



THE AFRICAN UNION AND COVID-19

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AAPDI BRIEFING PAPER SERIES

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This paper is largely based on the presentation made by this author, at the videoconference organized on 27 May 2020 by the Global Network of Societies of International Law (GNSIL), on the theme : “Regional Organisations and COVID-19: Building on Regional Experiences to Face a Global Threat”.



1. Africa and Fight Against Pandemics

Over the decades since their independence, African countries have been facing serious pandemics. There has been a regional Ebola outbreak in West Africa from 2014 to 2016, which resulted in more than 11,000 deaths. The AU deployed a support civilian and humanitarian in West Africa, whose performance was widely applauded. This experience galvanized the process of the establishment in early 2016 of Africa Centres for Disease Control and Prevention (Africa CDC), tasked with the mission to assist Member States in addressing, among others, public health emergencies. Four years later, as other continents in the world, Africa has been affected by the global Coronavirus Disease 2019 (COVID-19) pandemic.¹ This is the first continental outbreak faced by the Africa CDC, which is put at test by the COVID-19 pandemic. Against this background, the aim of this paper is three-fold: (i) To examine the action of the newly established AU health body (the Africa CDC) to address the COVID-19 pandemic; (ii) To assess the role of the AU as a forum for the cooperation and coordination of efforts in this context; and (iii) To evaluate the current and/or potential contribution of the AU's experience to the global health governance. The three aspects will be reviewed in 8 points reflecting the substance of the suggested questions included in the concept note of this meeting. The paper ends with a brief conclusion. Before proceeding to this analysis, it is important to provide a background on the conceptual framework of the AU's doctrine in the field of inter-African cooperation.

2. The African Solidarity Initiative (“Africa Helping Africa”) and the Emerging Principle of “Responsibility to Assist”

As well known, Africa has historically developed the tradition of assistance, not only for the members of the group to which an individual belonged but also for peoples from other communities, including refugees. This social practice was considered as a binding customary norm and those having violated it were punished or excluded from their community. As a legacy of this traditional rule, it was reflected in several postcolonial regional instruments. To give a few examples, the Organization of the African Unity (OAU)

¹ As of 5 May 2020, the Africa CDC and WHO reported a total of 47,718 COVID-19 cases and 1,843 deaths in Africa (Source: AU/Africa CDC, “Outbreak Brief # 16: Coronavirus Disease 2019 (COVID-19) Pandemic”, 5 May 2020 (<https://africacdc.org/covid-19/>), accessed on 9 May 2020).



1969 Convention on Specific Aspects of Refugees in Africa provides in its Article 2, paragraph 4, that:

“When a Member State finds difficulty in continuing to grant asylum to refugees, such Member State may appeal directly to other Member States and through the OAU, and such other Member States shall in the spirit of African solidarity and international cooperation take appropriate measures to lighten the burden of the Member State granting asylum.”

Furthermore, in accordance with the 1981 African Charter on Human and Peoples’ Rights, the individual has duties towards the family, society, the State and the international community (Article 27), including “ the duty to contribute to the well-being of his family, to solidarity, to the preservation and strengthening of positive African cultural values in his relations with other members of the society [...], to contribute to the promotion of the moral well-being of society.” (Article 29).

More recently, the policy organs of the AU, the Assembly of the Heads of State and Government and the Executive Council, adopted in July 2012 the Declaration entitled “African Solidarity Initiative” (ASI), also identified as “Africa Helping Africa”, aimed at mobilizing the continental support to countries emerging from conflicts. According to its concept note,

“ 8. The ASI is intended to provide an opportunity for mobilizing additional commitments and contributions to support on-going efforts in post-conflict situation and development in a number of African countries. The initiative is designed to encourage, motivate, and empower African countries to begin systematically to offer assistance to post-conflict countries.

9. The overall intention is to promote African solidarity and support, as part of an agenda to address the magnitude of challenges being faced by African countries engaged in post-conflict reconstruction and development efforts [...].

