

AFRICA CABINET GOVERNMENT NETWORK

COVID-19 ON-LINE WORKSHOP 11 August 2020

REPORT

Introduction

On 11th August 2020 the Africa Cabinet Government Network (ACGN) convened a meeting of Cabinet Secretariats and other senior public servants from across Africa to share experiences in coordinating Covid-19 responses and recovery plans. The peer learning approach is central to how the ACGN operates, focusing on what works best, particularly in a resource constrained environment.



A total of 27 people participated in the workshop, including participants from 10 African countries: Djibouti, Egypt, Ghana, Liberia, Malawi, Nigeria, Rwanda, Sierra Leone, South Sudan and Tanzania (Zanzibar). Most of the participants were Cabinet officials.

In order to encourage frank and open discussion, the meeting was conducted under a modified Chatham House Rule: The participants are free to use the information received, but may not directly identify or attribute specific participants or their offices.

This report is therefore limited to some general conclusions. It does not include detailed information on individual country responses and avoids attributing information or comments to specific participants or countries.

Format of the workshop

The workshop was chaired by Mr Jordan Sulonteh, Director-General of the Cabinet in Liberia, who had experience coordinating a national response during the Ebola outbreak of 2014-16. Short presentations were delivered by internationally recognised experts on central government coordination and public health and education.

Unlike many of the webinars being convened on Covid-19, which tend to be dominated by technical experts, most of this workshop was taken up with oral reports from senior participants on the approaches taken in their own jurisdictions, focusing on the evolution, strengths and challenges of their national responses. The meeting was then opened to general discussion on these reports.

Key findings

Since the implementation of wide-spread national and international 'lockdowns' in March 2020, the nature and scope of the crisis has changed in Africa, as elsewhere. What began as a public health crisis has quickly spread into something much bigger causing waves in national and international politics, economies and across government service delivery. Well-coordinated, evidence-informed responses will be critical to navigating the crisis, and Cabinet Secretariats have a critical path to play in this.

Many Governments are basing their responses on the expectation that a Covid-19 vaccine will be available in 2021. However, vaccinating even 20% of the African population (300m people) will require a tenfold increase in the total number of vaccinations compared with 2019. The scale of this challenge cannot be underestimated, and it will require strong, effective and coordinated action from governments, private sector, civil society and community leaders.

Over the course of the conversation a number of key findings emerged on: 1) the nature and scope of the crisis; 2) the need for a localised, contextualised approach; 3) the need for crisis legislation; 4) the evolution of coordination arrangements; 5) affecting behaviour change; and 6) opportunities to change how we work. Each of these areas are summarised below.

1) Nature and scope of the crisis

Although the official number of African Covid-19 cases reached one million a few days before the workshop¹, participants noted that in recent weeks the number of new cases has been declining across Africa, although some countries are still experiencing growing numbers of cases and deaths. Large, indoor events have played a major role in transmission, especially where people are not wearing masks. On the other hand, transmission among children is rare, suggesting that schools should remain open.

There was widespread agreement among participants that the Covid-19 crisis was much more than a health crisis. The repercussions and disruption caused by the pandemic has had a huge impact not just on health care provision but also on national and local economies, cross-border trade and government service delivery.

Cabinet Secretariats have helped to mitigate these effects by bringing together key stakeholders and coordinating policy development processes. For example, recognising the risks of virus transmission from handling cash, some countries have loosened restrictions on the use of mobile money transactions. Equally, some countries have extended support to the finance sector and businesses through central banks; others have utilised existing social network safety net infrastructure to provide support to vulnerable groups. While aid in kind has been distributed in many instances, there have been challenges in both execution and in meeting citizen expectations.

The pandemic has, by its nature, made coordination more challenging. Many participants noted that civil services had to change their ways of working, with reduced numbers of staff coming to the offices, taking regular temperature checks and civil services introducing shift-based working in order to

¹ WHO data 8th August 2020 (includes North Africa countries).

maintain social distancing in the workplace. The use of online technology has allowed many to work from home, although internet access/speed and power challenges remain in many settings.

2) The need for a localised, contextualized approach

Locally contextualised solutions were recognised as key. Countries have differing areas of strength to utilise in their responses. For instance, some countries have utilised the existing security services to aid in contact tracing and others have utilised existing social safety net infrastructure.

Several participants noted that approaches that have been successful in South Korea or Europe would not necessarily work in Africa. For example, 'stay at home' orders, which have been effective in Europe, were not always feasible for the citizenry in Africa, and could create as many challenges as they solved (including access to food supplies where citizens do not have refrigeration or electricity).

Many participants emphasised the important role of testing and tracing, to help focus quarantine restrictions and other containment measures on local areas where the disease level or risk is greatest.

