Overview of Covid19, its Effects and the Strategies Adopted by Various Governments in the Sahel Region

By Ahmed Abubakar & Musbahu Jibrin Abubakar
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Abstract- The world is currently afflicted with a lethal infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), called coronavirus disease 2019 (COVID-19). The virus was first detected in Wuhan, China, in December of 2019, and spread rapidly throughout the world before being declared a global pandemic by the World Health Organization (WHO) on March 11, 2020. Thus, the ongoing pandemic has severely harmed the world's most developed countries and is posing a significant threat to low-and middle-income countries. The ongoing COVID-19 outbreak is anticipated to have a noteworthy effect on the Sahel, the world's poorest region with the most vulnerable populations to various infectious diseases. This study involved a systematic literature review. The objective of this study is to examine the policy response to Covid-19 in the region. This study employed systematic literature review in search, selection and analysis of the relevant retrieved documents. Covid-19 has caused socio-economic disruption and a rising number of deaths in the Sahel region.

Keywords: covid-19, impact, prevention, policy response, sahel.

GJHSS-B Classification: FOR Code: 040699

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Abstract: The world is currently afflicted with a lethal infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), called coronavirus disease 2019 (COVID-19). The virus was first detected in Wuhan, China, in December of 2019, and spread rapidly throughout the world before being declared a global pandemic by the World Health Organization (WHO) on March 11, 2020. Thus, the ongoing pandemic has severely harmed the world's most developed countries and is posing a significant threat to low-and middle-income countries. The ongoing COVID-19 outbreak is anticipated to have a noteworthy effect on the Sahel, the world's poorest region with the most vulnerable populations to various infectious diseases. This study involved a systematic literature review. The objective of this study is to examine the policy response to Covid-19 in the region. This study employed systematic literature review in search, selection and analysis of the relevant retrieved documents. Covid-19 has caused socio-economic disruption and a rising number of deaths in the Sahel region. The policy response to the pandemic in the region, notably, included curfews, quarantine and lockdown measures, and preventive measures such as frequent washing of hands, social distancing, and the use of face masks were enforced. Other policy measures include vaccination and the stimulus package for economic recovery.

Keywords: covid-19, impact, prevention, policy response, sahel.

1. Introduction

Coronavirus (COVID-19) is a pathogen that is highly infectious and can be fatal (Ouassou et al., 2020). The pandemic was first reported as an unknown form of pneumonia by the WHO in December 2019 (Anoushiravani et al., 2020). Coronaviruses are members of the Nidovirales order and belong to the Coronavirus family (Zhou et al., 2021). The causative virus is called severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) (Ouassou et al., 2020). On February 11, the WHO declared that the disease caused by the new coronavirus disease would be called COVID-19 (Neilson and Woodward, 2020; Anoushiravani et al., 2020; Ouassou et al., 2020). Coronaviruses are small in size, ranging from 65–125 nm in diameter and contain a single-stranded RNA nucleic material with a length ranging from 26 to 32kbs (Shereen et al., 2020; Shah et al., 2020). In the last quarter of 2019, Wuhan city, the developing trade centre in China, had a devastating experience with the outbreak of the novel coronavirus that killed over eighteen hundred individuals and over seventy thousand people were infected in fifty days of the outbreak (McKibbin and Fernando, 2020; Shereen et al., 2020). The pandemic quickly spread among residents of Wuhan City, Hubei Province, China, in early December 2019 (Shah et al., 2020). According to preliminary findings, numerous patients were exposed to the disease at the Huanan Seafood Wholesale Market in Wuhan City (Shah et al., 2020; Neilson and Woodward, 2020). Chinese authorities closed the Huanan Seafood Wholesale Market on January 1, 2020, which was connected to numerous cases within the early cluster (Neilson and Woodward, 2020). The Chinese authorities identified a novel coronavirus (nCoV) as the cause of this severe pneumonia disease on January 7, 2020, and the WHO confirmed the identification on January 12, 2020 (Shah et al., 2020). The Sahel region is a semi-arid region that stretches across northern Africa from the Atlantic Ocean to the Red Sea in the east (Zeng, 2003), and has a population of approximately 60 million people (Anyamba and Tucker, 2005). The region is ecologically vulnerable, politically unstable, economically marginalized and socially deprived.

The study involved a systematic literature review. Articles related to this study were retrieved from reputable databases, such as Scopus, Elsevier, ProQuest, ResearchGate, Google Scholar etc. The documents were accumulated from search engines using relevant search terms, including covid-19 in Sahel OR pandemic in the Sahel OR policy covid-19 OR covid-19 prevention OR impact of covid-19 etc. The articles reviewed in this study were selected as indicated in their title or abstract pertaining to covid-19, impact, prevention and control of both direct and indirect impacts of covid-19. The abstracts of the retrieved documents were extensively reviewed for categorisation into a range of themes and associations. At this stage, duplicate documents were discarded, thus leaving only the relevant original documents for further review and inclusion in the analysis and discussion.

The objective of this review is to examine the policy response to Covid-19 in the Sahel region. This study, therefore, accentuates the current trends of Covid-19 in the Sahel region and provides a strategic
overview of its impacts, prevention and policy response. It is important for policy makers to understand the past impact of Covid-19 in order to adjust the present and plan for the future. Therefore, this study provides useful information for policymakers in the health sector of the region to enable formulation of sustainable policies to prevent and control the spread of the fatal virus. Meanwhile, the study contributes to the understanding of the impact of Covid-19 on the vulnerable population in the region and fills the existing gaps identified in the literature.

II. Global Status of Covid-19 Cases

On January 13, 2020, Thailand confirmed the first COVID-19 case from outside China, merely two days after China disclosed its first death as a result of COVID-19 on January 11, 2020 (WHO, 2020c). As a result of this case, airports in Thailand, Hong Kong, South Korea, and Singapore have implemented stricter screening procedures for passengers with high temperatures and symptoms of cold (Shah et al., 2020; WHO, 2020c; Secon et al., 2020). By April 10, 2020, the WHO disclosed that the covid-19 pandemic had affected 213 nations, with 1,524,162 affirmed positive cases and 92,941 deaths globally (Shah et al., 2020). COVID-19 is caused by SARS-CoV-2, a novel coronavirus that infects the respiratory tract (Shah et al., 2020). As of April 18, 2020, 10:00 a.m. CEST, more than 2.1 million confirmed COVID-19 cases were reported by the WHO, including 142,229 deaths, in 213 countries, areas, or territories. The countries most affected by SARS-CoV-2, with over 30,000 confirmed cases, are the United States of America, Spain, Italy, Germany, France, the United Kingdom, China, Iran, Turkey, Belgium, the Russian Federation, Canada, and Brazil (Lone and Ahmad, 2020; WHO, 2020e). Around 80% of patients get minor infections and recover. The remaining patients are either suffering from chronic infections that cause dyspnea and low blood oxygen saturation, or they are in intensive care due to respiratory or multiple organ failure (Shah et al., 2020). The first case reported in the United States was on January 20, 2020, in a person who had previously returned from Wuhan. On January 31, 2020, Sweden and Spain reported the first cases, whereas Russia and the United Kingdom disclosed their first two cases, respectively (Shah et al., 2020).