12. Overall, the Initiative seeks to expand the spirit of African solidarity and mutual support/reliance between and among Member States, as well as to strengthen engagement with other stakeholders, including the private sector, civil society, the academia, the Diaspora and the media.”²

The Declaration on the ASI provided a foundation for an emerging principle of “Responsibility to Assist” grounded on African traditions.³ It was first implemented during

² AU, « African Solidarity Initiative in Support for Post-Conflict Reconstruction and Development in Africa. Concept Note”, Addis Ababa, 2012 ([https:// www. Peaceau.org/uploads/asi-concept.note.pdf](https://www.Peaceau.org/uploads/asi-concept.note.pdf), accessed on 8 May 2020).

³ On the novel concept of « Responsibility to Asssit », see Mutoy Mubiala, « L’Union africaine », in Sandra SZUREK, Marina EUDES et Philippe RYFMAN (eds.), *Droit et pratique de l’action humanitaire*, Paris, Libraire générale de droit et de jurisprudence, 2019, pp. 386-387, and « Le rôle des organisations



the Ebola outbreak in West Africa from 2014 to 2016, in the context of which the AU deployed its first-ever support civilian and humanitarian support mission (ASEOWA) and its newly established African Volunteers Health Corps, a continental resource for surge staffing during public health arrangements. The operation benefited from important human and financial contributions donations from Member States, as well as donations from the African private sector, concretizing the “Africa Helping Africa” motto.⁴ This novel principle could be defined as “the duty of the international community to assist the countries in need of support in the context of pandemics/outbreaks, in particular when the latter spread in the world”. The “Responsibility to Assist” supplements the primary responsibility of the State to address the said pandemics/outbreaks.

This new paradigm of African “self-help” (“Africa Helping Africa”) galvanized the establishment of the long-awaited project of the Africa CDC, thus shifting the implementation of the emerging African principle of “Responsibility to Assist” from ad hoc basis to an institutionalized approach.

3. The Africa Centres for Disease Control and Prevention (Africa CDC), Its Mandate, Guiding Principles and Operation: A Brief Overview

In January 2016, the AU established the Africa Centres for Disease Control and Prevention (Africa CDC) as its specialized body in the field of health governance. It is based in Addis Ababa (Ethiopia), at the Headquarters of the AU and it was launched in January 2017. Subsequently to its launching and operational starting, the African CDC has contributed to establishing its Regional Collaborating Centres (RCCs), where relevant, in due cooperation and with the support of the Regional Economic communities (RECs), in the five political regional regions of the AU, including Central Africa (Libreville, Gabon); East

régionales africaines dans la lutte contre les pandémies », in SOCIÉTÉ FRANÇAISE POUR LE DROIT INTERNATIONAL, *Droit international et santé*. Colloque de Rennes (31 mai-2 juin 2018), Paris, Pedone, 2019, pp. 412-413.

⁴ REGIONAL NETWORK FOR EQUITY IN HEALTH IN EAST AND SOUTHERN AFRICA (EQUINET), “African Responses to the 2014/5 Ebola Virus Disease Epidemic”, Discussion Brief, October 2015, p. 6.



Africa (Nairobi, Kenya); North Africa (Cairo, Egypt); Southern Africa (Lusaka, Zambia); as well as West Africa (Abuja, Nigeria).⁵

The main objectives of the Africa CDC include:

“a) The establishment of early warning and response surveillance platforms to address in a timely manner all emergencies; b) Supporting public health emergency preparedness and response and response; c) Assisting Member States in collaboration with WHO and other stakeholders to address gaps in International Regulations compliance’ [article 3 (a), (b) and (c)].”

According to its Statute, the operations of the Africa CDC are guided by the following core principles: “

“1) Leadership; 2) Credibility; 3) Ownership; Delegated authority; 5) Timely dissemination of information; 6) Transparency; 7) Accountability; and 8) Value added [Article 4]. The framework of the Africa CDC is based on the assumption that the latter ‘adds value and is highly credible and shall operate in collaboration with Regional Centers in the pursuit of its strategic objectives.”