Participants also noted the importance of cultural sensitivity in relation to Covid-19 restrictions. In some countries gatherings such as funerals have been allowed but with restrictions on the number of attendees. In some countries there is strong demand for the reopening of religious centres.

One delegate concluded by emphasising that a 'one size fits all' approach has never worked. Taking into consideration the peculiarities of each country cannot be over-emphasised.

3) The evolution of coordination arrangements

One of the key lessons from the West African Ebola epidemic was that a public health crisis is not *just* a public health crisis. It has significant implications on political and economic stability.

Some participants reported that their national responses have evolved through multiple phases. For example, in one country there have been three phases:

Phase one was led by subject matter (Public Health) experts, which at the start of the crisis was considered an appropriate response. However, as the crisis became more complex and the wider effects became clearer, more sophisticated decision, consultation and implementation mechanisms became more important.

During a second phase many countries have established or utilised Special Cabinet Committees (sometimes called 'clusters') or Special Presidential Task Forces to broaden the pool of key decision makers, while ensuring a prominent role for voices from Public Health. Many participants highlighted the need for a multi-sectoral, inter-governmental approach to the national response, with most (if not all) ministries engaged as well as subnational governments. This was seen as critical when the wider ramifications of the crisis, for example on economic activity, employment and food security, became more evident. Drawing on this broader pool of decision-makers, many countries have developed

economic and social recovery plans, including support to businesses directly from Government and through banks.

The government-wide coordination expertise of Cabinet Secretaries, with deep understanding of the machinery of government, has been called upon in a number of countries to provide secretariat support and monitoring the national plan. In at least one of the countries represented in the workshop, the Cabinet Secretary has been appointed to coordinate the overall Covid-19 response.

During phase 3, as the scale and implications of the crisis became clearer, an even broader network of actors have been called upon to lead the response. Task Forces have drawn on the expertise and leadership of civil society, community and faith leaders, as well as private sector stakeholders. A broader coalition was generally recognised by participants as an important step in a more inclusive response, and a key mitigation for the unintended consequences of narrowly consulted policies.

4) The need for crisis legislation

The Covid-19 pandemic was without precedent in many countries, requiring the delegation of emergency powers to the executive. In many cases these additional powers have been accompanied by statutory time limits.

Several participants noted the importance of early steps to ensure that decision makers had the necessary statutory powers to restrict movements and public gatherings, enforce curfews and close borders, as well as to impose penalties on those failing to comply. In some cases, curfews have also been imposed limiting the hours during which individuals can be outside their homes.

Participants noted the importance of specific ministries issuing crisis regulations and guidelines. Drawing on each ministry's knowledge of the sector, these often served two purposes: firstly providing detailed guidance on how to operate as safely as possible during the current crisis and secondly, helping to protect consumers from predatory business practices such as price-gouging. While participants noted the value of legislation to prohibit the sale of fake covid-19 cures, there are varying levels of success in enforcement.

5) Affecting behaviour change.

There was clear agreement on the importance of effective communication during the crisis. One of the key lessons of the West Africa Ebola outbreak of 2014-16 was the importance of changing specific behaviours around traditional burial practices and testing. During the Ebola outbreak the support of traditional and spiritual leaders played an important role in changing behaviours.

In relation to the current crisis, workshop delegates highlighted the difficulty in ensuring compliance with restrictions and regulations, as well as compliance with recommended practices such as handwashing and wearing of masks. One delegate reported that a significant number of people still believe that Covid-19 does not exist. To address these issues, participants reported regular and prominent engagement of public health, public education and community and faith leaders in messaging to the public. Frequent public updates on planned interventions and their effectiveness

were cited as important for building trust, however, some participants also noted that citizens were not always wholly credulous of government data and messaging.

6) Opportunities to change how we work

A number of participants noted that, while the current crisis presents major challenges, it also provides some opportunities for longer-term changes. In many places structures and processes have been established for consultative decision-making, creating an opportunity to embed these kinds of arrangements in working practices after the crisis.

Equally, the crisis has forced many to adopt technology and modern working practices, with the potential to greatly improve both decision-making and service delivery across the public administration spectrum. The current crisis has enhanced the transition towards digital transformation, which is in line with the call for a digital transformation strategy in the Africa Agenda 2063. Specific examples mentioned included greater use of e-learning in education, greater awareness of the logistical challenges of immunization and greater adoption of automated public service models.

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For information on the Africa Cabinet Government Network (ACGN), please see our website: www.cabinetgovernment.net or contact ACGN's Executive Director, Dr Mark Johnston: markj@cabinetgovernment.net.

