



RESEARCH AND POLICY BRIEF

AFRICAN BORDERLANDS IN THE CONTEXT OF COVID-19



EXECUTIVE SUMMARY

Africa's borderlands face considerable difficulties in controlling the spread of COVID-19. It is essential that these territories receive a targeted response, in line with the core commitment of the 2030 Sustainable Development Agenda to 'leave no one behind'. The serious threat posed by the disease – and the urgency of the response – is most apparent in its spread to areas of intractable insecurity, such as the Chad Basin, borderlands in the Sahel, and the Mendera Triangle between Kenya, Somalia, and Ethiopia. If action is taken fast, strategies developed in close cooperation with borderland communities could still mitigate the worst of the outbreak. This research and policy brief identifies key structural vulnerabilities in borderlands, as well as opportunities for the disease response to generate lasting change.

UNDP is taking an active role to support governments and populations in response to the pandemic. This research and policy brief is intended to help UNDP country offices, governments, and other UN partners to identify key vulnerabilities and points of entry in African borderlands. It is part of a broad re-programming – in conjunction with the Regional Bureau for Africa and its Africa Borderlands Development Programme – to support policies of COVID-19 disease prevention, response, and recovery in the margins of the state. The aim is to promote an integrated response, and to inform, support, and maintain strong partnerships with UN-wide initiatives including UNECA and R-UNSDG Africa, as well as continental and regional partners including the African Union, the Africa CDC, and regional mechanisms such as IGAD, EAC, COMESA, ICGLR, ECOWAS and the Lake Chad Basin Commission.

Borderland regions pose unique challenges to the disease response. They tend to be areas with weak governance institutions and limited state authority. This means that state or municipal institutions may not always be an effective vehicle through which to implement policy, especially if they come to prioritize capital cities at the expense of peripheral regions. Healthcare systems in borderlands tend to be weak and underfunded, and these regions are likely to experience acute shortages of much needed materials such as clean water, soap, hand sanitizer, and personal protective equipment (PPE). More generally, the supply chains to Africa's borderlands are dynamic and unpredictable even in times of relative stability.

The disruption of land, sea, and air freight, combined with the official closure of international borders is already resulting in acute shortages of water, food, and essential medicines. Many of Africa's borderlands suffer from intractable violence, crime, and civil unrest. This is due to a range of factors that have been exacerbated by the COVID-19 crisis, notably high youth unemployment, political marginalization by central authorities, the weakness of state security apparatuses, and the predatory tendencies of the police, military, and non-state militias in the margins of the state.

Borderlands are also especially vulnerable to the negative impacts of disease control measures, in particular those involving movement restrictions that hinder cross-border and informal trade. These measures should be put into effect only where justified by an analysis of the trade-offs between public health measures against COVID 19 and the necessity for people to meet their basic food and protection needs. Finally, borderland regions pose unique challenges for the communication of information about COVID-19. Multiple indigenous languages, nomadic populations, and high rates of illiteracy all pose significant logistical challenges. The historical marginalization of borderland populations, and mutual suspicions between them and central states, make them especially prone to rumors and misinformation that may hinder the response.

“Recovery efforts should build bridges between borderland communities and centralized authorities, push for more equitable distribution of healthcare infrastructure and protect borderland residents from shocks to the informal economic systems they rely on.”

An effective response to COVID-19 in borderlands also brings opportunities, notably: (1) a chance for meaningful engagement with historically marginalized communities; (2) a chance to develop and improve borderland healthcare and health-communication systems that endure beyond the timeline of COVID-19; (3) a chance to broker cease-fire agreements between armed groups; (4) a chance to encourage and accelerate regional and continental free trade agreements in the aftermath of the crisis, and; (5) an opportunity to trial and implement new digital technologies of disease control.

This research and policy brief identifies immediate, medium-term, and long-term programmatic responses to combat the disease in borderland regions, guided by four general principles.