During the past three years of its operation, the Africa CDC has deployed team missions to several African countries to assist in addressing disease outbreaks, including in the DRC (Ebola and cholera); Ethiopia (Acute Watery Diarrhea); Madagascar (Plague); Mozambique (Malaria); Namibia (Malaria); Nigeria (Lassa Fever, Meningitis and Monkey Pox), etc.⁶ Most recently and currently, the Africa has taken several initiatives and measures to enable the AU and its Member States to address the on-going COVID-19 panic. These include the establishment, in early February 2020, of a Task Force for COVID-19 (ATFCOR). It has also, jointly with the AU Commission, adopted the Partnership to Accelerate COVID-19 Testing (PACT): Trace, Test and Track (T-3), whose objective is to test 20 million Africans. Both ATFCOR and PACT are important tools for the implementation of the Joint Continental Strategy for COVID-19, adopted by the meeting of the African Ministers of Health convened by the Africa CDC from 22 to 25 February 2020. The Joint Continental Strategy is implemented through the ATFCOR and the Africa CDC’s Incident Management System (IMS), with the support of the African Volunteers Health Corps. In

⁵ See Mutoy MUBIALA, “« Statute of the Africa Centres for Disease Prevention and Control (Africa CDC), 31st January 2016”, 2018, *Oxford International Organisations (OXIO)*, 392, and “« Regulations Establishing and Stating Operating Procedures of the ECOWAS Regional Centre for Surveillance and Disease Control (ECOWAS-RCSDC)”, 2019, *OXIO*, 467.

⁶ See, *inter alia*, AU, « First Progress Report of the Chairperson of the Commission on the Africa Center for Disease Control”, Addis Ababa, 29 March 2018, pp. 5-8.



this regard, the Joint Continental Strategy and AFTCOR serve as the AU's tools for regional cooperation and coordination in the fight against the COVID-19 pandemic.

4. The African Union Serves as the Continental Forum for Cooperation and Coordination of the Response to the COVID-19 in Africa

The three main components of the African health governance architecture are the AU, the RECs and Member States. In the context of the fight against the COVID-19 pandemic, the AU, through its Assembly of the Heads of State and Government and the support of its Commission and the Africa CDC, has been serving as a forum for the cooperation and coordination among these three main actors, as well as the other actors involved in the process, including multilateral organisations (WHO, GAVI, WFP), the private sector, donors, foundations and academics.

On 29 April 2020, the Bureau of the AU Assembly of Heads of State and Government had a videoconference meeting with the Chairpersons of the RECs. They discussed, among others, the measures taken at the regional level to address the COVID-19 outbreak. President Rajoelina of Madagascar, attending as the chairperson of the COMESA, took this opportunity to brief his peers on COVID-Organics (CVO), the herbal remedy developed by the Malagasy Institute of Applied Research. Subsequently to this meeting, the AU Commission met with the Permanent Representative of Madagascar to the AU to discuss the modalities of the hand-over of the proposed CVO remedy to the Africa CDC for its scientific testing.⁷

At the AFTCOR's level, the AU Member states are integral parts of the Task Force and their representatives co-led the latter with the Africa CDC. According to the Africa Joint Continental Strategy,

“ The African Task Force for COVID-19 (AFTCOR) will build upon the existing regional structure of Africa to support Member States. Each of the five RECs of Africa has an Africa CDC Collaborating Center (RCC) that is tasked with implementing continental public health strategies in Member States with due consideration of the different capacity, systems, and priorities in those regions. Working with and through the RCCs, AFTCOR will support Member States to adopt a parallel operational structure for COVID-19 [...].