Table 1: Top 10 countries with the highest numbers of COVID-19 cases as of June 14, 2021

<table>
<thead>
<tr>
<th>No.</th>
<th>Country</th>
<th>Total cases</th>
<th>Total recovered cases</th>
<th>Total death</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>USA</td>
<td>34,321,093</td>
<td>28,400,132</td>
<td>615,053</td>
</tr>
<tr>
<td>2</td>
<td>India</td>
<td>29,506,328</td>
<td>28,146,378</td>
<td>374,226</td>
</tr>
<tr>
<td>3</td>
<td>Brazil</td>
<td>17,413,996</td>
<td>15,794,548</td>
<td>487,476</td>
</tr>
<tr>
<td>4</td>
<td>France</td>
<td>5,740,665</td>
<td>5,495,488</td>
<td>110,420</td>
</tr>
<tr>
<td>5</td>
<td>Turkey</td>
<td>5,330,447</td>
<td>5,202,251</td>
<td>48,721</td>
</tr>
<tr>
<td>6</td>
<td>Russia</td>
<td>5,208,687</td>
<td>4,801,335</td>
<td>126,430</td>
</tr>
<tr>
<td>7</td>
<td>UK</td>
<td>4,565,813</td>
<td>4,287,870</td>
<td>127,904</td>
</tr>
<tr>
<td>8</td>
<td>Italy</td>
<td>4,244,782</td>
<td>3,957,557</td>
<td>127,002</td>
</tr>
<tr>
<td>9</td>
<td>Argentina</td>
<td>4,124,190</td>
<td>3,721,350</td>
<td>85,343</td>
</tr>
<tr>
<td>10</td>
<td>Colombia</td>
<td>3,753,224</td>
<td>3,477,656</td>
<td>95,778</td>
</tr>
<tr>
<td>11</td>
<td>Total global cases</td>
<td>176,701,361</td>
<td>160,731,972</td>
<td>3,818,937</td>
</tr>
</tbody>
</table>

Source: (Worldometer, 2021).

As a result of social-distancing and other measures to contain Covid-19, businesses were interrupted and shut down. The pandemic has caused a significant economic stum globally (Martin et al., 2020). The World Health Organization (WHO) announced COVID-19 a pandemic on March 11, 2020, referring to more than 3 million cases and 207,973 deaths in 213 different countries and regions. The infection has not only caused a public health crisis (including training medical staff on new protocols, obtaining scarce PPE and ventilators, and establishing additional intensive care unit (ICU) and COVID-19 recovery beds, and a negative effect on mental behaviour, etc), but it has also had an impact on the global economy (Usher et al., 2020; Pak et al., 2020; Anoushiravani et al., 2020). By the 21st of January 2020, 22 of the 31 major cities, provinces, and autonomous regions had reduced their GDP growth targets. Not only Wuhan Province, but the majority of China, was anticipating slower economic growth (Verschuur et al., 2021; McKibbin and Fernando, 2020; Rampal and Liew, 2020). Substantial economic impact has already transpired around the world as a result of decreased productivity, loss of life, business closures, trade disruption, and tourism industry decimation. COVID-19 could be a call for global leaders to step up collaboration on epidemic contingency planning and provide the funding required for international collective action (Rampal and Liew, 2020). Infectious disease outbreaks and epidemics such as Covid-19 have become global threats as a result of globalisation, urbanisation, and environmental change, requiring a coordinated response (Rampal and Liew, 2020). COVID-19 has had serious economic consequences for the affected countries, as well as a
significant burden on healthcare systems. The COVID-19 pandemic has had a coordinated impact on income due to untimely deaths, workplace absenteeism, and decreases in efficiency, as well as an inverting input shock, with manufacturing productive activity slowing as a result of the disruption of the global supply chain and the closure of manufacturing industries (Rampal and Liew, 2020).

The pandemic of COVID-19 has had a massive impact on hospital systems, businesses, schools, mental health, the environment and the economy. Telemedicine, telework, and online education are becoming increasingly important in assisting society in slowing the spread of the virus. The pandemic has increased the demand for efforts to utilize innovative inventions and technologies to deal with the effects of COVID-19 on our lives (He et al., 2021). While absolute fear as a result of this pandemic is highly improbable, it is possible due to mass quarantine. The current state of the COVID-19 illness paints a picture of unavoidable and widespread quarantine – some of which is already taking place (Usher et al., 2020). Telemedicine and e-health alternatives can aid in controlling Covid-19 pandemics (Pappot et al., 2020) and the establishment of a fast-track COVID-19 screening process (Zhao et al., 2020). The application of biomedical devices to address global shortfalls in personal protective equipment (PPE) in an attempt to lessen the spread, especially in healthcare settings, such as face masks, temperature scanners, hand sanitizers, and ventilators in chronic cases (Armani et al., 2020; Soler et al., 2020).

III. The Sahel

The region is located between latitudes 10° and 20° north and stretches for approximately 5000 kilometres from northern Senegal in the west, through southern Mauritania, central Mali, northern Burkina Faso, south-western Niger, northern Nigeria, central Chad, north of Cameroon, south of Algeria, central African Republic, central Sudan and southern Sudan, northern Eritrea, extreme north of Ethiopia, to Somalia in the east and to the south east of the Sahel into Kenya, Eritrea and Djibouti (Epule et al., 2017). The region is faced with numerous challenges such as chronic insecurity, rising extremism, a lack of economic opportunities, and limited access to education, poor health system, employment, poverty, hunger, malnutrition, diseases (Malaria, diarrhoea, HIV etc), a fast growing population, climate change, food and nutrition crisis, corruption, and essential services such as water and electricity, which compound the impacts of health challenges in the region, especially the recent pandemic Covid-19 (Epule et al., 2017; Ahmed et al., 2020).