These are: (1) a commitment to inclusivity, prioritising engagement with marginalized and vulnerable populations, especially among women and youth whose voices may not

otherwise be heard; (2) a 'whole society' approach that attends not only to those directly affected by the outbreak, but also to their broader communities; (3) an attention on the part of responders to how the pandemic is understood through the lenses of politics, economics, and religion; (4) a commitment to make use of pre-existing epidemic response mechanisms, to ensure that interventions build on the social and cultural resources of the communities they seek to support. Looking beyond the horizon of the immediate crisis, recovery efforts

should build bridges between borderland communities and centralized authorities, push for a more equitable distribution of healthcare infrastructure, and protect borderland residents from similar shocks to the informal economic systems they rely on.

1. INTRODUCTION

This research and policy brief summarises key considerations on African borderlands in the context of the COVID-19 pandemic. COVID-19 is not only a health crisis, but threatens to leave deep and protracted social, economic, and political scars, especially in marginalized border regions weighed down by political fragmentation, poverty, and conflict. It is essential that these territories receive a targeted response, in line with the core commitments of the 2030 Sustainable Development Agenda and the 2063 African Union Agenda to 'leave no one behind'. This brief was developed by the UNDP Africa Borderlands Development Programme with the aim to support UNDP country offices and populations in Africa in response to COVID-19.

At the time of writing, in April 2020, there are 2,471,136 confirmed cases and 169,006 deaths from COVID-19 internationally. In Africa, these numbers are 16,115 confirmed, with 720 deaths¹. There is still a great deal of uncertainty about the impact of COVID-19 on borderland societies, economies, and

healthcare systems. Testing for the disease has been conducted only sporadically and has generally been confined to capital cities, urban centers, and/or ports of entry – notably airports. The political and socio-economic conditions in borderland regions make them especially vulnerable to the disease. There are already alarming trends, as cases of COVID-19 have been recorded in the Mandera Triangle and in the Ethiopia-Djibouti and Djibouti-Somaliland borderlands. The chance of the disease spreading throughout borderlands across the continent is extremely high, and it is likely that it is already widespread but untested in many of these regions. This poses a public health and security threat to the entire continent, as the disease may become endemic in areas of protracted insecurity, with vulnerable populations, high youth unemployment, and that are difficult to access for public health responders. The sections below identify key vulnerabilities, opportunities, and guidance for programmatic responses.

Core Definitions:

'Borderland' refers to the broader territorial margins of nation states, regions where border contact is a central feature of economic and political life, for example the Kivu provinces of the eastern Democratic Republic of Congo (DRC), the tri-border 'Mandera Triangle' between Kenya, Somalia, and Ethiopia, the Liptako Gourma region between Burkina Faso, Mali and Niger, and the Karamoja cluster between Ethiopia, Kenya, Uganda and South Sudan. In these and other African borderlands, mutual suspicion between central government authorities, local municipal authorities, and powerful non-state groups complicates disease prevention and control. Responses to COVID-19 must be tailored to situations of limited state authority, where there are mobile populations, intractable conflict, and weak and underfunded healthcare infrastructures.

2. STRUCTURAL VULNERABILITIES AND OPPORTUNITIES FOR ENGAGEMENT IN BORDERLANDS

Structural Vulnerabilities

Governments around the world are scaling up their efforts to contain the virus and limit its negative socioeconomic effects. Borderland regions have unique vulnerabilities that need to be taken into consideration.

1. Weak governance institutions: Limited state capacity is a common feature of African borderlands. In the struggle to assert their authority, central state institutions have often imposed predatory forms of governance on their border regions. For their part, borderland populations engaged in informal cross-border trade have a long history of evading state authorities. This interaction has created a situation of

longstanding distrust that will complicate interventions to combat COVID-19.

In some borderland regions, top-down measures necessary to control the pandemic may be perceived as attempts to oppress and further marginalize residents or to curtail political opposition. Establishing trust is essential to the success of intervention measures in these regions, and failure to do so can lead borderland groups to actively resist public health interventions. Borderland residents have critical knowledge of the territory and its social infrastructures and need to be treated as stewards of their community.