⁷ AU/Africa CDC, “COVID 19: African Union in Discussions with Madagascar over Herbal Remedy”, Addis Ababa, 4 May 2020 (<https://www.africacdc.org/covid-19/>, accessed on 9 May 2020).



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AFTCOR and the RCCs will provide technical guidance and policy recommendations, support deployment of African subject matter experts for on-site technical assistance, particularly for complex or large outbreaks, and convened stakeholders to align strategies and tactics and exchange information about best practices.”⁸

The Africa CDC has also made a set of recommendations to the AU Member States on how to prevent and respond to the COVID-19 pandemic, as follows:

- “ 1. All Member States should enhance their surveillance⁷ to include COVID-19⁸ and for severe acute respiratory infections (SARI)⁹. Examples of enhanced surveillance include: a. Adding questions about travel, contact history, and testing for coronaviruses to existing influenza surveillance systems; b. Notifying healthcare facilities to immediately inform local public health officials about persons who meet the case definition for COVID-19, SARI and/or have recent travel to a country with local transmission or history of contact with a case.
2. Member States should continue to enhance surveillance at the borders to screen incoming travelers for severe respiratory illness and a history of recent travel to affected countries or territories reporting local or community transmission.
3. Member States should perform contact tracing of confirmed cases based on transmission type and country capacity.
4. Notify WHO and Africa CDC immediately if suspected or confirmed cases of infection with novel coronavirus are identified. Africa CDC should be notified by emailing AfricaCDCEBS@africa-union.org.
5. Provide guidance to the general public about seeking immediate medical care and informing healthcare providers about recent travel or contact history in anyone who develops symptoms of severe respiratory illness.”⁹

Finally, on the dissemination and promotion sides, the Africa CDC has issued manuals for guiding Member States in the fight against the COVID-19, including the “Protocol for Enhanced Severe Acute Respiratory Illness and Influenza- Like Illness Surveillance for COVID-19 in Africa” (March 2020) and the “Guidance on Contact Tracing for COVID-19 Pandemic” (April 2020). The Africa CDC has also issued additional relevant documents of special importance, including and in particular the “Statement on Medications to Treat Novel Coronavirus Disease (COVID-19)”, “Wearing a Face Mask CORRECTLY”, as well as “Community Use of Face Masks”.¹⁰

⁸ *Ibid.*, « Africa Joint Continental Strategy », Addis Ababa, 25 February 2020, p. 6 (africacdc.org/covid-19, accessed on 9 May 2020).

⁹ *Ibid.*, *loc. cit.*

¹⁰ *Ibid.*, *loc. cit.*



5. Impact of COVID-19 on the African Union's Goals and Purposes

The fight against COVID-19 is a human security and development issue. The action taken by the AU in this regard is in line with its main goals and purposes as provided in its Constitutive Act, including:

- “[...]”
- (f) Promote peace, security, and stability on the continent;
 - [...]
 - (h) Promote and protect human and peoples' rights in accordance with the African Charter on Human and Peoples' Rights and other relevant human rights instruments;
 - (j) Promote sustainable development at the economic, social and cultural levels as well as the integration of African economies;
 - (k) Promote cooperation in all fields of human activity to raise the living standards of African peoples;
 - (l) Coordinate and harmonize policies between existing and future Regional Economic Communities for the gradual attainment of the objectives of the Union;
 - [...]
 - (n) Work with relevant international partners in the eradication of preventable diseases and the promotion of good health on the continent.”¹¹

All the initiatives adopted by the AU in the context of the combat against COVID-19 concur to the achievement of these goals and purposes, including the coordination with the RECs. In addition to the health measures reviewed in Section 4, the AU has adopted several steps to secure its development agenda in the context and the aftermath of COVID-19 and its subsidiary body on human and peoples' rights to address the COVID-19 related human rights issues and challenges.