Adopted from (Epule et al., 2017)

Fig. 1: Location of the various countries in the Sahel.
IV. The Status of the Covid-19 in the Sahel

Africa, particularly the Sahel region, is predicted to be the most vulnerable continent, with the spread of COVID-19 having a major significant effect (Lone and Ahmad, 2020). Africa revealed the first ever case of COVID-19 in Egypt on February 14th, 2020, and the first case from the Sahel region was reported in Nigeria on February 27th, in an Italian patient who flew to Nigeria from Italy on February 25th, 2020 ((WHO, 2020b; NCDC, 2020). As of 13th June, 2021, 47 countries were affected by the virus on the African continent, with cumulative cases of 3,612,368 and 89,289 deaths (WHO, 2021a). The majority of the Covid-19 cases were imported to Africa from Europe and America (Lone and Ahmad, 2020). In the Sahel, Ethiopia reported the highest number of cases (274,187 cases, 7.7%), Kenya (175,337 cases, 4.9%), Nigeria (167,066 cases, 4.7%) and Algeria (133,388 cases, 3.7%), accounting for (2,446,542, 69.2%) of all cases (Worldometer, 2021; WHO, 2021a). Ethiopia, on the other hand, has the highest number of deaths (4 209, 4.8%). Algeria (3 518, 4.0%), Kenya (3 287, 3.7%) and Nigeria (2 117, 2.4%) account for (70 314, 79.6 %) of all deaths (Worldometer, 2021; WHO, 2021a). Within the Sahel region, the Central African Republic, Chad and Eritrea had less than 10,000 reported cases as on June 14, 2021 (Worldometer, 2021; WHO, 2021a). Overall, the trend of covid-19 is on the rise in the region (WHO, 2021a). Ethiopia, Kenya and Nigeria dominated the highest number of cases in the region. The real number of cases is almost certainly higher than the official figures in the region (Brown, 2020). These were as a result of several factors, such as the area and population, urbanization, and economy of the respective countries, have influenced the increase in the number of cases.

Table 2: Hierarchy of COVID-19 cases in the Sahel Regions as of June 14, 2021

<table>
<thead>
<tr>
<th>No.</th>
<th>Country</th>
<th>Total cases</th>
<th>Total recovered</th>
<th>Total death</th>
<th>First case</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.</td>
<td>Kenya</td>
<td>175,337</td>
<td>120,208</td>
<td>3,410</td>
<td>12th Mar, 2020</td>
</tr>
<tr>
<td>4.</td>
<td>Algeria</td>
<td>133,388</td>
<td>92,853</td>
<td>3,571</td>
<td>25th Feb, 2020</td>
</tr>
<tr>
<td>5.</td>
<td>Cameroon</td>
<td>80,090</td>
<td>77,305</td>
<td>1,310</td>
<td>6th Mar, 2020</td>
</tr>
<tr>
<td>6.</td>
<td>Senegal</td>
<td>41,998</td>
<td>40,536</td>
<td>1,154</td>
<td>2nd Mar, 2020</td>
</tr>
<tr>
<td>7.</td>
<td>Mauritania</td>
<td>20,253</td>
<td>19,303</td>
<td>480</td>
<td>13th Mar, 2020</td>
</tr>
<tr>
<td>8.</td>
<td>Somalia</td>
<td>14,817</td>
<td>7,043</td>
<td>774</td>
<td>16th Mar, 2020</td>
</tr>
<tr>
<td>9.</td>
<td>Mali</td>
<td>14,350</td>
<td>9,959</td>
<td>523</td>
<td>25th Mar, 2020</td>
</tr>
<tr>
<td>11.</td>
<td>Djibouti</td>
<td>11,572</td>
<td>11,401</td>
<td>154</td>
<td>18th Mar, 2020</td>
</tr>
<tr>
<td>12.</td>
<td>South Sudan</td>
<td>10,688</td>
<td>10,514</td>
<td>115</td>
<td>5th Apr, 2020</td>
</tr>
<tr>
<td>13.</td>
<td>CAR</td>
<td>7,101</td>
<td>6,859</td>
<td>98</td>
<td>14th Mar, 2020</td>
</tr>
<tr>
<td>15.</td>
<td>Chad</td>
<td>4,942</td>
<td>4,767</td>
<td>174</td>
<td>19th Mar, 2020</td>
</tr>
<tr>
<td>16.</td>
<td>Eritrea</td>
<td>4,848</td>
<td>4,278</td>
<td>16</td>
<td>20th Mar, 2020</td>
</tr>
</tbody>
</table>

17. Sahel Region 825,901 725,430 14,446

Source: (Lone and Ahmad, 2020; Worldometer, 2021).

a) Economic Impact of Covid-19 in the Sahel

The impact of Covid-19 varies, which is attributed to the differences in the geographical setting, demographics, history, cultural values, economic policy, politics, climate, and experience that separate the individual countries that comprise this vast region. The fragile, poor, and conflict-affected Sahelian countries are under the threat of ecological and economic factors that make life difficult in the region. Following the emergence of COVID-19, it was expected that catastrophic health and security situations would occur. However, in comparison to other parts of the world, the number of cases and deaths in the Sahel has remained relatively low as a result of: a low risk of importation and transmission as a result of a decrease in the flow of transportation and trade; a youthful demographic distribution, characterized by low mortality rates; the experience gained from previous epidemic outbreaks such as Ebola; and other less obvious factors, such as: specific genetic variations and the climatic characteristics of the continent (Gilbert et al., 2020; UN, 2020); Kamara et al., 2020; Mennechet and Dzomo, 2020; Rodrigue et al., 2021). However, COVID-19 is not a direct cause of disruption in the economy of the region, and yet a major health crisis that exacerbates the already-existing humanitarian, security, and political crises (Lyammouri and El-Mquirmi, 2020; United Nations, 2021c).

The direct impact of Covid-19 reduced the consumption of goods and services in the region and...
reduced consumer confidence due to the wary of discretionary spending and long-term economic perspective. The pandemic indirectly affects the financial market and the real economy as most stock share indexes have lost their values since the first report of Covid-19 in Africa (Karungu et al., 2020). Household income has drastically reduced and consumption spending has decreased. Supply-side interruptions; if COVID-19 continues to slow down production, it will have an adverse effect on supply chains, labour demand, and employment, resulting in extended periods of redundancies and a continuing rise in unemployment (Brodeur et al., 2020).