¹World Health Organization (WHO), 'Coronavirus disease 2019 (COVID-19), Situation Report - 93', 22 April 2020: https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200422-sitrep-93-covid-19.pdf?sfvrsn=35cf80d7_4

2. Weak and underfunded health systems: In many African states, high-quality healthcare is only available in large hospitals, generally located in capital cities. States with limited budgets are likely to prioritize these capitals in times of crisis, leaving healthcare systems in borderland regions additionally unsupported. Healthcare facilities in borderland regions are likely to experience acute shortages of appropriate personal protective equipment (PPE), masks, oxygen, and hand sanitizer. Ventilators and intensive care units (ICUs) are unlikely to be available in many African borderlands throughout the duration of the crisis.

In the absence of high-quality healthcare facilities, borderland residents may be inclined to seek out forms of traditional healthcare that are ineffective at controlling or treating COVID-19 and that may be harmful. In the worst affected areas, sections of the population may abandon their homes to live with relatives in safer areas or to stay in IDP camps, where high population densities and the lack of sanitary facilities constitute an enormous risk in terms of disease control.

In peripheral regions that suffer from poor sanitary conditions and clean water shortages, COVID-19 is likely to coexist with other epidemics and public health crises.

At present, for example, there are ongoing measles and Ebola epidemics in eastern DRC.

Responses should be sensitive to community grievances about the prioritisation of a new disease, and about historical inaction to improve local healthcare systems on the part of central governments and international actors. Without adequate support, the weakness of borderland healthcare systems is likely to increase the mortality rate of COVID-19.

3. Unpredictable supply chains and acute water and food shortages: Borderland regions are especially vulnerable to supply chain disruptions and to food and water shortages – the latter most urgent in drier climates such as the Horn, the Sahel, and the Chad basin. At the time of writing, most African states have officially closed their land borders, severely curtailing the revenue of residents who rely on cross-border mobility or engage in nomadic, pastoralist, and/or livestock rearing livelihoods. These closures are not always enforceable, and a great many borderland residents and traders continue to cross borders and evade attempts to prevent them. This reinforces a communal attitude of resistance to state authority, which is likely to extend to medical professionals acting on behalf of the state.

Even where border closures are not effectively enforced, the added complexity involved in crossing them introduces unpredictability to the

supply chains of critical products, including foodstuffs. This increases the risk of stockpiling, price inflation, and food shortages. Freight and air-freight links to border regions have already been heavily disrupted, limiting access to a variety of manufactured goods and to certain essential medicines, and making it more difficult for states and international organisations to provide borderland territories with much needed supplies.

4. Negative socio-economic impacts of control measures: As the COVID-19 pandemic threatens to bring about a global economic depression, public health interventions must be balanced with social and economic interventions to protect the livelihoods of the most vulnerable – notably women and unemployed youth. In particular, the direct and indirect impact of interventions on the informal economy must be carefully considered, and policies that limit mobility need to take account of the survival economy of cross-border traders, mobile pastoralists, and their dependents. Failure to do so could result in a violent backlash against those implementing control measures. Similarly, without adequate support or alternative sources of revenue, policies limiting mobility may drive borderland residents to conduct cross-border trade out of sight of state policing authorities, where it will be impossible to carry out systematic testing for symptoms of COVID-19.

5. Insecurity and instability: African borderlands are often characterized by insecurity, violence, crime, and conflict – driven by large-scale unemployment (especially among youth), poverty, and limited state authority. In these regions, armed non-state actors can escape state security forces by swapping jurisdiction and sheltering behind the border. Some of the continent’s most notoriously violent groups take advantage of this socio-economic context, including regional branches of Al Qaeda and the Islamic State in the Liptako-Gouram Region, Boko Haram in the Chad Basin, the Lord Resistance Army in Central Africa, Jama’at Nasr al-Islam wal Muslimin in West Africa and the Maghreb, and Al-Shabaab in the Horn of Africa. Illegal activities including poaching, charcoal production, cattle raiding, logging, and the trade in minerals and small arms, may be widespread and provide a source of revenue that is violently protected by the groups engaging in them.

