The continued impact of COVID-19 on the Western Sahel and Lake Chad Basin. What can be done to build back better and promote the region’s inclusive, sustainable, resilient and prosperous future?

October 2022
The unprecedented shock caused by the COVID-19 pandemic, and its evolving aftermath, have put our globalized economic and societal systems to a stress test laying bare the pre-existing fault lines, inefficiencies, and fragilities. For the seven countries of the Western Sahel and Lake Chad basin – Burkina Faso, Chad, Mali, Mauritania, Niger, Nigeria and Senegal, it arrived amidst a high exposure to a range of other increasingly frequent and concurrent disasters and shocks exacerbated by climate change, such as droughts, floods, degraded ecosystems, elevated risk of epidemic outbreaks of infectious diseases, rising conflict and violence. Pre-COVID peace, security and governance contexts varied widely, with Senegal standing out in terms of progress in governance, human development and economic diversification. Other countries Chad, Niger, Nigeria, Burkina Faso and Mali – despite positive GDP growth before the pandemic, were already struggling to maintain sustainable economic growth, peace and security amid rising violence, and cascading and interacting effects of the various challenges.

Just as the seven countries were making their way out of the pandemic, the Russian invasion in Ukraine, beyond the humanitarian tragedy and colossal loss of human lives, has sent additional shockwaves across the world, disrupting at the core the global food system and energy supply with serious implications for the Western Sahel. In this context of uncertainty, the central role of risk management and the stakes of regional integration and collaboration are apparent. The increasing frequency of the disaster shocks, be it due to natural or human-induced hazards, highlights the fragilities and inequalities, crystallizes the interconnections between sectors and brings forth the urgency to act as a united front.

This policy brief highlights the sectoral impacts of the pandemic in an effort to show the linkages and impact transmission channels between the various dimensions as well as the aggravating and attenuating factors. The macroeconomic health and capacity are directly related to the ability of these countries to adopt wide stimulus packages and policies to support the populations most affected by the diverse impacts of COVID-19. The socio-economic grievances in their turn can drive ruptures in social cohesion, peace and security further exacerbating food insecurity.

Structural deficiencies of the Western Sahel economies have become apparent. The high dependency of the seven countries on the export of a narrow range of natural resource products and crops for much of its growth and trade leads to monumental damages when international supply chains are disrupted. The pandemic has demonstrated that even in an urban-dominated, globalized economy, rural and community-based connections are essential for social support and sustaining the wider economy in the context of weak state-sponsored social protection. Across the seven countries, the coping strategies that relied on the local social networks and help from family and friends were consistently among the most frequent. In terms of food security, populations living in rural areas with the capacity to produce food were able to withstand the initial impacts of restriction measures and supply chain disruptions.
At the same time, the countries of the Western Sahel possess tremendous potential to change the narrative and take decisive actions towards recovery and building back better. A young population with a tremendous capacity to innovate in resource-constrained contexts, prevalence of smallholder agriculture in rural areas, the abundant potential for renewable energy are among some of the endowment factors that coupled with an inclusive recovery plan can set the region on a path towards resilient and green growth. This policy brief highlights several entry points to harness this potential and activate the virtuous cycles of transformation. These entry points include investment into climate-resilient regenerative agricultural practices and systems, commitment to develop strong local and regional market linkages, implementation of comprehensive social protection schemes to uplift populations from extreme poverty and leave no one behind, integration of peace and security considerations into response plans while placing disaster risk management and reduction as the centerpiece in cross-sectoral collaboration on local, national and regional levels.

Objectives and audience of this policy brief

This Policy Brief is based on a study commissioned by the United Nations Development Programme (UNDP) and the Economic Community of West African States (ECOWAS) on the socio-economic impacts and implications of the COVID-19 pandemic and the role of disaster risk governance (DRG) in seven countries of the Western Sahel and Lake Chad Basin: Burkina Faso, Chad, Mali, Mauritania, Niger, Nigeria and Senegal. The study was conducted by a team of analysts from Data-Pop Alliance (DPA) and ADE (Aide à la Décision Économique) to assist national, regional and international policy makers and civil societies in their stabilization and recovery efforts to “build back better” by providing them with solid information and working hypotheses to address the fault lines once again exposed and exacerbated by the crisis. The analysis covers impacts and implications (1) on macroeconomic health and dimensions, (2) on human development levels and indicators, (3) on political governance, peace and social cohesion, and (4) the role played by existing disaster risk governance architecture and institutions at national and regional levels.

This Policy Brief summarizes the key takeaways, overarching lessons learned and recommendations to enable inclusive recovery and “build back better” policies, with a focus on strengthening the resilience, mitigation and coping capacities and strategies of individuals, households, and institutions in the face of multiple hazards. It is intended for national government entities and ministries of the countries covered in the study, their national and international development partners, community-based and civil society organizations, regional organizations such as the African Union, ECOWAS, Lake Chad Basin Commission (LCBC), Liptako-Gourma Authority (LGA), and other relevant actors involved in the post-COVID-19 recovery process.

Context for applying the SEIA in the Western Sahel and Lake Chad Basin region

Collectively, the seven countries represent about 25% of the African population (310 million) with Nigeria alone accounting for some 211 million (17%). Before the pandemic, all seven countries were making progress (although with high variability between them) on several major aspects of human development such as poverty reduction, better health indicators and systems (integrating learning from the Ebola epidemic) and primary education enrolment, notably. Their economies display both commonalities and differences. Two are oil-producing countries (Chad and Nigeria) and the five others also rely on extractive industries (Burkina Faso, Mali, Mauritania, Niger and Senegal), to various degrees and with different implications.
All are characterized by high levels of economic informality; the primary sector remains predominant in terms of employment and all face challenges in areas such as public health and education as well as high and rising income inequality and food insecurity. Major differences pertain to political and disaster risk governance structures and regional integration, which affect disaster preparedness and response abilities. Some of these differences reflect a lack of effective coordination mechanisms and overlapping institutional mandates or roles played.