The massively affected countries, such as the United States, China, and the European Union region, enacted tough policies on border closures, resulting in low productivity and interruptions to key value and supply chains. These restrictions lowered demand for Sahel exports, affecting countries with considerable engagement in the global value and supply chain the most. Furthermore, the restriction measures led to a significant decline in Foreign Direct Investment (FDI), tourism, and, to a lesser degree, Overseas Development Assistance (ODA) inflows in the region, especially in the central Sahel (Burkina Faso, Mali, Niger) (Gondwe, 2020). Reduction of goods importation, especially from China, reduces fuel consumption as a result of travel bans and border closures and lockdowns, lowering the demand for oil and, as a result, affecting the budgets of oil producing countries in the region. China is more interested in investing in Africa’s mining sector than any other major economy. Travel bans, shutdowns, and port closures have reduced demand for steel, iron ore, lithium, and cobalt. A significant decline in the number of tourists in the region, which has been harmed by COVID-19. Withdrawal of investors resulting in a decline in foreign direct investments as a result of the postponement or cancellation of several revenue-generating projects. The reallocation of budget funds from the other sectors of the economy to the health sector is an urgent necessity, and it will result in a further slowing of these countries’ economic growth. A decrease in revenue means lower tax rates, which will have a negative impact on the fiscal revenues of the Sahel countries (Asante and Mills, 2020; Haer and Demarest, 2020; Gondwe, 2020; McKenzie, 2020; Lone and Ahmad, 2020; Boum et al., 2021; Chiwona-Karltun et al., 2021; Pinchoff et al., 2021).

The major economic activities in the region (agriculture and small-scale industries) have been stifled as a result of the global economic lockdown. The presumption is that, indeed, the circular stream of income has been significantly constrained because a significant proportion of productive factors are currently idle. Most businesses are currently closed, limiting their ability to pay taxes to the government (Inegbedion, 2021). For example, in Nigeria, government revenue dropped by USD 10 billion in 2020 as a result of Covid-19 and the Niger Republic lost 199 billion CFA francs (USD 339 million) (Brown, 2020; World Bank, 2020d). Overall, in the region, there is a decline in remittances, which slows consumption and weakens aggregate demand. Withdrawal of investors, mobility restrictions adversely affect employment and reduce household labour income. Inflation of food prices, construction materials and the forex exchange rate (Hirvonen, 2020; World Bank, 2020a).

b) Impact of Covid-19 on Education

The covid-19 outbreak has caused the greatest disruption to the Sahelian educational system. All the countries in the region have implemented lockdown and social distancing measures in response to the pandemic, leading to the shutdown of schools, training institutes, and higher education facilities (Pokhrel and Chhetri, 2021). Despite the fact that Covid-19 has directly impacted on all educational sectors, including early childhood, primary, secondary, higher, and vocational, each sector has suffered in different ways and with different consequences (Bello et al., 2020). For example, in Mali, about 3.8 million children, including IDPs and refugees, were affected by school closures (United Nations International Children’s Emergency Fund, 2020a). Similarly, in Ethiopia, nearly 25 million, 3 million in Chad, 1 million in Somalia, and 2.1 million in South Sudan-primarily, primary, secondary, and tertiary-level learners are staying at home, which cripples research in tertiary institutions (Tiruneh, 2021; UNICEF, 2021a; UNICEF, 2021b). In line with international standards, all countries in the Sahel region-imposed lockdown and stay-at-home strategies have been implemented as the necessary measures to straighten the curve and control the spread of the pandemic (Sintema, 2020).

c) Policy Responses to Ease the Impact of COVID-19 in the Sahel

The response of the Sahelian governments has been extremely hampered by the ongoing security and humanitarian crises in the region (United Nations, 2021; International Organization for Migration, 2021). Long-standing issues confronting governments, such as the effects of climate change, high rates of malnutrition and infectious diseases, and small governmental budgets overburdened with defence commitments. Several Sahelians live hand to mouth. Governments are incapable of imposing the sweeping lockdowns as seen in developed nations (Stith et al., 2016; Haer and Demarest, 2020; UN, 2021; IOM, 2021; Brown, 2020).

The situation is exacerbated by decades of under investment in the health sector of the region by successive governments and politicians who were prepared to be treated in private European health facilities (Olivier De Sardan and Ridde, 2015; Oleribe et
al., 2019; Brown, 2020; Haer and Demarest, 2020; Amimo et al., 2021). These limitations were recognised early on by Sahelian governments. They took lessons from the 2014-2016 Ebola outbreak in West Africa and promptly established healthcare strategies to contain the transmission of the virus (Haer and Demarest, 2020; Brown, 2020). In Mali, as early as February 2020, airport personnel began checking the temperatures of arriving travellers and dishing out hand sanitizer, measures that took months to be actualized in some wealthier nations, such as the United Kingdom. (Netherlands Institute of International Relations, 2020; Brown, 2020). A number of countries in the Sahel region have banned international air travel due to an outbreak of the pandemic and are controlling the importation of new cases. Lockdowns have been imposed in parts of Mali, Burkina Faso, and Niger by the end of March. In early May, Chad, Nigeria, South Sudan, Somalia, Mauritania, Algeria, Djibouti, Senegal, Cameroon, Kenya, Ethiopia, and CAR followed suit (NIIR, 2020; Brown, 2020; Haer and Demarest, 2020; Nchani and Lutomia, 2021). To increase awareness of Covid-19, the Chadian government has dispatched 80 traditional singers and storytellers to rural districts. Water and power tariffs have also been slashed by the Burkinabe government (Brown, 2020; UNICEF, 2020b; IOM, 2020a). Many Sahelians have also been at the forefront of creative community action. Medical and engineering students are developing low-cost solutions to the virus's problems, universities are launching virtual courses to compensate for closures, and fashion designers have begun mass-production of face masks (Brown, 2020; Bright et al., 2021).