“Even where border closures are not effectively enforced, the added complexity involved in crossing them introduces unpredictability to the supply chains of critical products”

Centralized authorities often lack the funding or political will to control these activities, creating serious logistical challenges for a medical response, and a direct threat to the safety of front-line healthcare workers. Many armed non-state actors have skillfully exploited historical grievances against the state, as well as conflicts over natural resources among, for example, herders and farmers. This has heightened levels of intra-communal violence and further decreased the state’s authority

in borderland regions.

The disease is likely to spread security forces even more thinly, or in some cases see them withdrawn back to capital cities, leaving borderland residents more vulnerable to crime and violence.

6. Misinformation and unique communications challenges:

In border regions, attempts to disseminate information are complicated by the fact that multiple indigenous languages may be spoken. Furthermore, certain languages may be stigmatized. Community suspicions of central government and international actors, for example, may extend to those speaking the official language of the state. Aside from immediate translation concerns, rates of illiteracy in borderlands may significantly exceed those of the country more broadly, increasing the challenge of communicating effectively about COVID-19. Similarly, the sparse population density of many borderlands and the nomadic livelihood of their residents create additional logistical difficulties in disseminating information.

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For these reasons, rumors and misinformation circulate widely in borderland regions. It is likely that false or misleading claims will be made about the disease itself, its origins, preventative measures, and the intentions of medical staff. Critical narratives are likely to feed off pre-existing grievances about the state and about external actors. Conflicting advice may be circulated by religious or traditional authorities regarding things such as enforced quarantine, funerals, the protection measures for at-risk groups, and burial practices. With healthcare facilities few and far between, borderland residents may seek information and medical assistance from less reliable sources and may come to rely on traditional medicines.

Opportunities

Crisis driven public health interventions in borderlands can create opportunities to improve social, economic, and governance conditions and to install enduring mechanisms through which to assist these regions in future:

7. A chance for meaningful engagement with historically marginalized communities: During other epidemics across Africa, the success or failure of public health initiatives has hinged primarily on the ability of external actors to establish trust among the borderland populations they engage with, and to develop effective relationships with local partners. Done right, medical interventions that are sensitive to local concerns may act to improve relations between central states, municipal governments, and alternative/traditional authorities in the periphery. The crisis presents an opportunity for state and international actors to foster relationships with local community leaders (borderland ‘brokers’) who may act as long-term partners in borderland development. In this regard, it is also a unique opportunity to ‘walk the talk’ on decentralization, especially where such

reforms have been politically adopted but are perceived not to be (properly) implemented.

8. An opportunity to develop borderland healthcare and health-communication systems that will endure beyond the timeline of COVID-19:

It is essential the effort to control COVID-19 is not regarded as a ‘fly in – fly out’ exercise, a temporary bubble of external funding that has little to no impact on borderland regions beyond the lifetime of the emergency response. As things stand, it appears that the

COVID-19 pandemic will endure into the indefinite future, coming to an end only with the eventual deployment of an effective vaccine or else when a threshold of ‘herd immunity’ has been crossed and the disease begins to recede. With this in mind, interventions should look to establish locally informed healthcare and health-communication systems – including early warning mechanisms – that will assist in the eventual vaccination campaign and beyond. Long-term investments at this point will not only save money and lives in future epidemics, they will also work to build bridges and reestablish the social contract between marginalized

communities, the central state, and international actors.

9. An opportunity to broker cease-fire agreements between armed groups:

Controlling the spread of COVID-19 may act as the impetus for dialogue between armed non-state actors operating in borderland regions. If ceasefire arrangements can be established, it may be possible to install mechanisms that encourage them to remain in place beyond the timeline of COVID-19.

10. An opportunity to encourage free trade across African borders:

New strategies for managing cross-border trade during and after the crisis could provide a chance to accelerate the implementation of regional and continental free trade agreements, notably the African Continental Free Trade Agreement (AfCFTA), in borderland areas.

11. An opportunity to trial and implement new digital technologies of disease control:

The COVID-19 outbreak provides a testing ground for digital methods of disease control, especially in borderland regions that may be difficult for public health responders to access physically. Lessons can be learned during this outbreak about the most effective use of mobile phone applications and meta-data for: (1) gathering and disseminating public health information; (2) targeting supplies of food and other essential items to the most vulnerable, and; (3) allowing for rapid contact tracing. All of these must be carefully balanced against concerns about the invasion of privacy. Nevertheless, in the immediate term they are likely to save lives, while in the long term they may be refined and become invaluable tools with which to combat future pandemics.

