

COVID-19 – CRISIS UPON CRISIS IN AFRICA: AN ECOFEMINIST PERSPECTIVE

The novel Coronavirus has triggered a significant global crisis, with the harshest impacts being felt by the poor and working classes across the world. On the African continent, this 'new' pandemic encounters numerous other crises of climate heating, environmental degradation, unemployment and rising poverty, land grabs and widespread hunger, increased violence, specifically violence against women, and civil conflicts in many countries. Crisis layered upon crisis leaves the majority of Africa's people, and vulnerable people in particular, under or malnourished, with immune systems already weakened by diseases linked to poverty and rising temperatures and living without proper housing, water and sanitation services necessary to safeguard against disease and ill health. Most of Africa's people are at grave risk in this moment

Reputable scientists, academics, analysts and organisationsⁱ are linking COVID-19 to the encroachments of extractivist capital upon forests and ecosystems as corporates pursue profit through ranching, logging and mining. The logic of reducing nature and its beings to assets to be exploited for profit therefore lies at the very heart of the COVID-19 pandemic, the very same logic that is causing the global climate crisis.

Working class and peasant women in Africa carry the burden of all the crises listed above and this is because of their designation as the primary household food producers, caregivers and harvesters of water, energy and other basic goods needed for the reproduction of life and the well-being of people. But these roles also place them at the frontlines of the defence of nature and its right to exist, without which the survival of all beings would not be possible. It is therefore essential that COVID-19, and the numerous other crises which it encounters in Africa, are read from and responded to from the perspective of women, ecology and political economy.

In the past two weeks, WoMin has been engaged in intensive outreach to and solidarity with partners, allies and friends across Africa. This COVID-19 political positioning of the alliance is rooted very concretely in African experiences and perspectives as COVID-19 unfolds across our continent.

Locating the Coronavirus outbreak historically and structurally in Africa

This COVID-19 pandemic is but one in a series of infectious diseases over the past 50 years linked to the spread of pathogens ordinarily found in animal species, most often in wildlife, to humans. Examples in the past 50 years include HIV/Aids, avian flu, the swine flu pandemic, severe acute respiratory syndrome (SARS) and the Ebola fever.ⁱⁱ Vandana Shiva, the celebrated scholar and environmental activist contends that more than 300 new pathogens have emerged over the past 50 years as the habitat of species is destroyed and manipulated for profits.ⁱⁱⁱ

The seed of most new infectious diseases lies in the rapid expansion of the extractives sector-mainly logging and industrial plantation style mono-cropping (such as palm oil and cocoa) and livestock production, and more recently the mining sector – and it's violent encroachments upon nature's land and forests. By

illustration, the world has lost more than 26 million hectares of trees each year – the loss of an area roughly the size of Britain annually – in the period 2014-2018, representing a 43% increase in the global rate of tree loss as compared with the period 2001-2013.^{iv}

The Ebola crisis, which raged through West Africa, mainly affecting Sierra Leone, Liberia and Guinea, and killing more than 11 000 people in the period 2013-2016 is directly linked to deep structural poverty in the region – these three countries were at the time respectively ranked 183, 175 and 179 in the United Nation's Human Development Index. Significant capital investment in the extractives sector – rubber tapping, cocoa and palm oil production specifically – had contributed to West Africa suffering the highest deforestation rate in the world at this time. And so, whilst the diminutive little fruit bat may have been the direct source of the pathogen causing Ebola, the structural roots of the pandemic lie elsewhere in an extractivist model of development. In 2019, the Ebola virus reared its head again, this time in the war torn eastern Democratic Republic of the Congo (DRC) where gold mining by large multinational companies is widespread. It is estimated that more than 2000 people died in this year-long epidemic.^v Mining, like industrial plantations, encroaches on indigenous forests and places extremely poor and disease ravaged workers in direct contact with pathogen bearing wildlife.