The Sahel region is vulnerable to Covid-19. Its demographics, with a median age of 19 years old, may restrain the direct impact of the pandemic. The very large number of people whose immune systems are already weakened by nutritional deficiencies and chronic disease could accelerate its spread (WHO, 2020a). Respective governments and non-governmental organisations have implemented strategies to reduce the impact of Covid-19 on the region.

d) Curfew, Quarantine and Lockdown

Curfew, quarantine and lockdown (CQL) are hierarchical strategies used in the management of Covid-19 globally. Initially, curfews were imposed by various countries in the region, intending to reduce disease transmission while not completely disrupting people's lives or imposing a community-wide lockdown. Eritrea declared a three-week lockdown beginning April 2 to control the spread of COVID-19. On 18 March, Cameroon shut down its land, air, and sea borders. They imposed a curfew from 9 p.m. to 5:00 a.m. On March 18. In Ethiopia, the Prime Minister has declared that schools, sporting events, and public gatherings will be closed for 15 days starting March 16, 2020. In Nairobi, a 7pm – 5am curfew was announced on 25 March. Mali authorities shut down borders and implemented a curfew as of March 27, 2020. Burkina Faso had a curfew on March 21, 2020 between 21:00 and 04:00 (local time). The government of Niger declared a nationwide state of emergency on Friday, March 27, 2020 and imposed an overnight curfew on Niamey beginning Saturday, March 28. The curfew will be in effect for two weeks between the hours of 19:00 and 06:00 (local time) in order to prevent the spread of the coronavirus (COVID-19). Senegal imposed a curfew in March 2020 from 9pm-5am (Reuters, 2020a). As of June 11, 2021, a 20:00-05:00 curfew remains in effect in the Central African Republic. Nigeria reinstated a nationwide curfew from 12 a.m. to 4 a.m., as well as other restrictions, to halt the spread of deadly COVID-19 variants discovered in India and Brazil. A curfew is in effect in nine provinces, including Tin Zaouatine commune within Guezzam Province, the Sahelian part of Algeria, from 11 p.m. to 4 a.m. (local time). The curfews are constantly reviewed and revised. Similarly, in Mauritania, the curfew was further tightened on May 23rd 2020 to start at 1600 local time. In April, the government of Kenya imposed a curfew that started at 8pm-10pm (local time). In Mali, the curfew is effective from 9:00 p.m. to 5:00 a.m. The curfew was relaxed from 10 p.m. to 6 a.m. in May, 2020 in South Sudan (Tamazujii, 2020).

Quarantine centres were established to isolate victims from spreading the virus. Authorities extend nightly curfews of 21:00 – 05:00 in multiple areas and 19:00 – 05:00 in the Mayo-Kebbi Ouest and Moyen Chari regions until November 16; continue to obey official directives. In Nigeria, the Covid-19 quarantine centres in the Sahelian part of the country include Sokoto, Jigawa, Katsina, Zamfara, Yobe and Maiduguri states respectively. Others include Niamey, Niger republic, Rumbek hospital, South Sudan, Farcha Provincial hospital, Chad (World Bank, 2020e), Gelaelo, Eritrea, Kuyhaas Hospital, Eritrea (World Bank, 2020a), COVID-19 Isolation and Treatment Centre, Mekelle University College of Health Sciences, Mekelle City, Tigray State, in northern Ethiopia (Ebuy et al., 2021; Nigussie, 2021). Seven quarantine and treatment centres with a total capacity of 500 and 120 beds have been established in Djibouti (UN, 2020b), Mogadishu isolation centre, Somalia, and Hospitalier Universitaire du Point G, Mali (Médecins Sans Frontières, 2020). Furthermore, all countries in the region have established quarantine centres for the isolation of Covid-19 victims. To further contain the spread of the virus, lockdowns were imposed at different time intervals in various countries. For instance, in Djibouti, a lockdown was announced on March 19, 2021, in Burkina Faso on March 9, 2020, Ethiopia on 16 March, 2020, Algeria on March 12, 2020, and in Nigeria on May 4, 2020. Lockdowns were imposed in all other countries in the region in the first quarter of 2020 (Lanre et al., 2020).
First national COVID-19 lockdown in Kenya began on March 25th, 2020 (Reuters, 2021a, 2021b). On 18 March, Cameroon imposed a lockdown and closed land, water and air borders. Chad closed down its capital, N’djamena, on January 1st in response to rising infections (Reuters, 2020b). Senegal announced a state of emergency on March 23 and closed schools for three weeks in response to the pandemic. They also prohibited public gatherings, including Muslim and Christian pilgrimages, for a month (Magome, 2020; Reuters, 2020a). In March, 2020, Mauritania banned travel between regions, restricting outings and gatherings, and imposing a curfew between 6pm and 6am. All markets were closed and only food shops remained open. Overall, the closure of event centres and non-essential public places such as nightclubs in the region has been approved till further notice by various governments at different time intervals. Among other imposed measures, include the gathering of religious groups, while official engagements, meetings, and conferences should continue to be held virtually.

Despite the CQL measures, cases of covid-19 are increasing in the region. For instance, in Nigeria on July 1, 2020, there were 790 cases and deaths, bringing the total number of confirmed cases and deaths to 26,484 and 603 respectively. Whereas on 4 June 2021, 48 cases were reported and no deaths, bringing the total number of confirmed cases to 166,730 (NCDC, 2021). Similarly, in Ethiopia, by the end of May 2020, there were 952 active cases and 11 deaths. By May 2021, there were 13,479 new cases, 28,642 active cases and deaths rose to 4,165 (Verangola, 2021). On April 18, the last active case was recovered in Mauritania. On that date, the country had 7 confirmed cases, 6 of whom had recovered and one of whom had died, making Mauritania one of the few countries in the world to be temporarily free of COVID-19 (CRIDEM, 2021). In Mali, there were 126 deaths and 481 active cases in August 2020. By the end of May, 2021, there were 517 deaths, 9700 recovered patients and 4048 active cases (African News Agency, 2021). There was no record of deaths or recoveries in the month of April, 2020 in South Sudan.