3. PROGRAMMATIC RESPONSES

The central promise of the 2030 Agenda for Sustainable Development and the 2063 African Union Agenda – ‘leave no one behind’ – applies directly to historically marginalized borderland communities. Any programmatic response should be committed to the following general principles:

- A ‘whole society’ approach that attends not only to those directly affected by the outbreak, but also to their broader communities.
- A commitment to inclusivity, prioritizing engagement with marginalized and vulnerable populations, especially among women and youth whose voices may not otherwise be heard.
- An attention on the part of responders to how the pandemic is understood through the lens of broader issues such as politics, economics, and religion.
- A commitment to make use of pre-existing epidemic response mechanisms, to ensure that interventions build on the social and cultural resources of the communities they seek to support.

Immediate Actions (Prevention and Response)

1. Raising awareness and crisis management:

- Rapidly disseminate clear, culturally sensitive, and medically accurate advice, packaged in the right formats and languages to reach the largest number of people. Inform borderland communities about COVID-19, how it is different from other diseases, and why the response asked of them for COVID-19 may be different. Be aware that borderland communities in Africa suffer from relatively high rates of illiteracy, and that written news bulletins may not reach all elements of the community. Make use of UNDP’s strong partnership with the Africa CDC to provide messaging on COVID-19.
- The principle approaches for reducing COVID-19 transmission are the same in any context: raise awareness, reduce physical contact, and improve hygiene - especially through hand washing campaigns and installing handwashing stations. In low-income and crisis settings, physical distancing and movement restrictions are structurally more difficult to implement, and should be put into effect only where justified by an analysis of the trade-offs between public health measures against COVID 19 and the necessity for people to meet their basic food and protection needs.
- Support governments’ responses to the crisis - especially departments involved in data collection and information dissemination. Building trust is essential, and outreach to borderland communities should make use of local radio stations, local NGOs, and community leaders to spread the message about COVID-19.
- Engage and activate civil society organisations including faith-based organisations, women’s networks, human rights practitioners, and youth groups in borderland regions. Make use of existing expertise and partnerships within UNDP teams and the broader UN system to generate further expertise, finance, and operational support for borderland regions.

2. Healthcare support:

- Facilitate the acquisition and delivery of critical healthcare supplies to urban centers and healthcare facilities in borderland regions - notably clean water, soap, hand sanitizer, disinfectant, masks, and personal protective equipment (PPE). Where possible, supply materials directly to municipal authorities and healthcare professionals, rather than central ministries and state capitals.
- Involve women and youth in the production and distribution of PPE as a job creation scheme.
- Identify critical healthcare infrastructure and communicate directly with their administrators to fill capacity shortfalls. Work with health officials to select community health workers and provide them with technical and logistical support.
- Take steps to ensure that front-line healthcare workers in peripheral regions are paid throughout the crisis.
- Take steps to manage health waste (e.g. used or otherwise contaminated PPE), which may further spread the virus.

3. Food aid, clean water provision, and direct economic assistance:

- Determine the most immediate economic impacts of COVID-19 and of control measures, identify the most vulnerable populations, and support government counter-measures specific to each borderland setting.
- Work with local authorities to provide food aid, water aid, and emergency animal feed where needed, and to implement policies that limit stockpiling and price inflation on foodstuffs and medicines.
- Trace supply chains from origin to market and determine the key points of disruption. Take steps to protect income sources and jobs, support small and medium-sized enterprises, and target the most vulnerable productive actors with economic recovery programmes.
- In cases where social distancing policies are being implemented, work with local authorities to determine the most effective cordons sanitaires, in ways that are least disruptive to borderland economic systems