By and large, the state of readiness of African countries to deal with the deadly coronavirus has been gravely undermined by the hollowing out of state capacity by successive neoliberal structural adjustment policies and the accompanying privatisation of key public services – education, health care, water and sanitation – under the direction of International Finance Institutions (IFIs), such as the International Monetary Fund (IMF) and the World Bank.vi The rise of the extractives sectors in Africa in the past decade or more, has led to the vast looting of Africa's wealth, well-captured in the results of the High-Level Panel on Illicit Financial Flows from Africa, and severely compromised the ability of State's to fulfil their developmental responsibilities. This Panel reported in February 2015 (following 3 years of research and analysis) that Africa was losing more than \$50 billion every year to illicit financial flows (IFFs). This is defined as money which is earned, transferred or utilised through illegal means and originates from (a) corporate tax evasion, trade mis-invoicing and unlawful transfer pricing; (b) criminal activities; and (c) corruption of government officials with the latter estimated by Open Society Initiative of West Africa (OSIWA) at only 3% of total outflows.^{vii} The case of Nigeria is powerful - here the oil and gas sector of the Nigerian economy is responsible for 92.9 per cent of illicit financial flows (IFF) with over \$217.7 billion said to have flowed out of the country between 1970 and 2008. The extractives sector stands front and centre in wealth outflows to the centre – in the Nigerian case mainly to the US, Spain, France and Germany.viii

The readiness of African states and African peoples to respond to the pandemic, which both the World Health Organisation (WHO) and the Africa Centers for Disease Control and Prevention project will 'surge' by the end of April 2020^{ix}, is further undermined by the climate crisis and its particular impacts on our continent. Global average temperatures have increased 0.8 degrees Celsius since 1880. The year 2019 broke all previous average temperature records. At the current trajectory, in terms of unconditional government pledges through the United Nations Framework on Climate Change (UNFCCC), average temperatures will very conservatively increase by just over 3 degrees by 2100. Processes that accelerate warming trends, such as the melting of the arctic ice, are occurring years, if not decades, before mainstream scientists have predicted.^x

Food security is deteriorating, with emergency situations prevailing in parts of Southern Madagascar, Mozambique, Lesotho, Zimbabwe and Eswatini. Droughts, floods, hurricanes, persistent malaria and generalized water scarcity are unfolding and set to increase in the next few decades. In low lying coastal areas, erosion has taken metres of land and engulfed whole communities.^{xi} In the Sahel region, roughly 80% of the farmland is degraded by rising temperatures and conflicts rage as desperate people fight to control farmlands and scarce water bodies.^{xii}

Africa's people are living the climate crisis and enduring impacts on their health which combine with poor living conditions to undermine their ability to withstand infections and pandemics. The direct and indirect impacts of climate change on human health include malnutrition, tropical and diarrhoeal diseases, malaria and dengue fever, as well as meningitis and cardio-respiratory diseases.^{xiii}

These historical and structural realities described above, which afflict Africa and it's poor and working populations in very particular ways, stem from the same root: extractivist patriarchal capitalism. This system exploits the cheap labour of black working class men in mines and plantations and rests on the unpaid labour of women as they work to house, provide water and food, care for and generally satisfy the needs of labour

and create the conditions for some measure of 'peace' that capital needs. This system profits from the dispossession of the peasantry and the working classes of land, water, forests, fisheries and minerals and it relies on nature as a free or cheap input to production and a 'sink' for the external environmental costs of production. Capital also depends on women's unpaid labour as the absorber of externalised social and economic costs of production and the rehabilitation of damaged nature.^{xiv}

The COVID-19 pandemic heightens the risk of a crisis of social reproduction by sharply increasing women's burden of unpaid care work in response to the pandemic. In this regard, a recent article published in the medical journal *The Lancet* on the gendered impacts of the COVID-19 outbreak concluded that, based on research from previous epidemics, women will bear the lion's share of the consequences.^{xv} This includes the violent fallout that accompanies humanitarian emergencies. Research undertaken in respect of the Ebola and Zika pandemics^{xvi} confirmed an increase in domestic and sexualised violence as families confronted the extreme social and economic stress of these pandemics. For the vast numbers of African women who are victims of domestic violence, mandatory lockdowns to curb the spread of COVID-19 have trapped them in their homes with their abusers, isolated from the networks of support that could assist them.