### Table 3: Comparision of Covid-19 cases (cases, death and recoveries) in the Sahel region, April 2020 - April 2021

<table>
<thead>
<tr>
<th>Country</th>
<th>Total cases April, 2020</th>
<th>Recovered April, 2020</th>
<th>Total death April, 2020</th>
<th>Total cases April, 2021</th>
<th>Recovered April, 2021</th>
<th>Total death April, 2021</th>
<th>Transmission classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethiopia</td>
<td>131</td>
<td>69</td>
<td>3</td>
<td>258062</td>
<td>200148</td>
<td>3709</td>
<td>Clusters of cases</td>
</tr>
<tr>
<td>Kenya</td>
<td>396</td>
<td>144</td>
<td>17</td>
<td>16053</td>
<td>108799</td>
<td>2744</td>
<td>Clusters of cases</td>
</tr>
<tr>
<td>Nigeria</td>
<td>232</td>
<td>33</td>
<td>5</td>
<td>165110</td>
<td>155101</td>
<td>287</td>
<td>Community transmission</td>
</tr>
<tr>
<td>Algeria</td>
<td>1320</td>
<td>90</td>
<td>130</td>
<td>122311</td>
<td>85249</td>
<td>3261</td>
<td>Community transmission</td>
</tr>
<tr>
<td>Cameroon</td>
<td>1832</td>
<td>934</td>
<td>60</td>
<td>61731</td>
<td>56926</td>
<td>919</td>
<td>Clusters of cases</td>
</tr>
<tr>
<td>Senegal</td>
<td>933</td>
<td>334</td>
<td>9</td>
<td>40344</td>
<td>39083</td>
<td>1107</td>
<td>Clusters of cases</td>
</tr>
<tr>
<td>Mauritania</td>
<td>7</td>
<td>1</td>
<td>6</td>
<td>18402</td>
<td>17687</td>
<td>455</td>
<td>Sporadic cases</td>
</tr>
<tr>
<td>Somalia</td>
<td>601</td>
<td>59</td>
<td>28</td>
<td>13915</td>
<td>5847</td>
<td>713</td>
<td>Sporadic cases</td>
</tr>
<tr>
<td>Mali</td>
<td>47</td>
<td>1</td>
<td>3</td>
<td>13858</td>
<td>8560</td>
<td>484</td>
<td>Clusters of cases</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>645</td>
<td>506</td>
<td>43</td>
<td>13309</td>
<td>13031</td>
<td>157</td>
<td>Community transmission</td>
</tr>
<tr>
<td>Djibouti</td>
<td>1089</td>
<td>642</td>
<td>2</td>
<td>11121</td>
<td>10816</td>
<td>145</td>
<td>Clusters of cases</td>
</tr>
<tr>
<td>South Sudan</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>10583</td>
<td>10312</td>
<td>115</td>
<td>Sporadic cases</td>
</tr>
<tr>
<td>CAR</td>
<td>9</td>
<td>3</td>
<td>0</td>
<td>5569</td>
<td>112</td>
<td>75</td>
<td>Sporadic cases</td>
</tr>
<tr>
<td>Niger</td>
<td>719</td>
<td>452</td>
<td>32</td>
<td>5410</td>
<td>5083</td>
<td>192</td>
<td>Clusters of cases</td>
</tr>
<tr>
<td>Chad</td>
<td>73</td>
<td>3</td>
<td>5</td>
<td>4824</td>
<td>4423</td>
<td>170</td>
<td>Sporadic cases</td>
</tr>
<tr>
<td>Eritrea</td>
<td>29</td>
<td>0</td>
<td>0</td>
<td>3673</td>
<td>3496</td>
<td>12</td>
<td>Sporadic cases</td>
</tr>
</tbody>
</table>

Source: (WHO 2020d; Africa Centre for Disease Control and Prevention, 2020, 2021).

The trend of Covid-19 total confirmed cases, deaths and recoveries was on the rise in the rest of the countries in the region (see table 3). The rise in Covid-19 cases in the Sahel region is attributed to (1) lack of education and proper sensitization to the general public regarding the impact of Covid-19 and (2) many people in the region do not believe in Covid-19, especially in the early period when the disease was discovered (Rodrigue et al., 2021). A similar trend of religious events in Malaysia led to the spread of Covid-19 to other states in Malaysia and neighbouring countries: Brunei, Cambodia, Indonesia, Thailand, Singapore, Philippines, and Vietnam (Elengoe, 2020). (2) cultural and religious factors contributed to the transmission of Covid-19 in the region. At the early inception of Covid-19 in the Sahel, people attended congregational prayers in mosques and churches, which helped the spread of the virus. Other cultural factors include the congregation at the wedding ceremony, naming ceremony, wedding dinner, commercial buses and funeral prayer. Social
distancing is only maintained in public offices and usually on camera. Behind the camera, there was no social distancing. (3) political factors. There is insinuation of an exaggeration in the number of confirmed cases, deaths and recoveries. The disease control centres and politicians are making money out of Covid-19 from national and international donors.

V. Preventive Measures

The fear, anxiety, and panic caused by the rapid spread of the pandemic prompted the Sahel countries to take drastic preventive measures to halt the spread of Covid-19 (Olu et al., 2020). Given the fragility of most Sahel health-care systems, launching timely and efficient responses to the COVID-19 pandemic would be a serious challenge, entailing a focus on targeted and high-impact prevention and control interventions that can quickly break the chain of transmission. This is especially important in the Sahel, where limited access to water, sanitation, and the extended family system make critical preventive measures like hand washing and social distancing difficult to implement (Olu et al., 2020; Rodrigue et al., 2021). Prevention and control strategies have been proposed and are in use at various levels (Anyanwu et al., 2020). These preventive and control measures include: washing your hands habitually with water and soap or an alcohol-based hand sanitizer, wearing a face mask and gloves, upholding a physical distance of one metre, mass gatherings, particularly congregational prayers, have been halted, covering your mouth and nose with a disposable tissue or flexing your elbow when coughing or sneezing, and avoiding touching your eyes, mouth, or nose. Other preventive measures include avoiding shaking hands, staying at home if you are immunocompromised or have comorbidities, avoiding travelling to COVID-19 affected areas or countries, and self-isolating at home for 14 days after returning from abroad if you are asymptomatic. After a person returns from a foreign country, they screen for COVID-19 and avoid spreading misleading information about COVID-19. (NIIR, 2020; Elengoe, 2020; Bazaid et al., 2020; Shabir et al., 2020; Shah et al., 2020; Olu et al., 2020; Anyanwu et al., 2020; Nwagbara, 2021; Matovu et al., 2021; Rodrigue et al., 2021). As for prevention and control strategies for the general population, control strategies that include measures to reduce or prevent virus exposure, such as syndromic screening at points of entry into countries, public places, and healthcare facilities, and prevention of virus shedding into the environment through respiratory hygiene, have been recommended (Ong et al., 2020; Feng et al., 2020; WHO, 2020f; Olu et al., 2020).