Among the countries studied, the first case of COVID-19 was detected in Nigeria on 27 February 2020, with the other countries quick to follow. Measures to contain the virus were swiftly put in place, which included curfews and lockdowns, border closures and closures of public spaces such as markets, schools, and places of worship. According to available data and evidence, COVID-19 has not been a major cause of death in these countries, especially compared to other hazards and risks such as flooding, conflict and other epidemics, and much less than in other African countries such as Kenya, South Africa, and Tunisia. Although reported COVID-19 cases rose rapidly across all seven countries, they were still under 470,000 in total as of end of March 2022. But the strict containment measures have had profound social and economic impacts and, in some instances, created tensions between state authorities and societies as considerable attention and resources were diverted to respond to COVID-19, away from other health issues and natural hazard-induced disasters, setting back or threatening progress in the areas of education and poverty reduction.

Among the countries studied, the first case of COVID-19 was detected in Nigeria on 27 February 2020, with the other countries quick to follow. Measures to contain the virus were swiftly put in place, which included curfews and lockdowns, border closures and closures of public spaces such as markets, schools, and places of worship. According to available data and evidence, COVID-19 has not been a major cause of death in these countries, especially compared to other hazards and risks such as flooding, conflict and other epidemics, and much less than in other African countries such as Kenya, South Africa, and Tunisia. Although reported COVID-19 cases rose rapidly across all seven countries, they were still under 470,000 in total as of end of March 2022. But the strict containment measures have had profound social and economic impacts and, in some instances, created tensions between state authorities and societies as considerable attention and resources were diverted to respond to COVID-19, away from other health issues and natural hazard-induced disasters, setting back or threatening progress in the areas of education and poverty reduction.

SEIA framework and methodological approach

The assessment of COVID-19 impacts on human development was primarily based on survey data collected through high-frequency household surveys conducted by national statistics offices (NSOs) and financed by the World Bank in Burkina Faso, Chad, Mali, Nigeria, and Senegal. In Niger and Mauritania, where no such surveys had been conducted, DPA and GeoPoll conducted one round of household surveys in July 2021. Other quantitative and qualitative data were gathered through desk literature review and analysis. This information was complemented by key informant interviews (KIIIs) as well as eight national consultation workshops, one each in the seven countries, plus one at the regional level. More than 240 individuals were invited to the consultations convened in June-December 2021; levels of attendance varied from country to country. Analytical challenges included a dearth of up-to-date official statistics as well as potential confounding effects between the direct impact of the epidemic, that of measures to limit its spread, and that of other factors (i.e., conflict).

1Retrieved from: https://ourworldindata.org/covid-cases
I. Macroeconomic impacts and responses

The main transmission channels of the pandemic were reduced partner demand, changes in commodity and raw material prices, supply chain disruption and COVID-19 restriction measures (such as movement restrictions and market closures).

1 Contraction of GDP by 2.6% on average for the seven countries under study in 2020 as a result of a fall in foreign trade, contraction in foreign direct investment (FDI) and remittances, and a slowdown in the service sector. The sectors that have held up best are food security, agriculture, telecommunications, and electricity. The electricity sector benefitted from renewed subsidies which helped weather the negative shock.

2 Differential effects of terms of trade changes on current accounts in 2020. Due to the fall in oil prices, Chad and Nigeria have suffered a drop in export revenues while it has proven beneficial for countries such as Burkina Faso, Mali, and Senegal, who saw their energy bills decrease. As cotton prices continued to decline and production in Burkina Faso and Mali fell over the period 2020-2021, gold and iron ore trade withstood the crisis, thereby cushioning the impact for Burkina Faso, Mali, Mauritania, and Niger.

3 The decline in activity among the main international trade partners, including China, India, the EU and the United States, has led to a contraction in the balance of trade which has not been compensated for by a reallocation of trade due to the countries’ low capacity to develop trade at local and regional levels. Larger fiscal deficits in all countries reflect countercyclical efforts by State authorities to mitigate the fallouts of the pandemic and the security crisis. Fiscal revenues – that were already at low levels – declined as a consequence of reduced tax bases in 2020; often, spending increased for the health and safety sectors while it decreased for education. The deficits of all countries studied, except for Chad and Mauritania, have grown. Consequently, the countries have seen an increase in public debt ratios, despite them benefitting from the Debt Service Suspension Initiative (DSSI) and the moratorium of the G20 and Paris Club countries.

4 The countries with less diverse export income (with a concentration rather than the complementarity of their export products), such as Burkina Faso, Mali, Chad and Nigeria, suffered more because the shock could not be diluted by alternative productive sectors.

---

The economic and social impacts of COVID-19:

Summary of key findings

1. Macroeconomic impacts and responses

The overall budget balance was maintained with an increase in income reflecting the previous year’s profits.

A joint initiative launched by the World Bank and the IMF to help 73 eligible countries tackle the pandemic. Provided resources must be used exclusively to safeguard social, health and/or economic spending in response to the crisis.
In addition, the countries that had put in place household and enterprise targeting instruments, namely Mauritania, Nigeria and Senegal, were able to respond more effectively by focusing on groups most affected and made more vulnerable by the crisis.

At the regional level, monetary institutions (Central Bank of West African States and Bank of Central African States) displayed their response capacity through measures aimed at preserving financial stability in the region and providing additional liquidity to commercial banks. There are almost no budgetary instruments at the regional level (ECOWAS, West African Economic Monetary Union [WAEMU] and Central African Economic and Monetary Community [CEMAC]). However, while this response was swift and resolute, it was not accompanied by a real policy of targeting the institutions most affected by the crisis and some of the measures were only partially implemented by the banks, which remained cautious in supporting their companies.

At the level of international donors, efforts – not always coordinated – have been made by granting Official Development Assistance (but not significantly more than the pre-COVID expected trend) and the moratorium of certain debts.