The responses of some African states and multilateral bodies

From WoMin's discussions with friends and allies in Burkina Faso, Senegal, Nigeria, Cote d'Ivoire, Zimbabwe Mozambique, Madagascar and South Africa, it would appear that the responses of African states are not dissimilar to those being pursued in other parts of the world – lockdowns and curfews to enforce the rather abstract notion of social distancing in most African contexts; the closure of markets for the trade of meat and agricultural produce; restrictions on movement between town and country, as well as between towns and cities; and the heightened presence of the military and police to inform state prescriptions.

The challenges to an effective response that will save African lives are substantively the same – extreme poverty with the majority of people living hand to mouth, a livelihood reality which is greatly undermined, if not fully disabled, by lockdowns and curfews; limited COVID-19 testing; inadequate access to water and sanitation to practice the recommended hygiene measures; limited if no income or food relief for citizens; broken down health services which barely function outside of a pandemic; and, in general, a distrust of the state and the information it is sharing publicly.

In Burkina Faso, a respondent there confessed that there was no hope for the majority of Burkinabe in the face of COVID-19 and that the best hope for its citizens would be a vaccine. In Zimbabwe, our informant there indicated that the hospitals are in shambles and the only medication readily available to people in public health facilities is an over the counter painkiller, Panadol. Wilkins Hospital, which specialises in infectious diseases, was shut down on 26 March for 'renovations' and public hospitals do not have protocols for dealing with COVID-19. Doctors and nurses downed tools in late March to protest the lack of protective clothing. In South Africa, desperately poor people have been forced into lockdown in overcrowded shacks and township housing, with no income relief and wholly inadequate food distribution, and at least nine South Africans at the time of writing had been killed by the armed forces violently patrolling largely black working-class areas to enforce the lockdown. In Cote d'Ivoire, informants allege that the elite are hoarding supplies and have converted a luxury hotel into a quarantine and treatment facility for the rich. Similar allegations are being levelled against the Zimbabwean ZANU-PF elite.

Wealthier countries in the traditional global North, as well as some of the larger emerging economies, have put in place significant stimulus packages targeting business, large corporations and working people. In contrast, most African states are loaded down by debt and interest repayments, and do not have the financial means to put similar measures in place. Ideally, such supports should focus to the very substantial informal economy in most countries across the continent, but it is likely African governments will follow the mantra of the IFIs and benefactors. Countries are indeed turning to the IMF for emergency funding. As of 25 March, the IMF had received requests from 20 African countries with another 10 or more requests projected to follow.^{xvii} Credit facilities have been extended to Rwanda, Madagascar, Guinea and Senegal at last count. This funding will come with heavy conditionalities for further economic restructuring which have historically created extreme vulnerability for most Africans.

The African Development Bank (AfDB) has mobilised a USD 3 billion 'Fight COVID-19'^{xviii} three-year Social Bond through which they will support countries undertake projects aiming to increase access to health and other essential goods, services and infrastructure. The AfDB is at the service of African countries, and decision-making is dominated by large financial contributors, many of which are traditional global North countries and large African states, such as South Africa and Nigeria. It is hard to believe that this large Social Bond will benefit ordinary Africans carrying the costs of this pandemic, without significant pressure from movements and other civil society actors. The African Union had indicated in mid-March that it would set up a COVID-19 Solidarity Fund, but no further details have been forthcoming.

In conclusion, colonialism, followed by structural adjustment/s, neoliberal reforms and new colonisation which unfolds through the wholesale raiding of Africa's natural resources, continue to eviscerate African states and their ability to serve their citizens. Our states are totally incapacitated, and crisis layered upon crisis leave most African citizens without any protections or support as they confront COVID-19 seemingly quite alone. From informant reports, the most significant aid is not coming from the state but rather from neighbours, community members, faith organisations and small businesses. States now search out emergency funding to respond to a crisis which has been created and perpetuated, in part, by the very same lending institutions. There is little hope for our continent in such responses.