a) Prevention and Control of Covid-19 in Special Population

The prevention and control of COVID-19 pandemics in areas of population displacement, such as refugee and IDP camps, as well as prisons and urban slums, is a significant challenge in the Sahel region. Major businesses that employ a high proportion of semi-skilled workers are also high-risk environments (Tran et al., 2020; Olu et al., 2020). There were 63,121 refugees in Mauritania, 26,671 refugees, 21,853 IDPs in Mali, 21,406 refugees, 838,548 IDPs in Burkina Faso, 219,177 refugees, 226,700 IDPs in Niger (WHO, 2020a) and 472,321 refugees, 208,382 IDPs in Chad. The available figures indicate that Mauritania, Niger, Burkina Faso and Chad, there were 3,075,447 persons of concern, 1,492,106 IDPs, 812,212 refugees, 668,124 returnees and 102,945 other persons of concern (United Nations High Commission on Refugees, 2020). To secure and address the relevant needs of special populations, there is a need to use nearby local low-cost COVID-19 solutions in informal settlements (Madziva et al., 2021). On 1 April 2020, the United Nations urged governments to ‘intensify their efforts’ to protect internally displaced persons (IDPs) and other special populations worldwide from the COVID-19 threat and emphasised the need for governments to include special populations in their COVID-19 decision-making process (UNHCR, 2020). In the Sahel region, special populations were carried along in the re-designing of the key messages, usually in local languages, and making them context-specific and age-appropriate (Facer et al., 2020). The government should also consider their preferred modes of communication, such as radio and community-based information booths, and use a variety of illustrations and images are used to ensure that the messages are easily understood (UNICEF, 2020b; Madziva et al., 2021). Community health promoters were trained to disseminate health information to people living in informal settlements (Madziva et al., 2021). Government-implemented measures to limit the spread of COVID-19 have a direct impact on the movement of IDPs into and out of camps. Specific camp measures have been implemented in some countries (for example, Nigeria, Mali, Niger, and Chad), affecting the potential movement of returns as well as the livelihood activities of the IDPs (IOM, 2020a). As of the 2nd of July, 2020, no new COVID-19 cases had been reported among IDPs. According to SITREP 9, on June 25, 2020, there were 22 confirmed COVID-19 cases among IDPs, with two in Nigeria, three in Somalia, eight in Mali, and nine in South Sudan. The number of COVID-19 cases among IDP populations is most likely under-reported (IOM, 2020b).

b) The Role of Social-Media

Social media is a powerful propaganda tool because it is an essential tool for disseminating information to the public (Obi-Ani et al., 2020; Barua et
al., 2020). Where the pandemic debate is most heated is on social media platforms, such as Twitter, WhatsApp, blogs, online newspapers, and YouTube (Obi-Ani et al., 2020). During the COVID-19 pandemic, social media use has grown to the point where it has become an essential component of modern healthcare systems (Wong et al., 2020). Fear, anxiety, and perplexity have been instilled by COVID-19. People have been advised to stay at home and avoid large crowds by the media, celebrities, and other public figures. The hashtag #stayathome has gained traction in the media. This hashtag has been frequently used in the media, and it is hoped that vital messages aimed at preventing the spread of COVID-19 will reach all social classes in society (Shah et al., 2020).

### c) E-learning during the Pandemic

Whereas the need for distance learning was self-evident from the beginning of the pandemic (Mhlanga and Moloi, 2020), effectively reaching out to students proved to be difficult. Universities were left to fend for themselves, and their responses varied according to their resources and inventiveness (United Nation, 2020). The majority of the students and teachers, on the other hand, had no prior experience teaching or learning beyond the classroom. Many governments responded by providing educational television and radio programmes, often in partnership with the private sector, and not all were very well coordinated. Whereas some countries unleashed effective interventions, others did not. This did not always correspond to their level of socioeconomic status (United Nations, 2020a). It became clear very quickly that sophisticated technological approaches were not appropriate for the majority of learners (E-learning Africa, 2020).

There are three major challenges for students during a School closures are caused by a lack of access and availability to modern technologies, an undesirable home learning environment, and the inability to obtain study materials (E-Learning Africa, 2020). The main barrier for teachers was a lack of suitable training for designing and managing distance learning programmes. This was exacerbated by a lack of infrastructure, such as electricity, connectivity, and devices, as well as a lack of appropriate learning materials, such as books, television, and internet-enabled devices. If there is no conventional school to attend, poorer students and those who are geographically dispersed are more likely to miss out on an education. This has led to drawbacks in harnessing this learning strategy (E-Learning Africa, 2020). There are various opportunities for social interaction with E-learning (McBrien et al., 2009). In the midst of the spread of this fatal virus, such online platforms as (a) video conferencing with 40 to 50 students, (b) discussions with students to keep classes organic, and (c) good internet connections are required, (d) lecture notes are available on mobile phones as well as computers, (e) the opportunity to watch previously recorded lectures, and (f) immediate responses from students and assignments can be completed on time and submitted without stress (Basilaia et al., 2020; Dhawan, 2020). So far, 94,683 students (49,235 girls) from pre-primary and primary schools have benefited from distance learning via radio and television in Burkina Faso (UNICEF, 2020c).

### d) Vaccination

The Covid-19 vaccine is designed to provide acquired immunity against the virus that causes coronavirus disease 2019 (COVID19), severe acute respiratory syndrome coronavirus 2 (SARS-CoV2). COVID-19 vaccines have received widespread acclaim because of their contribution to limiting the spread, severity, and deaths caused by COVID-19 (Bono et al., 2021; Kashte et al., 2021).

<table>
<thead>
<tr>
<th>No.</th>
<th>Country</th>
<th>Vaccine type</th>
<th>Initial date of vaccination</th>
<th>Persons vaccinated by June 16, 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Ethiopia</td>
<td>Oxford-AstraZeneca</td>
<td>13 March 2021</td>
<td>1,948,073</td>
</tr>
<tr>
<td>2.</td>
<td>Kenya</td>
<td>Oxford-AstraZeneca</td>
<td>5 March 2021</td>
<td>1,155,745</td>
</tr>
<tr>
<td>4.</td>
<td>Algeria</td>
<td>Russia's Sputnik V vaccine</td>
<td>On 29 January 2021</td>
<td>2,500,000</td>
</tr>
<tr>
<td>5.</td>
<td>Cameroon</td>
<td>Sinopharm's BBIBP-CorV</td>
<td>12 April 2021</td>
<td>89,180</td>
</tr>
<tr>
<td>6.</td>
<td>Senegal</td>
<td>Sinopharm</td>
<td>23 February 2021</td>
<td>632,648</td>
</tr>
<tr>
<td>7.</td>
<td>Mauritania</td>
<td>BBIBP-CorV</td>
<td>26 March 2021</td>
<td>49,235</td>
</tr>
<tr>
<td>8.</td>
<td>Somalia</td>
<td>Oxford-AstraZeneca</td>
<td>16 March 2021</td>
<td>158,709</td>
</tr>
<tr>
<td>9.</td>
<td>Mali</td>
<td>14,350</td>
<td>31 March 2021</td>
<td>163,218</td>
</tr>
<tr>
<td>12.</td>
<td>South Sudan</td>
<td>Oxford-AstraZeneca</td>
<td>6 April 2021</td>
<td>18,706</td>
</tr>
<tr>
<td>13.</td>
<td>CAR</td>
<td>Covishield</td>
<td>20 May 2021</td>
<td>42,644</td>
</tr>
<tr>
<td>14.</td>
<td>Niger</td>
<td>BBIBP-CorV</td>
<td>29 March 2021</td>
<td>186,207</td>
</tr>
<tr>
<td>15.</td>
<td>Chad</td>
<td>BBIBP-CorV</td>
<td>4 June 2021</td>
<td>5,324</td>
</tr>
<tr>
<td>16.</td>
<td>Eritrea</td>
<td>Not available</td>
<td>Not available</td>
<td>Not available</td>
</tr>
</tbody>
</table>