II. Human development impacts

Poverty is likely to have increased in most countries studied due to the effects of the pandemic on economic activity and household livelihoods, through both employment loss and income decline. Job losses were particularly severe during the first months of the pandemic due to the lockdowns and accompanying measures having adversely affected a large portion of informal sector jobs, accentuating inequality and poverty. While some job losses were inherent to the seasonal nature of the demand, most were attributed to COVID-19 either directly (i.e., “Fear of COVID-19”) or indirectly, due to the measures taken (i.e., “Prohibition of reunification”), especially in urban settings. Over time, and with the easing of restrictions, employment levels bounced back (or almost) to pre-pandemic levels. Nonetheless, in some countries, there is evidence of increasing labor market precariousness and exacerbation of pre-existing inequalities with some vulnerable groups recovering more slowly (i.e., the poorest, women, etc.). The pandemic also resulted in declines in available income to varying degrees. For example, there was a drop in remittances on which a significant proportion of the population relies; this has impacted both macroeconomic and household levels with the service sector seemingly particularly affected in most countries of the study. It is likely that migrants, women, and informal workers have been the most severely hit as they are more prone to informal employment conditions. Unlike employment, despite slight recovery, income did not return to pre-pandemic levels even after more than a year into the pandemic.
Financial hardships and income losses may further restrict access to healthcare. Although COVID-19 added pressure on already weak health systems, its direct impact was limited. Although evidence of the prevalence of unmet medical needs related to COVID-19 is inconclusive due to incomplete data, it could be concluded that treatment related to COVID-19 was not in high demand in any of the countries. Initially, at least, in Burkina Faso and Chad the number of households needing medical services due to COVID-19 was reportedly low, with less than 1% of the population infected. Overall, it is the indirect effects of COVID-19, particularly the loss of income, that seem to be exacerbating pre-existing difficulties and inequalities in terms of healthcare. A lack of financial resources was cited as the main reason for not accessing medical care (84.8% of households in Chad, 67% in Senegal, 56.2% in Burkina Faso, 55.4% in Nigeria and 47.9% in Mali).

Children’s education outcomes have also been affected by the pandemic in all seven countries. Most of them mandated school closures between March and June 2020 and some schools delayed reopening in September 2020, leaving millions of students out of school. The percentage of households reporting that their children did not engage in any educational activity during closures ranged between 85% in Chad and 28% in Burkina Faso (in Mali 64%, Niger 45%). Despite efforts made to maintain learning activities at home the adoption of distance-learning technologies was low, with television and radio serving as the most prevalent means for learning activities. E-learning was not a feasible solution as electrification and Internet access remain very low across the whole region. For example, according to the ITU, Senegal has the highest proportion of the population using the Internet, at about 40% while Chad and Niger have the lowest proportion, at only 10%. Access to electricity and electronic devices is low, especially for the poorest demographic groups. Importantly, COVID-19 is not the only disruptor of education and learning for children in the region, as conflicts and social unrest also constitute significant barriers to education. In Burkina Faso more than 2,500 schools had closed before the pandemic started due to insecurity related to violence from non-state actors, leaving 350,000 students out of school. In Mali, around 1,200 schools had closed due to conflict depriving over 400,000 children of schooling.

All countries recorded various levels of food insecurity prior to the pandemic but the crisis has worsened them, especially for children. Based on the Global Hunger Index 2020 (GHI) which classified 107 countries according to their levels of undernourishment, wasting, stunting and under-five child mortality, Chad ranked highest (107th), with an alarming level of hunger. Serious levels of hunger were found in Nigeria (98th), Burkina Faso (90th), Mauritania (85th), Mali (82nd), and Senegal (65th). The food security problem was worsened by the closure of schools as it deprived many poor children from having one good meal a day through school feeding programs.

For instance, in Burkina Faso and Mali, 4.2 million and 3.8 million children respectively were impacted by school closures.

International Telecommunication Union (ITU) World Telecommunication/ICT Indicators Database.


The 2020 GHI index is based on data gathered between 2015 and 2019. Undernourishment corresponds to the share of the population with insufficient caloric intake. Wasting (acute undernutrition) and stunting (chronic undernutrition) correspond to the share of children under five who have a low weight for height ratio and low height for age, respectively.

While Niger did not have enough data for the index to be calculated, estimates from the GHI suggested that the country had serious levels of hunger.
Coping and social protection mechanisms are crucial in the face of multiple, compounding health and economic shocks and other disasters such as flooding, droughts, conflict and insecurity, as well as pre-existing health issues. The coping strategies adopted by individuals have included the use of social networks, asking for help from relatives, as well as more harmful strategies such as reducing their food consumption and selling assets and livestock to compensate for income losses. Households also diversified their income sources by engaging in additional income-generating activities and using their savings. Overall, given the proportion of households impacted by reductions in employment and income as well as increased food insecurity, these strategies are insufficient to cope with the impacts of COVID-19. No specific differentiating trend between urban and rural zones has been detected.

Social protection coverage is low across all seven countries, ranging from 7% (Mauritania) to 21% (Niger) (excluding healthcare coverage, see Figure 1). Niger and Senegal are the only countries above the regional average of 14% in sub-Saharan Africa. In terms of universal healthcare coverage, despite the prevalence being higher on average (ranging from 28 to 45%), the only countries above regional average are Niger and Mauritania. Burkina Faso, on the other hand, stands out with a strikingly low coverage of only 4%. Counterintuitively, Burkina Faso, along with Niger, is one of the countries with the highest domestic general government health expenditure (GGHE-D) of 2.4% of GDP for both countries. The other countries spend less than the regional average of 1.8. As for social protection expenditure, Mauritania (3.6), Senegal (3.3) and Mali (2.2) are above the regional average, while Burkina Faso is the lowest spender (0.1). Therefore, there does not appear to be a direct relationship between expenditure and coverage, suggesting the need for efficiency improvements in health and social protection systems.

Governments of all countries have also adopted a number of relief measures aimed at attenuating these negative impacts, including reductions in water and electricity prices, conditional and unconditional cash transfers, tax reliefs and in-kind donations. Most of them are new “benefits for poor or vulnerable populations”. However, given states' limited capacity to finance relief measures and due to the lack of instruments to rapidly identify and target the most vulnerable and affected households, coverage of the social protection programs remains low and delivery is expensive. As a result, governments have been forced to find trade-offs whereby containment measures were eased despite the growth in COVID-19 cases in order to cushion the socioeconomic impacts of the pandemic.

---

Notes: (1) Proportion of the population covered by at least one social protection cash benefit: ratio of the population receiving cash benefits, excluding healthcare and sickness benefits, under at least one of the contingencies/social protection functions (contributory or non-contributory benefit) or actively contributing to at least one social security scheme to the total population.; (2) Coverage of essential health services (defined as the average coverage of essential services based on tracer interventions that include reproductive, 

---

Main source: ILO, World Social Protection Database, based on the Social Security Inquiry (SSI). Available at: https://wspd.socialprotection.org [June 2021]. Data for Chad was missing.
III. Political governance, peace and security

Pre-COVID, the peace, security and governance situation of all seven countries differed significantly. While the security situations were worsening in North-East Nigeria, Burkina Faso and Mali (the three countries where levels of violence were highest in early 2020), there were slow but steady governance improvements in Senegal and Mauritania. Relations between the seven countries were improving in the face of common threats such as the two regional conflicts (Liptako-Gourma and Lake Chad) and climate unpredictability.