Organising from below

Across the world, ordinary people have acted with enormous care for and solidarity with vulnerable and excluded community members and populations during this pandemic. This is no different in the African context where the middle and working classes have donated food, protective clothing, water and money and contributed labour through soup kitchens, shelters and information dissemination efforts. States have failed people by acting too late or indecisively and putting in place extreme restrictions through lockdowns, curfews and restraints on movement which undermine the precarious livelihoods of so many of their citizens. This is particularly true in the African context given the scale and extent of the informal sector which offers its many hundreds of millions of workers no protections or savings or insurances when they are unable to work.

In WoMin's years of work to support women's resistances to the violent encroachments of mining, oil and gas extraction and large-scale infrastructure, including mega-energy projects, WoMin can testify to the bravery and resoluteness with which women and their communities have defended their land, water, homes and their very right to exist. In this defence, women are protecting their seeds, their autonomy, their forms of production, their community relations, and very importantly their interdependent relationship with nature without which they would not survive. In their defence lies women's proposition for just development. They are saying NO to the deeply destructive extractivist model of development, and YES to the REAL and living alternatives in the ways they produce food, conserve and steward natural resources, and take care of their families and communities. This outline of a just development agenda which women both defend and propose offer us a roadmap to a radically transformed way of living together in relations of care and harmony with nature. This living alternative to dominant development offers us the roadmap the world needs if we are to avert climate catastrophe, wars, and pandemics like COVID-19 which lie in the not too distant future.

10-point action plan for governments and continental bodies

Whilst we need radical transformations to guarantee a life for all beings on the planet, WoMin presents here some minimal basic action points that movements and organisations can advocate for states and multilateral institutions to take up in their responses to COVID-19 to guarantee the immediate security and interest of most African women. We believe these reforms expand the role of the state and reorient its relations with people thus taking us in the direction of the larger macro-revolutions needed:

- 1. Provide relevant and accessible information on COVID-19, how people can protect themselves from infection and what actions should be taken if people suspect they are ill. This information should clearly address issues of stigmatisation so that infected people will not hide their status; be available in appropriate languages; and accessible for those with limited or no literacy. Governments must be open, transparent and truthful in reporting about the pandemic.
- 2. Free testing and treatment for all citizens including through mobile testing facilities in remote contexts and for people who cannot afford transport.
- 3. Ensure hospitals are functional, have water supplies and the necessary equipment and medication, and that medical staff have protective gear and clear protocols for managing and treating COVID-19 patients. Temporary hospitals should be set up to cater for spill over from permanent hospital infrastructure. Private health facilities should be nationalised and their services available to all citizens.

- 4. Rapid rollout of emergency water supplies and sanitation to all needy citizens with no bias or prejudice.
- 5. Implement a comprehensive social emergency plan, including cash transfers to replace for lost income of informal sector workers, and food and seeds distribution. Small scale food production and communal gardens should be recognised as essential services. Ensure cash transfers are targeted to individuals and not households where these may be hijacked by male household members.
- 6. Full public transparency and accountability for all loans, grants, donations and emergency funding received in support of the COVID-19 response and reconstruction effort.
- 7. Recognise, validate and support women's care work in and through the pandemic. Cash transfers should be paid to caregivers to recognise and compensate for their labour.
- 8. Set up support and protection mechanisms, as well as safe houses, for women victims of violence.
- 9. Full respect for civil rights and liberties during curfews and lockdowns.
- 10. Ensure that women's organisations and movements are fully engaged in planning and rolling out the COVID-19 emergency response, as well as in discussions on the reforms and development pathways to be pursued in the post-COVID-19 reconstruction effort.

Date of release - 8 April 2020

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