Statista (2021).
In the Sahel region, with the exception of Eritrea, where the data is not available, each country has administered vaccines to contain the spread of the virus. Some countries used dual vaccines; Algeria (Oxford AstraZeneca and Pfizer-BioNTech) and Niger (Oxford AstraZeneca and BBIBO-CorV) (Statista, 2021b; Reuters, 2021a; Wikipedia, 2021). In its effort to contain the virus, the Chadian government purchased 20,000 doses of the “Covid-organics” tonic, which is a cocktail of antimalarial drugs and herbs from Madagascar (Brown, 2020). Unless prompt measures are taken, the Sahel region may be unable to rely on COVID-19 vaccines when they become available. At the moment, European and North American states have commitments with AstraZeneca to ensure that their citizens have immediate access to the COVID-19 vaccine being developed at the University of Oxford, if it is proven to be effective (Kirka, 2020; Joseph, 2020; Bright et al., 2021).

e) Stimulus Packages to Ease Covid-19 in the Sahel

Palliatives were distributed in the region to ease the social and economic impact of the virus (Eranga, 2020). For example, Nigeria set aside $1.3bn (Ejiogu et al., 2020), Mali $8,563,300 (Doumbia et al., 2020), Ethiopia $50 million (Angaw, 2021), Senegal $20 million (World Bank, 2020c), Algeria DZD 70 billion, Cameroon CFAF 44 billion, Chad CFAF 42 billion, South Sudan US$8.0 million, and Kenya Ksh 40 billion (International Monetary Fund, 2020). A COVID-19 Intervention Fund-designated stimulus package aimed at upgrading healthcare facilities, promoting subnational government interventions, financing public works projects, and funding social interventions, such as the purchase of drugs, healthcare workers, personal protective equipment, hospital supplies, and containment centres. (Doumbia et al., 2020; Ejiogu et al., 2020).

Multilateral institutions have also put in place stimulus packages that are easily accessible to all African countries. This includes loans as well as emergency response and debt relief. For example, the World Bank announced the availability of US 160 billion to countries until late 2021. The package is intended to improve beneficiary economies’ ability to mitigate the effects of COVID-19 on smaller firms and vulnerable groups (World Bank, 2020a). The African Development Bank is working on a US 10 billion COVID-19 rapid response package, with US 5.5 billion allocated for sovereign operations in AfDB member countries and US 3.1 billion reserved for African Development Fund operations. The Bank also released a US 3 billion social bond to combat COVID-19, with 53% of the proceeds going to central banks and public institutions 27% going to bank treasuries, and the remainder going to asset managers (20%). Importantly, 8% of this social bond is earmarked for African countries (World Bank, 2020b). The International Monetary Fund (IMF) has authorised $2.7 billion for COVID-19 emergency response in African states (Gondwe, 2020). The EU declared a COVID-19 toolkit worth Euro 3.25 billion for African nations (Gonwe, 2020). Afreximbank revealed the establishment of a US$3 billion Pandemic Trade Impact Mitigation Facility (PATIMFA) to assist African in dealing with both the health and economic repercussions of COVID-19. In addition, the bank earmarked $200 million to finance the production of COVID-19 basic equipment and supply to Africa (Gondwe, 2020).

To combat Covid-19 and its consequences, Sahelian governments and international partners must accelerate debt relief, commit to bilateral and multilateral engagements, and put a stop to extrajudicial killings by local forces, especially in the Central and Eastern Sahel (Brown, 2020). The International Monetary Fund approved major debt relief measures as well as emergency funds totalling more than $500 million for Central Sahel countries. The Paris Club creditor nations then agreed to waive debt and interest payments for Central Sahel Nations until the end of 2020. These are positive steps, but much more is required (Brown, 2020).

f) General Factors Further Weaken Epidemic Preparedness

A variety of factors can erode epidemic preparedness. The general weakness of health structures further complicates preparations in the Sahel: poor healthcare quality, inadequate human resource capacity, inadequate equipment and facilities, as well as a weak supply chain. While most African governments already rely heavily on donor assistance in the health sector, it has become incredibly difficult to find domestic finance for the response to the pandemic (MO Ibrahim Foundation, 2020). Weak public administration systems make people more vulnerable to epidemics because they lack the ability to efficiently plan and manage resources and funds allocation, policy making, effective coordination, and enforcement implementation. Personnel may be harmed as a result of a patchy infrastructure preventing them from reaching affected regions at the required time, whereas reporting and data collection are slowed by a deteriorating communications infrastructure (MOI, 2020). The long-term existence of armed conflicts and political unrest disrupts institutional response to epidemics, and citizens’ mistrust of governments weakens government effectiveness further. Moreover, during epidemics, a more illiterate population is more vulnerable to possibly harmful and misleading information.

VI. Conclusion

A novel coronavirus, named SARS-CoV-2, has caused massive outbreaks of COVID-19 disease with severe consequences throughout the world. A few
months after the virus was discovered in China, millions of confirmed cases of SARS-CoV-2 infection have been reported globally. The trend of covid-19 in the Sahel is increasing as at the time that this review was written. Recognizing the rising trend seen in many countries, actions that are meaningful, efficient and effective to combat this pandemic became the main agenda in the early stages of the emergence of the pandemic in the various countries of the region. As a precautionary measure, specific hospitals have been designated to handle COVID-19 cases in order to keep the patients isolated and deter them from infecting others. The capacity and capability of laboratories have been increased in order to expedite tests on samples and the delivery of results. Policy measures were imposed as the most significant decision by the various governments in the region to firmly and strictly break the COVID-19 chain within society. This tough decision has obviously had an impact on all sectors, especially the economy, from the smallest scale of individual income to the regional and global scales of international trade. However, it should be unsurprising that Sahelians cannot face this alone, and thus, global assistance in any form can help stay ahead of this pandemic in the region. In addition to these collective measures, all Sahelians have contributed in various ways to assist in dealing with this major outbreak. Each individual plays an important role in ensuring that the community and the region are free of COVID-19.

References