Since COVID-19 constitutes a challenge to the economic and social development of Member States and to trade and regional integration, a group of eminent African personalities made a call for the cancellation or suspension of international debt of African States.¹² Building on this initiative, the Bureau of the AU Assembly of the Heads of State and Government held a meeting in mid-April 2020, during which they established a

¹¹ On a comment on the goals and purposes of the AU, see Stéphane Doumé-Billé, “The African Union: Principles and Purposes”, in Abdulqawi A. Yusuf and Fatsah Ouguergouz (eds.), *The African Union: Legal and Institutional Framework. A Manual on the Pan-African Organization*, Leiden/Boston, Martinus Nijhoff, 2012, pp. 53-75.

¹² *Jeune Afrique*, 11 April 2020 (<https://www.jeuneafrique.com/925451/economie/tribune-il-faut-alleger-la-dette-africaine-pour-combattre-le-coronavi...>; accessed on 9 May 2020).



“dream team” including several of these eminent personalities¹³ and other African high-level figures, tasked to assist on how to address the negative financial impact of the COVID-19 pandemic and to develop strategies for the post-COVID-19 recovery. Pending this, a positive step was taken by the G20, which decided a 9 month-moratorium on the African bilateral debt. On 10 May 2020, the ministers of finance and/or development of sixteen African countries made a new call advocating with the latter to go beyond this initial step, in extending the moratorium to 2021 and in cancelling the State debt of some countries.¹⁴

As far as human rights are concerned, the African Commission on Human and Peoples’ Rights, a subsidiary body of the AU, has raised serious concerns about the human rights violations caused by national authorities of several Member States in the context of fight against COVID-19. In a press statement on 24 March 2020, the Chairperson of the Commission drew the attention of African governments on the respect for human rights principles when adopting their measures to counter COVID-19. These principles include, among others, legality; non-discrimination; access to information; protection of vulnerable groups; the realization of the right to health; solidarity; compliance with human and peoples’ rights ; mitigating measures; solidarity; monitoring, investigation and corrective measures.¹⁵ In addition, several Special Mechanisms of the Commission have issued press releases on human rights issues relating to COVID-19 pertaining to their thematic mandates, including: (i) the Special Rapporteur on Prisons, Conditions of Detention and Policing in Africa on the release of prisoners and on reports of excessive use of force by the police during the COVID-19 pandemic, on 22 April 2020; (ii) the Working Group on Indigenous Populations/Communities in Africa on the Impact of the COVID-19 Pandemic on the latter, on 23 April 2020; and (iii) the Special Rapporteur on the Rights of Women in Africa on violations of women’s rights during the COVIS-19 pandemic, on 6 May 2020.¹⁶ The above-mentioned mandate-holders expressed their

¹³ Ms. Okonjo-Iweala (Nigeria); Mr. Donald Kaberuka (Rwanda); and Mr. Tidjane Thiam (Côte d’Ivoire).

¹⁴ These countries include: Angola; Cameroon; Djibouti; Egypt; Ethiopia; Gambia; Ghana; Kenya; Mali; Namibia; Niger ; Rwanda ; Senegal ; Seychelles ; Sierra Leone and Tunisia. See *Jeune Afrique*, 10 May 2020 (<https://www.jeuneafrique.com/943055/economie/tribune-aucun-pays-ne-doit-avoir-a-choisir-entre-sauver-des-vies-et...>, accessed on 10 May 2020).

¹⁵ African Commission on Human and Peoples’ Rights, Press Release, 24 March 2020 (https://www.achpr.org/fr_pressrelease/detail?id=483, accessed on 25 April 2020).

¹⁶ *Ibid.*, *loc. cit.*



concerns about the allegations of human rights violations and abuses perpetrated in relation with their respective fields and addressed recommendations to the States Parties to the African Charter to adopt corrective measures in this regard.

6. Impact of COVID-19 on the African Union's Internal Governance

The COVID-19 pandemic occurred in Africa only a few months before the adoption of the AU reform, scheduled to take place in June 2020. The on-going reform process was engaged in 2016 to make the AU more efficient. The reform agenda includes, among others, the issue of funding and the division of work between the three pillars of the Organization: the AU (continental level), the RECs (regional level); and Member States (national level). These two aspects of the reform have implications for the subject under review.