1 While COVID-19 has come at a time of rising attacks and clashes going back to 2018 in the Lake Chad basin area, there is no evidence of a direct link between the two, meaning that it seems that the crisis has not caused any or much direct violence, despite the Boko Haram/Islamic State of West Africa Province (ISWAP)'s reference to COVID-19 in its communications. What is certain is that the pandemic did not slow down insurgents.

2 In the Liptako-Gourma region straddling Burkina Faso, Mali and Niger, violence from conflict dipped between March 2020 and September 2021. In April 2020, Dicko, a prominent traditional leader, called for a truce to prevent the spread of the virus in a region hit by jihadist and intercommunal violence. But border closures led to increasing tensions, notably over access to natural resources, markets and essential goods.

3 Overall, COVID-19 response measures (closure of land and sea borders, curfews and quarantine measures in key cities) have had direct impacts on livelihoods and fueled grievances. Given the predominance of an informal economy and the importance of cross-border mobility as a hallmark of the region’s ability to adapt to the impact of conflict and climate change, the agro-pastoral and the informal sectors and border communities have been particularly impacted, resulting in increased inter-group tensions.

4 Concomitant with COVID-19, gender-based violence (GBV) increased in the seven countries of the West Sahel region, as elsewhere, due to increased economic stress and confinement measures, although data on the phenomenon are scarce.

5 The twin crises of COVID-19 and insecurity and violence have affected the delivery of health, social and humanitarian services to a growing number of vulnerable populations that depended on them. For example, aid agencies in Yobe and Borno in North-East Nigeria have reported increased operational difficulties since the onset of the pandemic, but also an upsurge in military operations against violent extremists (as well as protestors against related fishing and mobility restrictions) and the mounting ISWAP attacks against humanitarian organizations. The number of internally displaced persons (IDPs) increased by 27% between January and September 2021, as has their vulnerability; in turn, the risk of infection has increased due to overcrowded refugee and IDP camps, and limited access to emergency assistance.

maternal, newborn and child health, infectious diseases, noncommunicable diseases and service capacity and access, among the general and the most disadvantaged population); (3) Global and regional aggregates are weighted by relevant population groups. Estimates are not strictly comparable to 2016 regional estimates due to methodological enhancements, extended data availability and country revisions.

8ACLED database, consulted 17 September 2021.


As part of governments’ response to the pandemic, on remand prisoners were released to prevent overcrowding and contagion, but they also faced new restrictions. For example, in Burkina Faso, the government banned visits to prisoners, including for lawyers (March 2020) but 1,200 prisoners have been released across the country, in order to decongest overcrowded prison facilities and slow the spread of the virus. Similarly, the pandemic led to the release of over 1,600 prisoners in Mali to reduce the risk of infection in overcrowded prisons. 14

In March 2020, in Nigeria’s Kaduna Correctional Center, six inmates were killed by prison guards after they protested for fear of COVID-19 infection. 15 The government released 7,813 prisoners in July 2020. 16 In March 2002, in Niger, President Issoufou ordered the liberation of nearly 2,000 prisoners, including an opposition leader.17

COVID-19 and its response strategies have sometimes triggered a rise in the use of arbitrary powers, including arrests and detentions, mostly at the beginning of the pandemic. International and local organizations have reported various human rights violations related to COVID-19 restrictions in all seven countries. The pandemic has sometimes impacted electoral campaigns and election day (Chad; Mali; Niger), but mainly as a tension amplifier, and its relation with the sudden transitions in Mali (August 2020 and May 2021) and Chad (April 2021) is tenuous.

Overall, perceptions about government responses to the pandemic vary from country to country. Data are patchy, but there seems to be a more positive appreciation in Chad, Niger and Senegal than in Burkina Faso and Nigeria. In Senegal, for example, the government response was swift and massive. Increased spending on healthcare and the rapid provision of in-kind assistance and subsidies for electricity and water consumption helped to meet the urgent needs of vulnerable households. The government also strengthened and expanded its cash transfer program. Fiscal aid and credit support were also part of the stabilization measures to boost economic activity and prevent job losses and business failures. All these measures were financed through a response and solidarity fund of XOF18 1,000 billion (about 7% of GDP).

Civil society demanded specific measures to ensure transparency in the management of COVID-19 resources. There was a risk that the pre-existing poor ratings of some of the seven countries on accountability and transparency could increase the possibility of corrupt practices, e.g., in the procurement of equipment and medical supplies.

14Human Rights Watch, ‘Mali Events of 2020’.
18Currency code for the West African CFA Franc.
IV. Role of disaster risk governance

Despite the fact that the Sendai Framework for Disaster Risk Reduction (2015-2030) extended the definition of risk to include biological hazards, the aforementioned regional study’s key finding is that the concept of disaster risk governance (DRG) has manifestly not been put to good use during the pandemic in the Western Sahel region.

1. The notion of risk management is still novel in the region. The former language of “civil protection” still dominates the discourse and, despite the growing incidence of floods, the concept of disaster preparedness has only really progressed in the food security sector (i.e., for drought). Because drought is closely linked to climate, advances in climate change adaptation are also more prevalent and better funded and addressed than risk reduction based on multiple risks that the countries and the region is exposed to.

2. Investment in disaster risk reduction (DRR) and disaster risk management (DRM) to date has focused primarily on drought and food insecurity. There is strong evidence of the dangers of a single-threat focus which neglects other hazards and their cascading effects. The seven countries are prone to several types of hazards and effective risk reduction is only possible if all relevant threats are considered using a multi-risk management approach which allows for the prioritization of hazards, and thus a more efficient use of resources. Given the number of multiple concomitant threats and hazards since the outbreak of COVID-19 in the region, all seven countries have been obliged to lead response operations to many other natural hazards (drought, flooding, etc.), human threats (i.e., violent conflict) and outbreaks of other diseases with epidemic potential.