4. Support for political coordination:

- Identify key borderland brokers and facilitate discussions between central state authorities and municipal, religious, and traditional authorities in borderland regions.
 - Emphasise social cohesion during the crisis to avoid polarization along religious, ethnic, or community lines. Where possible, facilitate dialogue in pursuit of cease-fire agreements between combatant groups, at least for the duration of the crisis.
 - Facilitate bilateral and multi-lateral discussions between states about the cross-border implications of COVID-19, focusing on containment strategies that are sensitive to the informal economies of borderland regions. Support cross-border cooperation between local communities, decentralized and central government, especially where communities on both sides of the border stand to gain from harmonized policies and access to health care services at the other side of the border.
- <https://www.youtube.com/watch?v=St8NIULiuvo>

Long-term (Recovery and Prophylaxis)

1. Help to build economic resilience in borderlands:

- Promote regional rather than global value chains and attempt to make the importation of essential goods to these regions more reliable.
- Reduce the over-dependence on commodities from overseas and diversify trade to reduce the vulnerability of borderlands to similar economic shocks in the future.
- Encourage and support countries to scale up their Aid for Trade assistance in order to mitigate against income loss in borderland territories.

2. Strengthen the social contract and encourage inclusive political processes:

- Pursue recovery strategies that aim to improve political inclusivity, gender equality, dialogue mechanisms for aggrieved populations, accountability on the part of officials, adherence to human rights norms, and the use of data-driven approaches to public policy – rather than aiming to simply return to the status quo prior to the crisis.
- Aim to strengthen core government functions and support basic service delivery throughout peripheral regions. Promote effective mechanisms of administrative

decentralisation in order that emergency policies are developed and implemented at a more local level.

- Support institutions that facilitate dialogue between central authorities and peripheral regions, including armed non-state groups.
- Stand up against stigma, hate speech, xenophobia, racism, and discrimination that target borderland communities.
- Ensure that future support to core government functions, especially health systems, is not confined to capital cities, which can otherwise result in grievances elsewhere in the country.

3. Take steps to combat the emergence of zoonotic diseases:

- Train and deploy veterinarians and adopt a proactive approach to monitoring the health of wild and domestic animal populations.
- Bushmeat, animal trophies, and animal parts used in traditional medicine are common exports from borderlands in Africa. Stronger steps should be taken to limit this trade and prevent the outbreak of zoonotic diseases – such as COVID-19 – that are associated with it.

4. SUMMARY

Borderland regions face considerable difficulties in controlling the spread of COVID-19, due to: (1) weak governance institutions and limited state authority; (2) weak and underfunded healthcare systems; (3) unpredictable supply chains and acute water, food, and essential medicine shortages; (4) instability and insecurity (5) negative impacts of control measures on the informal economy; and (6) misinformation and unique communications challenges.

Once an outbreak occurs, the escalation of cases can be rapid and leave little room for further planning. The spread of the virus is likely to further erode trust in borderland communities, especially among the most vulnerable and historically marginalized groups, women, and unemployed youth. Nevertheless, if action is taken fast, strategies developed in close cooperation with borderland communities could mitigate

the worst of the outbreak. The principle approaches for reducing COVID-19 transmission are the same in any context: raise awareness, reduce physical contact, and improve hygiene. Financial and non-financial resources (e.g. information, medical equipment, and supportive policy making) are urgently needed to enable Africa's borderland communities to develop and implement their own strategies.

Looking beyond the horizon of the immediate crisis, recovery efforts should build bridges between borderland communities and centralized authorities, push for a more equitable distribution of healthcare infrastructure, and protect borderland residents from similar shocks to the informal economic systems they rely on.

About Africa Borderlands Unit

In 2019, UNDP established the Africa Borderlands Unit (ABU) in response to the unique challenges of border regions on the continent. Managed out of the UNDP Resilience Hub in Nairobi, the ABU operates as an expert resource, providing intelligence and experience on borderland issues in support of national governments, inter-governmental agencies, UNDP Country Offices, UN agencies, development partners and other key stakeholders. Border regions have long been marginalized and neglected. The ABU aims to extend national development more evenly into them, taking careful account of their sub-regional, cross-border dynamics, and pursuing the core commitment of the 2030 SDG agenda to ensure that “no one will be left behind”.

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