Journal of African History* 54 (2013) 1, 11–30, and James L.A. Webb Jr., “Historical Epidemiology and Infectious Diseases in Africa”, in: *Journal of African History* 54 (2013) 1, 3–10.

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