3. Evidence is strong that most historical DRM investment in the seven countries has focused on hazards or threats, to the detriment of other aspects of risk, namely exposure and vulnerability. COVID-19, which is a biological hazard, however – perhaps even more so than natural hazards or drought – involved strongly differing impacts linked to vulnerability status. Systematically neglecting two-thirds of the risk formula (reducing exposure and vulnerability) will inevitably lead to an unbalanced understanding of, and preparedness for, risk.

4. In response to COVID-19, rather than reinforcing existing DRM institutions, most countries created multiple new committees and mechanisms. This may account for the currently ineffective constellations of organizations and multi-sector platforms, misunderstood mandates, or both. Additionally, resorting to the creation of new mechanisms in crisis settings when swift action and decision making are required is inefficient, given the time and resources needed to create and pass new legislation and mobilize agencies and ready hands. Senegal is the only country that utilized the existing institutional arrangement by enhancing its National Center for Epidemic Management (CNGE in French) and reinforcing the Health Emergency Operational Center (COUS in French) to respond to the pandemic. Nigeria, while new entities were still created to coordinate the pandemic response, was the only country that had an explicit link and shared mandate between health authorities (Nigerian Center for Disease Control [NCDC]) and disaster management authorities (National Emergency Management Authority [NEMA]) to respond to the pandemic.
The regional study also underscores an ineffective focus on cross-sectoral collaboration. No hazard or disaster and their impacts occur in isolation. Disaster risk management clearly requires stronger collaboration between sectors and actors. On occasion, this was evoked on paper (in strategy plans and platforms) and it often featured strongly across specific sectoral response operations, but explicit collaboration between national disaster management authorities (NDMAs) and health authorities for COVID-19 was very rare. NDMAs typically have a longer history of working with the concept of risk management than health authorities. Conversely, health authorities know the specifics of biological hazards much better than NDMAs. The benefits of strong collaboration seem obvious but are largely untapped in the region. Nigeria’s National Emergency Management Agency (NEMA) is the only NDMA that has epidemic management and response explicitly included in its mandate and works in tandem with the Nigeria Centre for Disease Control (NCDC). While the NDMAs have participated in the pandemic response, their role has not always been clearly mandated and cross-sectoral coordination with the health authorities has been weak.

V. Regional aspects

1. ECOWAS recognises that COVID-19 has worsened existing challenges, many of which are regional, such as “internal displacement of people, a region-wide refugee crisis, heightened poverty and disease, the proliferation of small arms and light weapons, a rise in human and drug trafficking, the illegal exploitation of natural resources, and banditry.”

2. The impact of COVID-19 response measures (closure of land and sea borders, for example, in Niger [March 2020 to July 2021] and in Burkina Faso [March 2020 to April 2020], curfews and quarantine measures in key cities) have had direct impacts on livelihoods that depend on cross-border mobility and trade. Agro-pastoral, trade (formal and informal) and border communities have been particularly impacted, sometimes increasing inter-group tensions. For example, in the agropastoral sector, border closures and other restrictions limited the mobility of people and goods, access to grazing and water resources and to markets, leading to rising food prices for some staples, and loss of livelihoods. This situation put pressure on limited grazing areas and water points and therefore threatened to increase social tensions, not to mention animal and zoonotic diseases.

3. The impact of COVID-19 on migration is hard to distinguish from other longstanding drivers, including security and livelihood motives. According to Interpol, most African countries have implemented travel restrictions to prevent the spread of COVID-19, but these have not been sufficient to dissuade migration within and beyond the subregion. Forced displacement within West Africa increased between March and October 2021 mainly due to conflict and climate unpredictability: for example, in Burkina Faso, the number of IDPs has nearly tripled, to reach about 6% of the total population, as in Niger, between January 2020 and October 2021. In Mali, it practically doubled between January 2020 and September 2021, and 64% of IDPs in September 2021 were under 18 years of age. According to the Committee for the Coordination of Statistical Activities, “while migration in 2020 generally decreased, irregular migratory movements and deaths on some routes actually increased since the outbreak of the pandemic”. The route between Western Africa and the Spanish Canary Islands was also impacted. Moreover, forcibly displaced persons are regularly targeted by armed groups, e.g., the attack on 25,000 Malian refugees in Burkina Faso in April 2020, leading to a major flow of refugees back into Mali. They are also targeted by insurgent groups’ recruiters in camps, e.g., by Boko Haram in the Lake Chad region.

Institutions responsible for disaster management, NDMAs, in each country are: in Burkina Faso, Chad, Mali, Mauritania it is Direction générale de la protection civile (DGPC), in Senegal - Direction de la protection civile, in Niger it is the Ministère de l’action humanitaire et de la gestion des catastrophes and in Nigeria, National Emergency Management Agency (NEMA), which are responsible for disaster prevention, management and response.


Committee for the Coordination of Statistical Activities, ‘How COVID-19 is changing the world: a statistical perspective’ (2020).
However, there is limited evidence of violent incidents directly related to COVID-19 in border areas. Between 1 March 2020 and 31 May 2021 there were 13 reported incidents in total in the border areas of Nigeria, Chad, Niger and Senegal. There were none in Mauritania, Burkina Faso or Mali. This total of 13 incidents involved enforcement of social distancing measures including closing of markets and a ban on collective prayer in mosques, as well as the intimidation of journalists. Incidents are probably under-reported, if only because borders have at times been closed to people seeking asylum, and IDP and refugee camps are often located in border areas.

Although there is limited evidence of COVID-19’s impact on trafficking in persons, drugs and illegal weapons, it appears that the pandemic has not diminished the criminal threat in the region. Data on trafficking in persons exist, but there are scant links to COVID-19; the same goes for weapons. According to the United Nations Office on Drugs and Crime’s Regional Office for West and Central Africa, there has been a rise in the consumption of locally available drugs; this could suggest that the traffic across borders has decreased.