Regarding the funding of the Africa CDC, as I wrote elsewhere,

“ While it is based on inclusive constituencies and processes, the Africa CDC is likely to face the same challenge than other regional AU bodies and mechanisms: the lack of sustainable funding. This is corroborated by the reliance of the Africa CDC on external and private donors, as illustrated by the initiative of its Advisory and Technical Council, in March 2018, to create a foundation aimed at involving the African private sector and philanthropic for its funding.”¹⁷

The negotiations on the reform of funding of the AU have, so far, providing the following three axes: Member States should finance 100% of the regular budget of the AU; 75% of the budget of its programmes and 25% of peacekeeping.¹⁸ To take the case of the Africa CDC, which relies on the budget for programmes, the experience of its funding in the context of COVID-19 shows that it was largely financed by the donations made by the Jack Ma Foundation and Alibaba Foundation. This justifies the urgent need to adopt the new system of funding as mentioned above.

¹⁷ Mubiala, « Statute of the Africa Centres for Disease Control.... », pp. 2-3, see *supra*, note 5.

¹⁸ Interview of Mr. Moukoko Mbondjo, the Head of the Unit for the AU Reform, on Africa 24 TV, 15 April 2020.



On the division of work among the AU, the RECs and Member States, the proposals over the table of negotiation have been guided by the principles of subsidiarity, complementarity and comparative advantages. According to the available information, there will be two categories of competencies for the three entities, including exclusive competencies and shared competencies.¹⁹ The architecture of the African collective health security and its operation, including in the context of Covid-19, justifies that this sector fall in the competencies shared by the AU (Africa CDC), the RECs (RCCs) and Member States (national public health entities). In this framework, Member States have the primary role to play in the control and prevention of public health emergencies.

Finally and in brief, the intervention of the AU in the context of COVID-19 can positively influence the outcome of the AU reform process, in particular with regards to the issues of funding and division of work between the AU, the RECs and Member States.

7. Impact of COVID-19 on the Relations Between the AU Member States

Contrary to some continents, such as Europe, the dynamics of transnational solidarity among African States has been mentioned among the features of the on-going fight against COVID-19 in Africa. According to a Pan-African newspaper,

“Pour certains scientifiques africains, le continent a aussi l’avantage de pratiquer une vraie solidarité. Lorsqu’un pays manque de masques ou de kits de tests, les pays voisins moins touchés sont susceptibles de lui en fournir. Le Lesotho, qui n’a pas encore de laboratoire opérationnel, fait tester ses prélèvements en Afrique du Sud, et un réseau de détection de la grippe saisonnière, utilisé face au COVID-19, fédère déjà une vingtaine de pays du continent.

Sans tomber dans l’angélisme, force est de constater que la solidarité semble parfois mieux fonctionner en Afrique dans certaines régions plus riches, où l’on voit les grands laboratoires veiller jalousement sur leurs découvertes dans l’espoir de pouvoir commercialiser un traitement ou un vaccin. »²⁰

The trend of unity and solidarity among African States was recently illustrated by the videoconference meetings between several African Heads of State (DRC, Senegal, etc.) with President Rajoelina of Madagascar about the herbal remedy (CVO) produced in his country. In addition, in early May 2020, the latter has donated boxes of this remedy to

¹⁹ *Ibid., loc. cit.*

²⁰ Jeune Afrique, 3 May 2020 (<https://www.jeuneafrique.com/937712/societe/coronavirus-decryptage-des-hypotheses-qui-expliqueraient-lafaible-co...>, accessed on 5 May 2020).



several African countries, including Central African Republic, Niger, the DRC (which received 11 boxes), the Gambia, and the Republic of the Congo, according to media news.²¹

For its part, at the request of the Africa CDC, the DRC has deployed 37 public health experts to provide support to four other African countries, including Burkina Faso, Cameroon, Mali and Niger.²²

The above practice of African States in the context of the response to COVID-19 has contributed to the crystallization of the emerging African principle of “Responsibility to Assist” (R2A). The latter has been domesticated at the national level, after many African countries fighting against COVID-19 have established national solidarity funds financed by various donations, including from State enterprises, the private sector and individuals.

8. The Role of the African Union in the Global Response

As far as the United Nations is concerned, its Secretary-General Antonio Guterres called for a robust humanitarian plan for Africa in the context of COVID-19. Going beyond this call and taking a proactive posture, the AU has been developing interaction with relevant global and regional actors, including multilateral global institutions such as WHO, the World Bank; the African Development Bank; the Global Fund; the Gavi Alliance and the Unitaid to develop a joint action plan to operate within their respective mandates.

Regarding the European Union (EU), with whom the AU has a strategic partnership since 2007, the Bureau of the AU Assembly of Heads of State and Government, expanded to several other African leaders and the Chairperson of the AU Commission, in mid-April 2020, had a videoconference with the Chairs of the relevant policy bodies of the EU, including the Chair of the European Council, the President of France, the Chancellor of Germany, the Prime Ministers of the Netherlands and Spain, as well as the Chair of the

²¹ See, among others, *Aljazeera*, « Coronavirus : The Gambia Receives Covid-Organics from Madagascar », 12 May 2020 (<https://www.aljazeera.com/news/2020/05/coronavirus-gambia-receives-covid-organics-madagascar-200512153915>, accessed on 13 May 2020).

²² Radio Okapi, « COVID-19 : la RDC envoie 37 experts en santé publique pour appuyer d'autres pays africains », 19 May 2020 (<https://www.Radiokapi.net/2020/0519/actualite/sante/covid-19-la-rdc-envoie-37-experts-en-sante-publique-pour-ap...>, accessed on 20 May 2020)-



European Commission. At this occasion, they called for a multilateral response for Africa and made a declaration stating, *inter alia*, the following:

“ Cette crise montre à quel point nous sommes interconnectés. Aucune région du monde ne peut l’emporter seule dans la lutte contre le COVID-19. Tant qu’il n’aura pas été éradiqué en Afrique, le monde ne sera pas à l’abri. C’est pourquoi nous sommes résolus à travailler ensemble, avec nos partenaires du G7 et du G20 pour mettre un terme à la pandémie et construire des systèmes de santé résilients qui puissent assurer l’avenir de nos populations. Le temps n’est pas aux divisions ou aux querelles, mais bien à l’unité et à la coopération. »²³

Another global health actor,²⁴ with whom the AU has developed a strong partnership, is China. In the health domain, the latter substantially and financially contributed to the establishment and to the starting operation of the Africa CDC. In the context of the COVID-19 pandemic, the AU has had a mixed interaction with China. On a positive side, the AU has benefited from substantial donations provided by Jack Ma Foundation and Alibaba Foundation, owned by a rich national of China. These donations have enabled the AU, in cooperation with the World Food Programme and Ethiopian Airlines, to distribute medical supplies from the Abiy Ahmed/Jack MA Foundation Initiative to Reverse the COVID-19.²⁵ On a negative side, however, the AU Commission complained to the Chinese Government about the alleged discriminatory treatment of Africans, including students, in the context of the fight against COVID-19 pandemic in China. However, according to a tweet message issued by the AU Commission Chairperson Moussa Faki Mahamat, on 13 April 2020, “ In a phone call with Chinese Foreign Affairs #Wang Yi today, he reassured me of measures underway in # Guangzhou to improve the situation of Africans, in line with the strong and brotherly partnership between # Africa and # China”.²⁶

²³ *Jeune Afrique*, 15 avril 2020 ([https:// www.jeuneafrique.com/927754/politique/exclusif-coronavirus-15-chefs-detat-et-de-gouvernement-appellent-a...](https://www.jeuneafrique.com/927754/politique/exclusif-coronavirus-15-chefs-detat-et-de-gouvernement-appellent-a...), accessed on 6 May 2020).

²⁴ See Pak K. Lee and Lai-Ha Chan, “China Joins Global Health Governance: New Player, More Medicines, and New Rules?”, in *Global Governance*, 2014, vol. 20, pp. 297-323.

²⁵ AU, « AU and Africa CDC Launch Partnership to Accelerate COVID-19 Testing: Trace, Test and Track”, Press Release, Addis Ababa, 21 April 2020 (<https://africacdc.org/covid-19>, accessed on 9 May 2020).

²⁶ *France 24*, 14 April 2020 (<https://www.france24.com/fr/20200414-chine-covid-19-africains-victimes-discrimination-diaspora-inquietude-relations-si...>, accessed on 10 May 2020).



At the operational level, the Africa CDC held a special webinar entitled “Global Medixchange for Combatting COVID-19 (GMCC): The Experience of China”, on 28 April 2020. According to the Africa CDC,

“ GMCC was launched by Jack Ma Foundation and Alibaba Foundation to facilitate knowledge sharing and online communication to combat CPVID-19, through digital access to epidemic prevention resources, videos and webinars, and tools for online discussions. Nearly 3000 medical professionals had already joined the platform globally and thousands of medical staff from hospitals across Ethiopia, Ghana, Rwanda, South Africa and Zimbabwe have participated in live exchange sessions organized by the GMCC to better understand how to respond to this new virus disease pandemic [...].

‘Partnership is key to winning the war against COVID-19. In our strategy we have highlighted four things: cooperation, collaboration, coordination and communication. If we do not want Africa to be the next epicentre, we must foster multisectoral partnerships at the community level, at the national level, at the continental level, and at the global level. This important collaboration is a major milestone in achieving this’, said Dr. Nkengasong [the Director of the Africa CDC].”²⁷

This knowledge sharing programme sends a positive signal in including participants from Zimbabwe, an African country under international sanctions, thus contributing to mitigate the negative impact of these sanctions on the response of the latter to COVID-19.

9. Conclusion

The above analysis provides a basis for three conclusions. First, thanks to its newly established Africa CDC and its RCCs, the AU has been serving as a forum for cooperation and the coordination of efforts in the fight against COVID-19 in Africa, thus providing Member States to consolidate the new “Africa Helping Africa” paradigm and its emerging principle of “Responsibility to Assist”. Second, the unified/coordinated fight against the COVID-19 outbreak has enabled the AU to have “one voice” in the African interaction with other regional and global actors, thus illustrating the potential role of regional organizations as pillars of a new global health governance and regime. Finally, and third, the AU’s experience demonstrates a good practice to be shared with other regional organizations and the United Nations, in the search of a global strategy to address the COVID-19 pandemic. This also provides a unique opportunity to advocate with the universalization of the African emerging principle of “Responsibility to Assist”.

²⁷ AU/Africa CDC, « Africa CDC Receives Third Donation of Medical Supplies from Jack Ma Foundation, Co-Hosts Global MedixChange Webinar on COVID-19”, Addis Ababa, 27 April 2020 (<https://africacdc.org/covid-19>, accessed on 9 May 2020).



Créée en 2017, l'Académie africaine de la pratique du droit international (AAPDI) vise à faire progresser l'étude, la connaissance et la pratique du droit international dans une perspective africaine et d'innovation normative et des contextes qui l'influencent. Elle se veut non seulement un lieu d'éveil et de veille scientifique mais aussi de formation et d'émergence de nouvelles rationalités juridiques. Grâce à son réseau mondial de chercheurs pluridisciplinaires et de partenariats stratégiques, l'AAPDI offre des solutions juridiques adaptées à l'ère de la ZLECAF dans le seul but répondre au besoin de l'Afrique.

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