From a regional perspective, according to the Cadre Harmonisé there has been an increase in the number of people suffering from hunger or worse since the beginning of the pandemic. Multiple factors, including conflict and climate change, have led to the deterioration of food security levels despite overall good agricultural seasons. COVID-19 restrictions and their consequences have had a significant impact on food security. HFS data suggest that the direct effect (fear of COVID-19) preventing access to food is marginal, however, the impact of the containment measures was not. Amongst the direct consequences of restrictions are the interruption of herd and transhumance mobility and cross-border trade due to border closures; mobility restrictions also created multiple risks related to the overexploitation of available natural resources. Livestock-farming families were affected in terms of exposure to disease and high mortality in herds, food insecurity and loss of income. As for the indirect effects, the impact of these measures unleashed three phenomena that have symbiotically exacerbated the food crisis: price rises, lower stocks, and the loss of purchasing power.

Food and human insecurity are concomitant and show a slight increase between 2019 and 2020. Violence clearly acts as a trigger of food crises for all livelihood sources (agricultural and pastoral zones). Out of the seven countries, by December 2020 Nigeria, Burkina Faso and Niger had the highest number of people in Phase 3 (crisis) or Phase 4 (emergency), a trend that continued into 2021. Figure 2 shows the increasing trend in fatality rates between 2012-2016 and 2017-2021. Figures 3 shows the co-occurrence of violent conflicts or fatality rates with increased food insecurity levels in Nigeria, Burkina Faso and Niger. Therefore, efforts to address food insecurity need to go hand-in-hand and be part of a larger security strategy, and vice versa.

Source: ACLED and Cadre Harmonisé


Figure 3. Concentration of fatalities and the food security class based on the Cadre Harmonisé in Nigeria, Burkina Faso and Niger

Source: ACLED and Cadre Harmonisé
Phase 1 corresponds to minimal (insecurity), Phase 2 to stressed, Phase 3 to crisis, Phase 4 to emergency, Phase 5 to famine
Based on the key takeaways from the pandemic’s impacts presented above, the following are the high-level summaries of the categories for recommendations across the four thematic pillars.

I. Renew efforts and commitments to support and strengthen existing national development plans, regional initiatives and mechanisms

Who: International partners, multilateral development banks, regional organizations

Support the countries’ strategic economic and social development plans. Brace their priorities in relation to the sources of macroeconomic fragility highlighted by the COVID-19 crisis: strengthen their public finance management to further mobilize revenues and improve the quality of public expenditure (and thus improve the room for maneuver of internal public response). Mobilize additional efforts to diversify economies (and thus improve their resilience to shocks).

II. Strengthen and develop robust social protection and risk insurance mechanisms

Who: National governments, international partners, regional organizations

Support the provision of instruments for multidimensional targeting of households and firms most vulnerable to a crisis and instruments to improve budget reallocation. Create a mapping of the most vulnerable groups and develop robust monitoring systems leading to a better needs assessment in terms of accuracy and coverage. This would enable better targeted support measures and, coupled with budget mechanisms, could rapidly disburse help to the most in need and affected by the crisis.

In the short-term, facilitate the absorption of shocks via targeted and contextually-relevant social protection measures, as well as risk insurance and emergency cash transfer programs. This is key to address needs in terms of food insecurity, which were extremely high already before the pandemic. In the implementation of these programs, it is important that cash or in-kind donations should not aggravate economic crises within the local economic environments, which could happen when donations compete with local markets. Furthermore, savings and cooperative schemes can be implemented to help households increase their own absorptive capacity in the medium term. To alleviate the negative impacts for small and medium enterprises (SMEs), adequate loan mechanisms and financial instruments should be available by commercial banks and supported by central banks.

The specific design, modalities (conditionality, disbursement frequency and amounts, etc) and targeting of the emergency cash transfer programs should be adapted to each local and national context and based on data and evidence to achieve the intended results and objectives.
In the medium to long term, invest in mechanisms increasing the adaptive capacity of households through improved access to education, health and food security. This includes building stronger national and regional value chains and supporting smallholder farmers’ efforts to restore their mobility and access to markets, so as to foster trade. Some examples include: universal child benefits (UCBs) which can act as a cornerstone of a child-sensitive social protection system. Finally, structural changes are needed to increase the transformative capacity (resilience) of households, which would also tackle the root causes of inequality. In the medium term, this means that countries need to build adaptive social protection systems, with the aim of creating universal social protection in the long term.

In complex, fragile and conflict settings consider applying area-based programming\(^{25}\) (ABP) adopting a multisectoral, multistakeholder, inclusive approach and focusing on the given context, needs and challenges facing a specific geographical area. The advantage of ABP is the flexibility to deliberately define and target a geographic area, with a high level of need, that may be delineated by administrative borders within one country, region, locality or be cross-border.

\[\text{III. Invest in improving local agricultural production, strong local and regional market linkages, and trade}\]

**Who:** National governments, international partners, civil society

**Invest in improvement of local agricultural production as an engine for job creation, green growth and economic diversification and strengthening resilience to food security-related shocks.** Smallholder farmers constitute the fabric of the Western Sahel economies and agriculture and pastoralism are a source of livelihoods for the majority of the population. It has become apparent during the crisis that strong rural areas and localized food production are essential for food security and resilience. At the same time the smallholder farmers in the seven countries are often the poorest populations exposed to a variety of challenges and risks. Therefore, it is essential to invest in systems that would reduce these risks and challenges (climate variability, market price fluctuations, restricted access to markets and finance, etc.).

Other measures include: technical assistance to farmers and herders to improve productivity and increase transformation of the agricultural products; support for the development and expansion of climate information systems, extension services to the final users (farmers and pastoralists) to reduce risks related to climate threats and provide essential information to their operation; facilitate their access to finance and markets; invest in development of local and regional agricultural value chains, strong market linkages and regional trade; and transformation of agricultural commodities increasing their value-added.

In order to build resilience to the increasing climate-and ecosystem related risks, promote and invest in nature-based and climate smart agricultural solutions that help improve the health of the soils and availability of natural resources benefiting the farmers as well as addressing the climate risks; and promote food crops and agricultural methods among local communities that favor neutral agricultural systems and mitigate the effects of desertification and climate change.

\(^{25}\)Area-based programming is an approach that defines an area as the primary entry point, rather than a sector or target group (https://www.gov.uk/research-for-development-outputs/area-based-programming-in-fragile-and-conflict-affected-contexts)
IV. Strengthen and improve coordination and collaboration at the national and regional levels

Who: National governments, international partners, regional organizations

Multi-sectoral cooperation and a common approach and language for risk management are critically important because no singular agency or ministry has the resources, mandate or ability to address all aspects of disaster risk. In the context of COVID-19, many inter-agency coordination bodies were created or activated to help manage the pandemic. In particular, countries should focus on aligning the prevention, preparedness and response efforts of health ministries and disaster risk management authorities, as promoted in the 2016 Bangkok Principles for the implementation of the health aspects of the Sendai Framework. The Bangkok Principles and the WHO’s Health Emergency and Disaster Risk Management (EDRM) Framework call for the establishment of multi-sectoral disaster risk management committees. These should include health officials and the integration of biological hazards into multi-hazard disaster risk management, not least of which is multi-level health policies and programming. As indicated in UNDRR’s review of South Asia, the Sahel seven should seek to implement the Bangkok Principles and the Health EDRM Framework as a matter of urgency.

At the national level: in their strategies and plans, many countries have the intent of developing a multi-sector risk management and response strategy. This should be further substantiated and elaborated to become operational, including through specifying the roles and functions of constituent entities to better define the scope of the strategies and enable implementation. Countries should update their national disaster risk reduction strategies to incorporate lessons learned from the pandemic, including the systematic inclusion of multi-risk scenarios, as currently visible in the Contingency Plans of some Sahelian countries (Burkina Faso, Mali, Nigeria).

For multi-sector action to succeed in protecting lives and livelihoods, the legal framework – including sectoral laws and regulations – should be risk informed and accompanied by a multi-risk approach and stronger multisectoral coordination. Coordination mechanisms between relevant agencies should be enshrined in law, with more clearly mandated DRM roles and responsibilities. This may require that countries conduct a comprehensive review of all laws relating to DRM, biological hazards and public health emergencies, so as to examine to what extent they can support and enable effective prevention, preparedness and response to all pertinent threats. Disaster/emergency provisions need to be tailored to each type of risk, including public health emergencies, cascading effects, and concomitant disaster events.

At the regional level: Support the implementation of operational counter-cyclical budgetary instruments (at regional level) drawing on the experience of regional monetary authorities to improve macroeconomic resilience and response.

Clearly, pandemics provide opportunities for transboundary collaboration with an emphasis on exchanging data and border management. While not profiled for biological hazards, the African Union, ECOWAS, and even national strategies should include regional and cross border collaboration on the subject, focusing on knowledge management, surveillance, and early warning systems. Regional efforts to coordinate the activities of disaster management and health authorities – which could strengthen national and local governance – also appear to be lacking. This differs from other regions: regional and sub-regional disaster risk reduction plans and frameworks in the Asia-Pacific region provide a strong basis for inter-sectoral cooperation which merit replication at the national level (UNDRR, 2020).
Regional organizations can support member states’ investment orientations by strengthening public finance management systems to i) promote risk screening for all development plans and fiscal instruments; ii) strengthen disaster finance governance mechanisms to track expenditure on disaster and climate risk management; iii) promote the effective use of resources invested in sectors (e.g., education, health, social protection); iv) engage in policy dialogue to promote the establishment of contingency budgets to ensure that affected populations can continue to access essential services in times of crisis, and discuss how risk financing and transfer mechanisms, and the role of the African Risk Capacity Group can be strengthened in the ECOWAS and its member states.

V. Integrate peace and security considerations into COVID-19 response and monitoring

Who: national governments, international partners, regional organizations and civil society organizations

Shocks such as a pandemic tend to amplify pre-existing patterns of poverty, conflict and exclusion, so it is essential to monitor direct and indirect effects over time:

Evaluate both the immediate and knock-on effects of COVID-19 as well as its impact on mobility and livelihoods. An analysis by gender and by community should be conducted so as to grasp its compounding effects on pre-existing patterns of poverty, exclusion, perceptions of exclusion, radicalization, violent mobilization and trafficking.

In particular, monitor groups that are most vulnerable to shocks (conflict, climate change, COVID-19); those that felt they were subject to unfair treatment (the Fulani throughout the subregion; Buduma in Chad, Cameroon, Niger and Nigeria; Daosahak in Mali…); and the forcibly displaced. Take, for example, COVID-19’s impact on humanitarian access. The number of displaced persons has grown due to conflict and climate unpredictability. This means that already highly vulnerable populations are at risk of being left behind, which may take decades to reverse.

Monitor direct and indirect effects in particular in sensitive areas: Lake Chad basin areas; the Liptako-Gourma area; Burkina Faso’s Grand Ouest (Boucle du Mouhoun, Hauts-Bassins et Cascades); Mali’s Sikasso region; all border areas.

Include a forward-looking risk analysis and crisis prevention measures.

The COVID-19 response presents both a risk and an opportunity. It risks aggravating pre-existing tensions if no specific steps are taken to make it inclusive and transparent. It is also an opportunity to rebuild trust between citizens and their government (local and central).

This requires a system for sharing experience across countries, across municipal authorities and across civil society organizations throughout the region.

Build and strengthen trust between citizens and government by supporting citizen, women and youth-led initiatives and platforms demanding transparency and accountability with regards to the use of domestic resources.

Support the capacity of institutions (such as parliaments and judiciaries) to exercise their oversight functions and promote citizen engagement.

Adopt more coordinated approaches across borders, striking the right balance between i) continuation of trade and mobility, ii) security imperatives, and iii) COVID-19 surveillance and containment measures.

Improve harmonization between member states’ cross-border issues (e.g., coordinated containment measures, common standards, cooperation on transhumance corridors), learning from current practices in relation to trade.
VI. Strengthen disaster risk governance mechanisms, mainstream disaster risk reduction in development plans and recovery efforts

In addition to coordination regarding disaster risk governance described above, the following recommendations are made to strengthen risk knowledge, investment in risk reduction and preparedness. Risk knowledge. Engage more wholeheartedly in a multi-risk approach. The seven countries are prone to several types of hazards, some coincident and others cascading. Effective risk reduction is only possible if all relevant threats are considered and risk managed before disasters strike collectively. A multi-risk approach allows for the prioritization of action in the face of hazards, and thus a more efficient use of resources across many sectors or entities. Synergies exhibited when managing disaster risks across multiple hazards need to be enhanced at the regional level with the help of regional organizations. This in turn provides a strong, valid basis for commensurate actions at the national and local levels.

Promote stronger risk knowledge with continent-wide risk profiling and mapping exercises that include national hazard priorities such as flooding, conflict and epidemics, and feature distinct mappable layers of exposure and vulnerability to those hazards.

Invest in risk. Building on the growing familiarity of these seven countries with sovereign parametric drought insurance, parallel disaster risk financing (DRF) strategies and modalities for epidemic management should be considered more seriously. Work can be conducted with the African Risk Capacity (ARC) Group, a specialized agency established by the African Union. It may be beneficial to build on momentum in the wake of COVID-19 to promote DRF. The ARC Group is introducing sovereign parametric insurance products for outbreaks and epidemics into its portfolio (Ebola, Lassa fever, Marbourg and Meningitis). Other funding opportunities for disaster risk reduction lie with international civil society such as ARC’s Replica, IFRC’s Forecast-based Financing and, for NGOs, the Start Network.

Official disaster declarations are “critical elements of risk governance” (UNDRR, 2020) typically linked to the release of disaster risk financing, or international aid, and more widely used in countries that have disaster contingency funds set aside. Many countries hesitate to use declarations for fear of showing weakness or being disqualified in certain economic contexts. Additional research may be useful to restore or promote declaration instruments in Africa.

Strengthen disaster preparedness. Even when disaster risk reduction policy instruments already guide the management of sectoral risks and plans, countries will need to include health emergencies more visibly in overarching disaster risk management and contingency plans. Once these are in place, countries should invest in annual joint (NDMA/health) multi-risk simulations. Regional and national entities should, in parallel, explore ways to link natural and biological hazards in early warning systems by strengthening institutions, capacities and resource bases, including observational and research sub-systems and establishing early warning systems. There are few national systems that can serve as good examples. New Zealand has multiple alert systems in place for volcanoes, tsunami and weather hazards. These laid the groundwork for a similar set of protocols for a COVID-19 alert system with color-coded alert levels (prepare, reduce, restrict and lockdown) with guidance on risk assessment and the range of measures in place. Epidemics unfold differently than natural hazards and rely on various monitoring (surveillance) systems to navigate complex sociomedical data and evolving contexts. While the early actions expected of individuals in times of crisis will be different, these two types of disasters involve many of the same governmental organizations and industries, and deal with the same public. Greater research on the feasibility and nature of true multirisk early warning systems would be warranted.


VII. Invest in enabling data systems environment and culture

Who: national governments, international partners, regional organizations

The crisis revealed once again the inadequacy of official statistics available to policy makers and citizens in terms of geographic and thematic coverage, frequency and quality. The structural and cultural changes recommended above must be nurtured by relevant data to improve policy design and accountability as well as facilitate learning and adjustments.

Priority investments for the medium and long term should include strengthening national statistical systems and especially technical capacities for data collection and analysis. They should also foster partnerships with private sector data providers and instill a “data culture” among public institutions and public servants whereby policies and programs are designed, implemented and evaluated on the basis of quantitative and qualitative statistical indicators.

Create a regional multi-hazard early warning system that can help to coordinate the exchange of early warning data and information combining both health surveillance and other hazards.

Design and implement (near) real-time impact monitoring processes to formulate evidence-based policies. Monitor and evaluate current COVID-19 recovery policies to prepare for future similar situations.

Annex

Figure 4. Representation of the regional drivers of conflict

Source: Authors
United Nations Development Programme

UNDP partners with people at all levels of society to help build nations that can withstand crises, and drive and sustain the kind of growth that improves the quality of life for everyone. On the ground in nearly 170 countries and territories, we offer global perspectives and local insights to help empower lives and build resilient nations.

ECOWAS

The Economic Community of West African States (ECOWAS) was set up in 1975 to foster the ideal of collective self-sufficiency for its member states, which are Benin, Burkina Faso, Cabo Verde, Côte d’Ivoire, The Gambia, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Nigeria, Sierra Leone, Sénégal and Togo. In this way, the estimated 300 million citizens of the community can ultimately take ownership for the realization of the new vision of moving from an ECOWAS of States to an “ECOWAS of the People: Peace and Prosperity to All” by 2050.

Data-Pop Alliance

Data-Pop Alliance is a non-profit organization created by the Harvard Humanitarian Initiative, MIT Connection Science and ODI. DPA brings together researchers, experts, practitioners and activists determined to change the world with data through three pillars of work: diagnosing local realities and human problems with data and AI; mobilizing capacities, communities and ideas towards more data literate societies, and transforming the systems and processes that underpin our societies and countries. In 2016, Flowminder Foundation joined as the fourth core member.

Evidence for better policy

Created in 1990, ADE is a private consulting company that delivers objective and independent services to assist private and public decision makers in the formulation of rational economic decisions and in monitoring their implementation. ADE intervenes at every stage of the decision-making process: from problem analysis and advisory studies to support in the formulation, the monitoring and the evaluation of strategies, policies and programs.
Acknowledgements

This policy brief is part of a larger study titled “Socio-economic impact assessment of COVID-19 and the role of disaster risk governance in the Western Sahel and Lake Chad Basin”, undertaken within the framework of the UNDP Sahel Resilience Project, funded by the Government of Sweden and co-commissioned by ECOWAS. The study was conducted under the guidance of the UNDP Sahel Resilience Project Team, with the support of UNDP teams in Africa and UN Agencies at the regional level. It also benefited from substantive inputs from the UN system in the seven countries, national government representatives as well as other key stakeholders.

The policy brief was prepared by a team of researchers and experts led by Data-Pop Alliance (DPA) comprised of Emmanuel Letouzé (DPA), Nigora Isamiddinova (DPA), Agustina Pérez Mirianco (DPA), Andres Lozano (DPA), Joan of Catheu, Lezlie Morinier, Robert Darko Osei, Emilie Laffiteau (ADE) and Tatiana Goetghebuer (ADE). It also benefited from review, comments and technical input from Olivier Abayisenga (UNDP) and Reshmi Theckethil (UNDP).

Credits: © Shutterstock (photos) ©Md Shahidullah (design)

Disclaimer

The views expressed in this publication are those of the author(s), representing Data-Pop Alliance and ADE, and do not necessarily represent those of the United Nations, including UNDP, donor agencies, the ECOWAS Commission or UN member states. The designations employed and the presentation of the information in this publication do not imply the expression of any opinion whatsoever on the part of the United Nations concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries.