



RESEARCH REPORT: COVID-19 SERIES



Regional Responses to COVID-19: The Role of Intergovernmental Organisations in Latin America, Africa, and the Middle East



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This report is part of a body of work and a set of connected research projects on Covid-19, peace, and conflict. Please visit <https://www.politicalsettlements.org/covid-19/covid-19-research/> to find out more about the Political Settlement Research Programme's research projects on Covid-19. For wider resources on Covid-19, peace, and conflict, please refer to: <https://www.politicalsettlements.org/covid-19/resources/>.

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Contents

Acronyms	01
<hr/>	
Key Findings	03
<hr/>	
Introduction	05
<hr/>	
Part I: Latin America	07
COVID-19 in Latin America	07
Overview of IGOs in Latin America	08
Organisation of American States	10
Central American Integration System	14
<hr/>	
Part II: Africa	17
COVID-19 in Africa	17
Overview of IGOs in Africa	18
African Union	19
<hr/>	
Part III: Middle East	22
COVID-19 in the Middle East	22
Organisation of Islamic Cooperation	22
<hr/>	
Conclusion	27
<hr/>	

Acronyms

Africa Centres for Disease Control and Prevention (Africa CDC)
African Union (AU)
African Vaccine Acquisition Task Team (AVATT)
Arab Maghreb Union (AMU)
Bolivarian Alliance for the Peoples of our Americas (ALBA)
Caribbean Community (CARICOM)
Central American Bank for Economic Integration (CABEI)
Central American Integration System (SICA)
Central American Integration System's Council of Ministers of Health (COMISCA)
Common Market for Eastern and Southern Africa (COMESA)
Community of Latin American and Caribbean States (CELAC)
Community of Sahel-Saharan States (CEN-SAD)
Department against Transnational Organised Crime (DTCO)
Department of Electoral Cooperation and Observation (DECO)
Department of Public Security (DSP)
East African Community (EAC)
Economic and Monetary Community of Central African States (CEMAC)
Economic Community of Central African States (ECCAS)
Economic Community of West African States (ECOWAS)
Executive Secretariat for Integral Development (SEDI)
European Union (EU)
Gulf Cooperation Council (GCC)
Inter-American Children's Institute (IIN)
Inter-American Commission on Human Rights (IACHR)
Inter-American Commission of Women (CIM)
Inter-American Drug Abuse Control Commission (CICAD)
Inter-American Telecommunication Commission (CITEL)
Intergovernmental Authority on Development (IGAD)
Intergovernmental Organisations (IGOs)
Internally Displaced Persons (IDPs)
International Islamic Fiqh Academy (IIFA)
International Islamic Trade Finance Cooperation (ITFC)
Islamic Advisory Group for Polio Eradication (IAG)
Islamic Corporation for the Development of the Private Sector (ICD)
Islamic Corporation for the Insurance of Investment and Export Credit (ICIEC)
Islamic Development Bank Group (IsDB Group)

Islamic Organisation for Food Security (IOFS)
Islamic Solidarity Fund for Development (ISFD)
Latin American Parliament (Parlatino)
Least developed countries (LDCs)
Mission to Support the Peace Process in Colombia (MAPP)
Organisation of African Unity (OAU)
Organisation of American States (OAS)
Organisation of Islamic Cooperation (OIC)
Pacific Alliance (PA)
Pan-American Health Organisation (PAHO)
Personal protective equipment (PPE)
Rapid and Integrated Response Coordination Unit for the COVID-19 pandemic
(SACROI COVID-19)
Regional Collaborating Centres (RCCs)
Regional Economic Communities (RECs)
Secretariat for Access to Rights and Equity (SARE)
Secretariat for Strengthening Democracy (SSD)
Secretariat of Hemispheric Affairs (SHA)
Southern African Development Community (SADC)
Southern Common Market (Mercosur)
Statistical, Economic and Social Research and Training Centre for Islamic Countries (SESRIC)
United Nations (UN)
United Nations High Commissioner for Refugees (UNHCR)
West African Health Organisation (WAHO)
World Health Organisation (WHO)

Key Findings

Regional organisations across the globe have responded to the COVID-19 pandemic in a number of ways, including but not limited to offering in-kind and financial support to member states, developing public health guidelines for a crisis that has transcended borders, and engaging in advocacy and bargaining at the global level.

While most regions have bodies that have coordinated some sort of public health and economic support response, there are unique aspects to many regional responses. For example:

- ▶ **Organisation of American States (OAS)** designing a security strategy around safeguarding democratic development and human rights during the pandemic.
- ▶ **Central American Integration System (SICA)** unifying health ministries across the sub-region to collaborate closely and solidify regional coordination mechanisms.
- ▶ **African Union (AU)** highlighting the inequalities in the international system and pushing broader responses around debt relief and access to medical supplies.
- ▶ **Organisation of Islamic Cooperation (OIC)** bringing in religious actors and addressing the impact of the pandemic on the practice of the Islamic faith because of their unique role as an IGO centred around a common faith.

Regional bodies have also highlighted the impact COVID-19 will have on broader stability. Some regional actors are also significant actors in conflict management in their regional spheres. For those organisations who do engage in conflict management, they have needed to adapt their approaches to adjust to the restrictions of the pandemic. For example, OIC and OAS have adapted their usual strategies for peace monitoring to remote communication tools, and the AU has highlighted the particular vulnerabilities of displaced populations and devoted funding from their COVID-19 Response Fund to aid this group.

The ways that regional bodies have adapted and the broad responses they have pushed will have an impact on how they respond to complex crises for many years to come. This initial mapping of responses has highlighted several research questions that need further investigation, including:

- ▶ How will regional responses to the COVID-19 pandemic change interactions amongst regional and global organisations? For example, Africa Centres for Disease Control and Prevention (Africa CDC) has greatly expanded its capacity during the pandemic. How will this impact cooperation and competition with sub-regional health bodies, such as the West African Health Organisation (WAHO), and global health bodies, notably the World Health Organisation (WHO).
- ▶ How will regional and global bodies adapt their practices going forward? For example, during the pandemic, OIC held virtual meetings on peace agreement implementation. What practices developed during the pandemic will be taken forward and which practices were only useful during this public health crisis?

This report maps regional responses across three regions to provide an overview through a comparative lens. There are many questions, including the impact of regional efforts and their ability to influence member states, that it is unable to answer. However, it provides a starting point for further investigations and seeks to highlight an important governance layer in a multi-tiered and complex response to a pandemic that has transcended borders.

This report is part of a project on the responses by regional intergovernmental organisations (IGOs) to the COVID-19 crisis led by Dr Kathryn Nash. It expands on work done earlier in this project to map initial responses to the COVID-19 pandemic by regional organisations in [Africa](#), [Latin America](#), [South and Southeast Asia](#), and the [Middle East](#) with updated data and a comparative lens. It nests within the wider research themes of the Political Settlements Research Programme that examine [responses to conflict and crisis across governance levels](#) and the [responses and impacts of the COVID-19 pandemic](#).

Introduction

There have been responses to the COVID-19 pandemic across multiple levels of governance from very local, community-based initiatives to international coordination by the WHO. While there has been significant analysis of the state-level and international level response, there has been less comprehensive coverage of regional responses. However, regional intergovernmental organisations are a crucial level of governance when addressing cross-border threats and challenges from violent conflict to climate change. These organisations can complement domestic policy actions as well as provide a collective voice on the international stage to advocate for region-specific concerns.

This report addresses regional responses to the COVID-19 outbreak, drawing from collected data on declarations by regional organisations in three regions in response to the disease. It sets out the responses of regional organisations in Latin America, Africa, and the Middle East to the COVID-19 crisis. As this comparative report will demonstrate, regional responses to the COVID-19 pandemic are varied. Regional efforts have frequently entailed collective measures, such as pooled procurement mechanisms for medical supplies, data collection, and the creation of central funds to aid in the financial resources required for an effective response to the crisis. However, each region has tried to address ongoing regional concerns within the wider scope of its COVID-19 response. For example, OAS has responded along each of its four pillars – democracy, human rights, development, and security. It has continued to pay close attention to democratic principles as core drivers to guide its pandemic response. The AU has similarly embraced a wide scope for its response to the pandemic by dealing with its socio-economic impacts and its potential to exacerbate violent conflict and social stability. Its approach has also been very active in addressing structural inequalities within the international system. The AU has negotiated on debt relief and wider access to vaccines and medical supplies in the context of its response to COVID-19. Finally, OIC has drawn on religious leaders and redistributed large pooled funds across the region, including to least developed countries (LDCs) to respond to the pandemic.

This report addresses several interlinking questions on the response by IGOs in Latin America, Africa, and the Middle East. First, how has COVID-19 impacted these regions, and what are the particular challenges Latin America, Africa, and the Middle East face when addressing the pandemic? Second, how are particular IGOs within these regions responding, and do regional responses encompass wider concerns beyond the immediate health and economic impacts of the pandemic? Finally, with a specific view to peace and security, how are regional organisations adapting their responses to conflict in the wake of COVID-19 or using existing peace and security mechanisms to respond to the pandemic? The report relies on primary source data collected electronically from each regional organisation to map their responses to COVID-19, and it focuses on the initial phases of the pandemic throughout 2020.

The question of the impact of regional IGO responses is an open question that this report will not be able to fully address both because we are still in the midst of a rapidly changing pandemic and because there is limited data on the impact of interventions at this stage. However, this research does provide a starting point by comprehensively mapping responses by regional intergovernmental organisations based on primary source documents from these organisations and comparing how different regional bodies responded to the pandemic. It sets out questions for further research, and it concludes by discussing the potential impact of the regional responses both for outcomes related to the COVID-19 crisis and the handling of future health crises.

Latin America

COVID-19 in Latin America

COVID-19 came comparatively late to Latin America with the [first case being confirmed](#) in Brazil on 26 February 2020 (the first recorded case in the wider Americas was recorded in the United States on 20 January). All 54 countries and territories in the Americas had reported cases, and at various points during the pandemic, the region has been the locus of largescale infection.¹

One important contribution to the response has been through the Pan-American Health Organisation (PAHO), which sits at the nexus of regional and international efforts and serves as both the Inter-American specialised health agency and the Regional Office for the Americas of WHO. PAHO has [tracked COVID-19 cases](#) throughout the Americas region.² PAHO activated an organisational wide response in mid-January 2020 and have provided support to Ministries of Health and other national institutions on surveillance, testing, strengthening health care services, infection prevention and management, and risk communication.³ It also established the [PAHO COVID-19 Response Fund](#) to raise critical funds for the response efforts, provided medical supplies and tests to member states, and created trainings and guidance.⁴

Similar to anywhere else in the world, the health infrastructures in many countries in Latin America were not adequately prepared to take on this crisis. [Health systems in the Americas](#) are characterised by fragmentation of public and private and between national and regional powers, and the resulting inequities and inefficiencies give rise to challenges in the financing, organisation and delivery of health.⁵ In many Latin American states, diagnostics are run through national structures leading to concerns about testing capacity. There has been [a range of national responses to COVID-19](#) throughout the region. Some states, such as Cuba, have health systems that are well prepared to respond while other states, such as Brazil, have decentralised health systems and leaders who downplay the risks of the virus.⁶

COVID-19 has highlighted that [health is an essential part of social and economic development](#).⁷ In Latin America, the impact of the virus has to be measured in the context of existing issues in the region, such as (extreme) poverty, labour precarity, migration crises, high levels of inequality along racial, gender and ethnic lines, and increasing social discontent. Before the virus hit the region, mass protests in late-2019 and early-2020 in Bolivia, Chile, Colombia and Ecuador, were already driven by deep social discontent and widespread fear of social and economic issues. After an initial lull in protests at the start of the virus' arrival, existing social discontent coalesced with the grave impacts of the virus which led to an [increase in protests](#) in a number of states from March 2020 onwards.⁸ The virus continues to directly and indirectly impact security and stability in the region through its exposure of weaknesses in social protection and public health systems in the region.

Overview of IGOs in Latin America

Latin America is characterised by a high number of regional organisations. Especially at the turn of the century, the region saw the emergence of multiple regional initiatives as a result of the post-hegemonic and post-liberal mindset of many governments at the time, particularly in South America.⁹ The expansion of these initiatives directly reflects the heterogeneity in policy interests and priorities in the region. The Americas covers North America, Central America, South America, and the Caribbean. While this report touches on the whole of the Americas, the focus is on Latin America, typically defined as Central and South America and the Caribbean.

The [OAS](#) is the largest regional body capable of bringing together Latin America, Canada, and the United States to discuss regional issues. In addition there are multiple smaller IGOs throughout Latin America with occasionally overlapping member states. Examples include the Bolivarian Alliance for the Peoples of our Americas ([ALBA](#)), the Caribbean Community ([CARICOM](#)), the Community of Latin American and Caribbean States ([CELAC](#)), the Southern Common Market ([Mercosur](#)), the Pacific Alliance ([PA](#)), the Latin American Parliament ([Parlatino](#)), the Central American Integration System ([SICA](#)). Until recently the Union of South American Nations (UNASUR) propelled a subsequent portion of the South American integration process, notably concerning regional health systems. However, after a long-lasting leadership crisis, half of its member states [suspended their membership](#), which paralysed the organisation.¹⁰

All of these IGOs hold different political, economic, and social agendas as well as different visions on the role of the United States in the region. As a consequence, responses to cross-border threats in the bloc are marked by their high number as well as their variety. In the case of the COVID-19 threat, a [multitude of responses emerged by regional organisations](#) in Latin America.¹¹ There are at least five IGOs that have been active to different extents in responding to the COVID-19 crisis, namely the OAS, CARICOM, SICA, Mercosur, and Parlatino. The overall response by these IGOs at the start of the pandemic was the recognition that regional efforts were required; however, strongly coordinated plans were lacking. In various cases pooled financial resources were distributed in order to collectively acquire public health equipment, such as masks and testing kits. These efforts complemented national medical support efforts in the region. Overall, these early stages of regional intervention also saw the relaxation of trade barriers to allow an undisturbed flow of essential goods, sharing of knowledge and data, and facilitation of repatriation of national citizens.

The focus of this report are the responses of OAS and SICA. OAS is the largest and most security-oriented organisation in the region, and has propelled a multi-faceted response to COVID-19. SICA on the other hand is a sub-regional organisation, and has been particularly active compared to other IGOs in Latin America in addressing the pandemic.

Organisation of American States (OAS)

Comprised of 35 member states, [OAS was established](#) to "achieve an order of peace and justice, promote solidarity, to strengthen their collaboration, and to defend their sovereignty, their territorial integrity, and their independence".¹² Its aim is to foster regional integration [through its four pillars](#) – democracy, human rights, multidimensional security, and integral development.¹³

Periodic meetings, called [Summits](#) of the Americas, for the Organisation's democratically elected leaders are convened by several bodies of OAS. The Third Summit of the Americas in 2001 welcomed the involvement of Inter-American and international multilateral institutions into Summit processes, which led to the creation of the Joint Summit Working Group (JSWG). The JSWG is comprised of [13 inter-American](#) and international institutions and was established to facilitate permanent coordination and involvement of multilateral institutions during the Summits.¹⁴ The [JSWG](#) plays an important role in coordinating the organisation and agenda of the Summits of the Americas, and furthermore aids member states with the implementation of their commitments by providing technical and practical guidance. JSWG has played a substantial role in OAS' COVID-19 response.¹⁵

Response to COVID-19

The OAS Permanent Council, comprised of permanent representatives from each member state, met in a virtual special meeting, on 16 April and 24 April, to discuss the OAS response. The OAS Permanent Council adopted a [resolution on 16 April](#) on the OAS response to COVID-19. It emphasised hemispheric cooperation and upholding democratic and human rights principles in the OAS COVID-19 response.¹⁶ The 'Integrated Response of the OAS General Secretary to COVID-19 in Support of Member States, Based on its Four Pillars' was released in April 2020.¹⁷

I. Responses under Four Pillars

Democracy: Work under this democracy pillar is spearheaded by the Secretariat of Hemispheric Affairs (SHA) and the Secretariat for Strengthening Democracy (SSD), and the aim is to mitigate impacts of the pandemic on democratic systems. Among many other things, efforts included strengthening collaboration between the different JSWG entities and civil society participation; enhancing the capacities of member states in the area of e-governance; and launching digital tools for information dissemination in the inter-American community.¹⁸

Human Rights: There is also recognition that the pandemic might exacerbate structural inequalities and strain human rights, notably the right to health. The human rights pillar focuses on the differentiated impact of COVID-19 on vulnerable groups, and the work is done in collaboration with the OAS Inter-American Commission on Human Rights (IACHR), the Inter-American Commission of Women (CIM), the Inter-American Children's Institute (IIN) and the Secretariat for Access to Rights and Equity (SARE).¹⁹ IACHR installed its [Rapid and Integrated Response Coordination Unit for the COVID-19 pandemic \(SACROI COVID-19\)](#) to strengthen institutional capacities to closely monitor the impact of state measures on human rights situation in the context of the pandemic. SACROI aims to optimise monitoring mechanisms and dialogue with civil society, academia, and other organisations to guarantee access to inter-American justice, and provide technical assistance to member states. Furthermore, several guides were published with tools for member states to design responses that take into account the vulnerable situations of certain groups, such as the ["Practical Guide to Inclusive Rights-Focused Responses to COVID-19 in the Americas,"](#)²⁰ and the guide on ["Recommendations to Improve the Situation of Venezuelan Migrants and Refugees within the Context of Covid-19"](#).²¹

Development: It is the purpose of the [Executive Secretariat for Integral Development \(SEDI\)](#) to foster integral development in the states 'in coordination with measures to strengthen democracy, multidimensional security, and the promotion of human rights'.²² Under the Integral Development Pillar, SEDI and the [Inter-American Telecommunication Commission \(CITEL\)](#) are collaboratively supporting actions in areas such as tourism, education, employment, competitiveness, labour and employment, and information and communication technologies. Concrete actions by SEDI include the organisation of 11 ministerial meetings and high-level processes in priority areas to enable integral policy dialogues; the creation of a working group of experts on health risk management; and the provision of technology-based responses.²³

Security: The Multidimensional Security Pillar unites the [Department of Public Security \(DSP\)](#), the [Department against Transnational Organised Crime \(DTOC\)](#), and the [Inter-American Drug Abuse Control Commission \(CICAD\)](#) to develop guides and tools to address risks as a result of the pandemic in the context of criminality and public health emergencies. Topics addressed include COVID-19-related internet fraud; counterfeit masks and substandard disinfectants; corruption in the management of health emergency funds; and care for people with substance use disorder. The DSP furthermore facilitated the creation of a virtual community for the security and emergency systems of member states which will enable access to information on emergency response tools.²⁴

II. Inter-organisational Coordination

On [3 April 2020](#) [leaders of JSWG](#) organisations agreed to meet periodically to share information on developments, and they discussed coordinating their responses to COVID-19. The adverse social and economic effects of the pandemic were raised, with special attention given to the vulnerabilities of the Caribbean sub-region. The recurrence of natural disasters, decline in tourism, and external debt were seen as key issues in the sub-region that require a concerted, regional approach.²⁵ A second meeting of the High Authorities of the [JSWG took place on 29 April](#). OAS raised the issue of working from an agenda that incorporated the specific needs of IGOs operating in different regions of Latin America. PAHO confirmed that it was in the process of becoming part of the Global Supply Chain Task Force, which allows PAHO to use a pooled procurement mechanism to access essential supplies and medicines. Other topics included the potential ramifications from the COVID-19 pandemic for food security, democratic institutions, and socio-economic development.²⁶ These meetings early on in the pandemic indicate initial attempts at cooperation amongst many regional organisations and highlight concern around the impacts of COVID-19 far beyond public health.

III. Peace and Security Support

As part of its mission to safeguard democratic principles and support peace and stability, OAS has continued to pay attention to democratic processes, notably elections. The Organisation released [a guide](#) to advise member states on organising elections in times of pandemic. It covers the need to adapt electoral procedures to include preventive health measures to minimise the spread of the virus during election days, but it also stresses the importance of minimising vulnerabilities in a region where social discontent before and during the pandemic can spark further conflict.²⁷ OAS is furthermore continuing its electoral observation missions during the pandemic. These missions consist of technical teams sent to locations to monitor electoral processes. OAS sent missions to observe elections in [Bolivia](#), municipal elections in [Brazil](#), and presidential elections in the [United States](#) and in [Ecuador](#).

Throughout the pandemic, OAS has continued to monitor the Mission to Support the Peace Process in Colombia (MAPP). Since the signing of the [2004 peace agreement](#) between the government of Colombia and an alliance of paramilitary groups, OAS has monitored the disarmament, demobilization and reintegration of these paramilitary forces. During the pandemic, [MAPP had to adapt strategies](#) to address risks and impacts of the pandemic on the peace mission. For example, national border restrictions to contain the crisis resulted in the Mission changing its monitoring and support arrangements to remote communication tools, i.e. videoconference, email, and telephone. Structural issues such as violence and inequality in territories where government presence is weak are exacerbated by COVID-19, which led the Mission to enhance its efforts to ensure consistent dialogue with local communities and institutions, and to mitigate the impacts of COVID-19.²⁸

Finally, the OAS also continued its ongoing work to address conflict and promote peace despite the additional challenges presented by the pandemic. For example, in July 2020, [OAS announced its collaboration with the Forum of Federations and the University of Kent](#) to advance the work of the OAS Department for the Promotion of Peace. The collaboration will aim to develop joint projects and activities that will support the OAS in its efforts to strengthen hemispheric peace and security with a focus on peace processes, multi-level governance in peacebuilding, and conflict prevention.²⁹

Central American Integration System (SICA)

Sub-regional organisations in Latin America have also become relevant in pinpointing challenges and priorities for their particular spheres of influence. The signing of a new [Tegucigalpa Protocol](#) in Central America in 1991 gave rise to the creation of SICA.³⁰ The fundamental [purpose of SICA](#) is to advance the integration of Central America to “become a region of peace, freedom, democracy and development”,³¹ and its process of regional integration is centred on four pillars of “political, socio-cultural, economical, and the sustainable management of natural resources”.³²

Response to COVID-19

In dealing with COVID-19, SICA have made concrete efforts, and it was prompt to design a [regional contingency plan](#) in March 2020.³³ The report proposes concrete intersectoral solutions to deal with wider impacts of the pandemic. SICA seeks to confront impacts of the pandemic in areas of health; trade and finances; security, justice and migration. Efforts furthermore reach beyond short-term relief plans and include proposals for the medium and long-term aimed at the recovery period.

I. Public Health Efforts

SICA's Council of Ministers of Health, COMISCA, has been especially active in addressing the pandemic. COMISCA had regular virtual meetings since early March 2020. [The body agreed](#) that it was important to have a regional, inter-institutional, and intersectoral approach to this pandemic. Early coordination efforts included examining laboratory protocols and the strengthening of health offices at airport, ports, and borders.³⁴ Furthermore, a coordination mechanism was implemented for epidemiological surveillance at borders; efforts were made to harmonise the regional campaign against COVID-19 through various coordination mechanisms and campaigns; and a regional mechanism via country alert systems was activated for humanitarian assistance in the face of health emergencies. COMISCA has also [received support from the European Union \(EU\)](#) to offer virtual trainings to address different clinical and epidemiological aspects of COVID-19. The first training was on strengthening mental health support directed at the teams in Ministries and Secretariats of Health that are currently responding to the pandemic.³⁵ While COMISCA mostly worked around health management, it as well participated in [intersectoral meetings](#), such as with the Council of Ministers for Economic Integration on biosecurity related to land cargo transportation at border posts.³⁶

II. Broader Efforts

Regarding trade and finance, intraregional trade was supported by strengthening binational coordination to prevent shortages in products, especially health products; a proposal is drafted for the reactivation of post-pandemic trade. A [Regional Contingency Plan](#) against COVID-19 included an emergency fund of US\$1.9 billion with US\$1 billion of the total amount destined for the Contingent Fund to support Central Banks, \$550 million for the Fiscal Emergency Fund and \$350 million for a Liquidity Program for Commercial Banking in the SICA countries to support micro, small, and medium enterprises. The plan also called for collective negotiation to purchase medical supplies, a regional humanitarian assistance mechanism, and regional initiatives to monitor COVID-19 and its impact across a number of sectors.³⁷ In terms of vaccine planning, no real efforts have been made to stimulate regional collaboration in organising the development and distribution of vaccines. In November, the Central American Bank for Economic Integration (CABEI) [announced a credit line of up to US\\$50 million](#) to each member state for the purchase of vaccines.³⁸

Africa

COVID-19 in Africa

The [first laboratory confirmed case of COVID-19 in Africa](#) was reported by Egypt on 14 February 2020.³⁹ As with Latin America, there are existing vulnerabilities in Africa that prompted concern about the toll COVID-19 would take on the continent. The [Africa Joint Continental Strategy](#) released in early March 2020 lays out these vulnerabilities, stating "Africa's baseline vulnerability is also high, given its relatively fragile health systems, concurrent epidemics of vaccine-preventable and other infectious diseases, inadequate water, sanitation, and hygiene infrastructure, population mobility, and susceptibility to social and political unrest during times of crisis".⁴⁰ One possible mitigating factor that was highlighted is Africa's relatively young population, with over 50 percent of the population being under the age of 20.⁴¹

Despite these initial concerns, Africa initially fared better than many regions. As of late March 2021, Africa has had approximately 4.1 million [COVID-19 cases](#) and 110,000 deaths with the Northern and Southern regions being hardest hit.⁴² During the first months of the virus, many African states did not have a virus peak, and even those that were hardest hit on the continent, notably South Africa, are coming out of the first wave with [much lower deaths rates](#) than the UK.⁴³ However, a second wave of the virus in Africa has brought a renewed surge in cases along with the emergence of the [501Y.V2 variant](#) first detected in South Africa and now spreading in many other countries in Africa.⁴⁴

In addition to the health impacts, there were concerns about the impact of COVID-19 on economies and longer-term initiatives to address ongoing regional challenges. As will be demonstrated below, African leaders have expressed concern about the impact of the pandemic on African economies and more broadly on social cohesion and stability. African IGOs have also highlighted how inequalities in the global system, such as debt owed by African countries and unequal access to markets and essential supplies, will hinder African efforts to respond effectively to all impacts of the COVID-19 crisis. Finally, several African leaders have also stressed the impact of COVID-19 on ongoing conflict situations and vulnerable populations, such as refugees and internally displaced persons (IDPs), and have raised concerns about how COVID-19 could impede long-term initiatives to address conflict and displacement.

Overview of IGOs in Africa

Africa is a very dense regional space for IGOs. The AU is the continental body composed of [55 member states](#).⁴⁵ The AU was formally launched in 2002 and preceded by the Organisation of African Unity (OAU). There are eight recognised [regional economic communities \(RECs\)](#) that function as building blocks. They include the [Arab Maghreb Union \(AMU\)](#), [Common Market for Eastern and Southern Africa \(COMESA\)](#), [Community of Sahel-Saharan States \(CEN-SAD\)](#), [East African Community \(EAC\)](#), [Economic Community of Central African States \(ECCAS\)](#), [Economic Community of West African States \(ECOWAS\)](#), [Intergovernmental Authority on Development \(IGAD\)](#), [Southern African Development Community \(SADC\)](#). The relationship between the AU and the RECs is formalised through the AU Constitutive Act and elaborated upon in the 2008 Protocol on Relations between the RECs and the AU and several memorandums.⁴⁶ Although there is still significant debate about how and to what extent the AU and its recognised RECs collaborate, and the RECs have vastly different institutional capacities and resources. There are also many IGOs in Africa that operate outside of the formalised AU-REC structures, such as the Economic and Monetary Community of Central African States (CEMAC).

Specifically on health institutions, the continental [Africa CDC](#) launched in 2017 and is a "specialised technical institution of the AU established to support public health initiatives of member states and strengthen the capacity of their public health institutions to detect, prevent, control and respond quickly to disease threats".⁴⁷ The Africa CDC has established [Regional Collaborating Centres \(RCCs\)](#) as part of its structures. There are five RCCs covering Central Africa, Eastern Africa, Northern Africa, Southern Africa, and Western Africa.⁴⁸ However, similar to the RECs, the degree to which these RCCs are functioning and coordinated with other regional health institutions depends on the region. The institution is nascent, and as of mid-2019, its priorities were to support national public health institutes, recruit appropriate staff, and build-up its RCCs.⁴⁹ Some RECs also have specialised health institutes. For instance, [WAHO](#) was established as a specialised institute of ECOWAS in 1987.⁵⁰ In addition to these institutions, there are global institutions operating in Africa, notably the [WHO African Regional Office](#). While mapping the response to COVID-19 gives an indication of the roles different organisations have played, there are open questions about how coordination and/or overlap has occurred. Africa CDC documents and quarterly reports also indicate the rapid development of internal structures in order to be able to respond to the pandemic. As Africa CDC and its RCCs continue to evolve, there will surely be further efforts to define the roles and division of labour amongst sub-regional, regional, and global institutions to respond to public health crises.⁵¹

African Union

In the early 1990s, regional actors began to more explicitly link security and development, and the AU officially replaced the OAU as the African regional body in 2002. The objectives of the AU are far more ambitious than its predecessor organisation and include promoting economic and political integration, good governance, human rights, peace, and good health.⁵² In line with these more encompassing objectives, the Africa CDC is taking the lead on addressing the health impacts and supporting member states while the AU has focused on the development and peace and security impacts. Perhaps uniquely, the AU has also used the crisis to highlight inequities in the international system that hinder its COVID-19 response and more broadly its global influence and role.

Response to COVID-19

The [Africa Joint Continental Strategy for the COVID-19 Outbreak](#) helps to guide the continental response to the pandemic. Its objectives are to 1) coordinate the responses of member states and other partners and 2) promote evidence-based practices to prevent, treat, and control COVID-19. To achieve the first objective the strategy mandates working across high-levels of the AU and working with multilateral partners, RECs, member states, the private sector, and donors. To achieve the second objective the strategy mandates action across several thematic areas, notably surveillance, laboratory, countermeasures, healthcare preparedness, public communication, supply chain management, and support to special populations and settings.⁵³

I. Public Health Initiatives

This strategy has underpinned a multitude of actions from both the AU and Africa CDC to respond to the COVID-19 crisis. Africa CDC has of course been most active in responding to the direct health impacts. Throughout the COVID-19 crisis, it has sought to support member states with both broad trainings and targeted support to member states that emerge as hot spots or have specific needs. For example, [early in the pandemic in March 2020](#), Africa CDC deployed experts to Nigeria and Cameroon to support COVID-19 response efforts. During the same period, it also held 'Training of Trainers' events with participants from 18 member states to enhance COVID-19 surveillance at points of entry.⁵⁴ It has also worked [to increase diagnostic capacity and partnered with foundations and businesses](#) to procure and distribute vital equipment to member states. For example, Africa CDC has distributed supplies needed for testing that were donated by the Abiy-Jack Ma Foundation, sent machines and reagents to member states, and trained laboratory staff.⁵⁵ Africa CDC has also worked to deal with misinformation about the virus. They produced [materials to disseminate information](#) about COVID-19⁵⁶, engaged directly with journalists, and partnered with businesses to [launch programmes in several African languages](#) to counter rumours and stigmatisation.⁵⁷

II. Broader Initiatives

Both the AU and Africa CDC have sought to comprehensively respond to the immediate pandemic and to address broader structural issues. For example, recognising the shortage of health care workers on the Continent, [Africa CDC has partnered with Harvard](#) to launch a Global Nursing Leadership Programme to help address a lack of human resources for health in Africa.⁵⁸ The AU COVID-19 Response Fund has supported efforts to address the full range of social, economic, and health ramifications of the pandemic. This fund was launched early in the crisis to support pool procurement of essential medical supplies, boost the capacity of Africa CDC, and fund measures to mitigate the socio-economic impact of the pandemic.⁵⁹ The AU has also used its collective voice to advocate for more [equitable access to medical supplies and condemnation of protectionist international structures](#) that mean developing states have restricted access to medical and diagnostic materials.⁶⁰ Finally, African regional bodies have laid the groundwork to enhance capacity in their own regional sphere. For example, the AU and Africa CDC held a [workshop](#) in late 2020 that highlighted the dependence African countries have on importing personal protective equipment (PPE) and the need to urgently ramp up capacity within member states to supply the African continent.⁶¹

In no arena is inequity more pronounced than access to COVID-19 vaccines. Most African countries are part of the [COVAX](#) scheme, which is co-led by CEPI, Gavi, and WHO with the United Nations Children’s Fund (UNICEF) acting as a delivery partner.⁶² COVAX deliveries to African states began in February 2021. However, [as of end of April 2021](#), several states had exhausted their COVAX allocation and were waiting for subsequent deliveries, and Africa lags behind the rest of the world in vaccinating its population having administered only two percent of the vaccines administered globally.⁶³ However, the COVAX scheme is just one part of the [continental approach](#). COVAX will cover doses for up to 27 percent of a country’s population whereas the AU’s target is to vaccinate at least 60 percent of the population. The regional body is continuing to work with COVAX as well as its African Vaccine Acquisition Task Team (AVATT). Financing for vaccines is being provided through the World Bank Group and African Export-Import Bank. The AU is also seeking other partners similar to its arrangement with MTN that donated \$25 million to support buying vaccine doses for Africa’s healthcare workers.⁶⁴ The Africa Regulatory Taskforce established by Africa CDC and other partners has also established a [framework for the authorisation of COVID-19](#)⁶⁵ vaccines and has undertaken work to understand the [attitudes of citizens](#) of member states towards vaccines.⁶⁶

Like the Latin American region, leaders in the African region have recognised how COVID-19 will impact existing challenges. The [AU PSC](#) expressed particular concern that conflict actors were taking advantage of the pandemic to exacerbate conflict to their advantage.⁶⁷ The AU PSC highlighted several conflicts of specific concern, including ongoing violence in Libya and Mozambique. The PSC also highlighted the specific vulnerabilities of refugees and internally displaced persons (IDPs) during the COVID-19 crisis and called on resources from the AU COVID-19 Response Fund to be directed to support these populations.⁶⁸

Middle East

Covid-19 in the Middle East

The Middle East is a highly unequal region, with some countries with high poverty rates, while the Gulf Countries are some of the wealthiest in the world. [Early on in the pandemic](#), the Gulf countries overall succeeded in bringing the outbreak in their sub-region under control, mainly because of the strict control measures adopted early on.⁶⁹ The Middle East is also home to low income countries, and to fragile and conflict-affected countries. Decade-long challenges of violent conflict, inadequate social safety nets, and poverty in the region, has resulted in limited capacities to respond effectively to the pandemic. In Syria, conflict has led to [damaged health infrastructures](#). Around 70 percent of health workers had left the country as refugees or migrants, and only 64 percent of hospitals are currently operating.⁷⁰ Similarly, in [Afghanistan](#), permanent conflict and intentional targeting of health facilities has led to periodic as well as permanent closures of health facilities.⁷¹

Organisation of Islamic Cooperation

Compared to Latin America and Africa, the Middle East is not a region with high levels of regionalism. Active IGOs include the [League of Arab States](#), [Gulf Cooperation Council](#) (GCC), and the [OIC](#). This report will focus on the OIC, due to its concrete response to the COVID-19 crisis as well as its broader efforts to adapt its peace mediation and conflict resolution efforts both within and outside the region to the challenges of the pandemic.

The OIC is an atypical IGO as it unites [57 member states](#) from all over the world around a common faith. OIC includes most countries in the Middle East (except Israel and Syria) and has had a strong interest in the Middle East since its inception. It was [created in 1969](#) first and foremost to safeguard the interests of Muslims worldwide in the aftermath of the 1967 Arab-Israeli war which resulted in Israeli control over the Al-Aqsa Mosque in Jerusalem.⁷² Traditionally OIC has primarily dealt with Palestine, promotion of education, and poverty alleviation. However, [since 2005](#) OIC shifted to an agenda that addressed more contemporary challenges such as terrorism, Islamophobia, poor governance, and economic marginalisation, and it incorporated a mechanism to practice peace building and conflict resolution. The [Ten-Year Programme of Action](#) initiated in 2015 is founded on provisions of the OIC Charter and addresses issues of peace and security, Palestine, poverty alleviation, anti-terrorism, food security, human rights, good governance and other issues.⁷³

Response to Covid-19

OIC recognises that the pandemic has repercussions in health, social, humanitarian, and economic fields. Between March 2020 and December 2020, OIC held 11 meetings dedicated to COVID-19. On [9 April 2020](#) the first virtual emergency meeting was held on COVID-19 by the OIC Steering Committee on Health, which comprises of the sum of health ministers of OIC member states. There was a broad acknowledgment that coordination on the national, regional, and global level was required to mitigate the pandemic. The OIC called member states to share their respective experience with the coronavirus regularly, so the OIC General Secretariat could disseminate this information among member states to create an effective network of knowledge and experience.⁷⁴

I. Financial Assistance

The OIC has used its capacity to redistribute financial resources in a highly unequal region. In April, the Islamic Development Bank Group (IsDB Group) [announced the launch of a US\\$2.3 billion Strategic Preparedness and Response Programme](#) to support member states affected by COVID-19 by targeting both the public and private sector of affected countries. Efforts include strengthening of health systems; funding of national epidemic preparedness and response plans; community awareness and education; disease surveillance; data collection and analysis; sustained provision of essential social services; provision of social safety nets; and support private sector activity. The programme consists of the following funds: US\$1.52 billion by IsDB; US\$50 million by Islamic Solidarity Fund for Development (ISFD); US\$300 million by International Islamic Trade Finance Cooperation (ITFC); US\$250 million by Islamic Corporation for the Development of the Private Sector (ICD); US\$150 million by Islamic Corporation for the Insurance of Investment and Export Credit (ICIEC). Additionally, two partners to the programme contributed to the fund. The King Abdullah bin Abdulaziz Fund for Charitable Action donated US\$8.5 million, and US\$1 million was donated by the Science, Technology and Innovation Transform Fund.⁷⁵

At greater risk are conflict-affected and LDCs. In countries where continuous armed conflicts have damaged health infrastructures, there have been worries that the pandemic aggravated humanitarian emergencies. Leading up to the pandemic, 60 percent of the world's total conflicts occur in OIC countries,⁷⁶ and that 21 of the 57 OIC countries are categorised as LDCs.⁷⁷ In this regard, the separate account set up by ISFD is notable, but the financial means are inadequate to address the scope of the challenges. ISFD is a subsidiary organ of the Organisation as well as the entity of IsDB and is responsible for poverty alleviation in its member countries. In [early April](#) OIC urged member states to donate to the ISFD to strengthen the capabilities of LDCs member states.⁷⁸ The first batch of payments to LDCs to help strengthen their health systems to combat COVID-19 was announced on [10 May](#).⁷⁹ The second tranche of grants were transferred on [3 June](#), to Palestine, Somalia, Niger, Burkina Faso and Uganda.⁸⁰ The third group of member states - Yemen, Chad, Mauritania, Senegal, Mali, Sudan, Comoros, and Maldives - received their grants on [25 June](#).⁸¹ The exact amounts transferred to each country are unknown. At the request of the Palestinian government, IsDB announced an additional US\$35.7 million assistance package to Palestine.⁸²

II. Broader Support

In addition to the IsDB Group, several other OIC subsidiary organs have been instrumental in responding to the pandemic. The Statistical, Economic and Social Research Training Center (SESRTC) launched several programmes. During the meeting by the Steering Health Committee on 9 April 2020, SESRTC launched the [COVID-19 Pandemic Database](#) to offer policymakers a tool to guide their efforts, and to inform the public. The database hosts data on COVID-19 related cases, deaths, and recoveries. SESRTC moreover published an extensive research on the [socio-economic impacts of COVID-19](#). The study assesses the socio-economic impacts of the pandemic on member states and highlights best practices by some countries, such as social distancing, curfews, and lockdowns. Finally, the study provides policy recommendations at the national and regional levels.⁸³

The Islamic Organisation for Food Security (IOFS) announced a strategy to address food security in the wake of the pandemic. At the national level, it will support current national actions by providing food aid, cash transfer, job security, and free volunteer programmes to assist vulnerable population groups. At the OIC level, it will pursue implementation of various OIC agreements on free trade and investment promotion.⁸⁴

The International Islamic Fiqh Academy (IIFA), an OIC institution for the study of Islamic jurisprudence and law, held a symposium with the participation of prominent Muslim scholars and medical experts to discuss the spread of COVID-19 and its effects from a religious and medical perspective. The Symposium reviewed Shariah provisions on isolating confirmed cases, as well as acts of worship, Ramadan fasting during lockdown, and personal hygiene.⁸⁵

On [9-10 December 2020](#) a two-day workshop was organised to strengthen the collaboration of the manufacturing and distribution of vaccines. Officials were invited from National Medicines Regulatory Authorities, pharmaceutical companies, researchers and scientists from across the OIC member states.⁸⁶ The workshop was organised within the framework of the [Jakarta Declaration and plan of Action of 2018](#), a plan which stimulates self-reliance regarding the production of Halal-certified medicines and vaccines.⁸⁷

Further efforts by OIC to address challenges include: [an awareness campaign](#) in both English and Arabic on several social media platforms to counter misinformation and circulate necessary preventive health measures.⁸⁸ OIC's [Women's Advisory Council held a meeting](#) on challenges faced by girls and women during the pandemic.⁸⁹ The OIC Secretary General addressed the adverse implications on refugees in his [meeting with United Nations High Commissioner for Refugees \(UNHCR\)](#) in June 2020 where they stressed the need for cooperation.

III. Conflict management and support to high-risk conflict areas

OIC has continued to attend to conflicts in its region by sending Special Envoys to Jammu and Kashmir in early March.⁹⁰ The Special Envoys, consisting of experts from political, diplomatic and other scholarly fields, met with the Pakistani Prime Minister and several other senior officials to discuss issues and the role of the OIC in peace efforts. Furthermore, OIC has participated in two monitoring sessions in [May](#) and [June](#) 2020 on peace agreement implementation in Mali. Due to the pandemic, these sessions were held virtually.^{91 92}

OIC has also been involved in activities by Islamic Advisory Group for Polio Eradication ([IAG](#)) to address the pandemic in high-risk conflict areas. IAG includes several OIC entities, namely the International Islamic Fiqh, IsDB, and numerous eminent Islamic scholars, religious leaders, and medical experts. Being traditionally concerned with polio eradication since 2014, IAG has built its public health capacities around leveraging a local network of religious leaders and community leaders to educate communities on precautionary health measures from an Islamic point of view. In early March 2020, IAG already offered its help to WHO in supporting its global COVID-19 response.⁹³ Accordingly, from March 2020 onwards, IAG supported WHO in mobilising IAG national groups in both Afghanistan and Pakistan at different levels. A [five-day training](#) was organised, supported by WHO, for 28 religious scholars from high-risk provinces on public health priorities.⁹⁴ In Afghanistan, [IAG translated WHO's guidelines](#) on dealing with dead bodies and shared this with religious scholars and mosque imams.⁹⁵ The IAG national groups moreover [recorded video messages in local languages](#) with advise on Shariah-compliant health measures.⁹⁶ [Interviews were conducted on TV and radio](#) with several members from IAG national groups to raise awareness on the pandemic,⁹⁷ and public preaching occasions were used to [spread information on the importance of vaccinations](#). Finally, social mobilisers were instructed by IAG members on how [to deal with vaccine hesitancy and refusal](#) in communities.⁹⁸

Conclusion

Overall, regional IGO responses to COVID-19 in Latin America, Africa, and the Middle East have sought to address both the health implications and the wider impacts of the pandemic. This stems from the recognition that a pandemic does not only pose a threat to health. In all three regions, the COVID-19 crisis has to be considered against the backdrop of pre-existing issues, lack of universal safety nets, inequality, vulnerable indigenous and displaced populations, conflict, and institutional instability. The responses by regional IGOs also have to be considered in the broader context of relationships amongst member states, the credibility of particular IGOs, and the willingness of member state leaders to respond to the pandemic.

In Latin America (and the Americas more broadly), there have been surging cases throughout much of the pandemic, and several states with the highest number of cases and deaths globally from COVID-19 are in the Americas. OAS has continued to highlight the importance of maintaining democratic governance structures, and has paid attention to the region's vulnerable groups. OAS has propelled an all-round response to COVID-19 rooted in conflict preventive principles along its four pillars, and multilateral collaboration through JSWG has resulted in collaboration with international and Inter-American multilateral institutions beyond health. In Central America, SICA's efforts are characterised by allowing a strong role for its alliance of Health Ministries, COMISCA. Commitments by this group to meet periodically indicates there is a strong political will to engage and integrate responses.

In Africa, COVID-19 cases and deaths have been low compared to other regions although the exact factors behind this phenomenon are at present unknown, and the continent did face a second wave. From the onset the AU and its specialised health agency, Africa CDC, developed a joint continental strategy. While Africa CDC has focused on addressing the health impacts and providing concrete support to member states, the AU has embraced a remit of responses to address the socio-economic and other impacts of the pandemic. This has included highlighting the potential impact on conflicts, displacement, and food security in the region. The AU in particular has also sought to highlight how structural inequalities in the international system, such as debt and uneven access to medical supplies, hampers the ability of the African region to respond to complex, cross-border challenges. In highlighting these issues, the AU has also used its collective bargaining power and regional voice to try to address these inequalities. African RECs have responded to COVID-19 in their own regional spheres, but there has also been buy-in to the AU and Africa CDC response and coordination with the continental bodies throughout.

In some countries in the Middle East, challenges to address the pandemic are worsened by active conflicts, humanitarian crises, and high poverty rates in several countries. However, OIC has addressed the pandemic in a robust way by reallocating resources through strong financial means facilitated by members of the IsDB Group, including the ISFD. Furthermore, OIC has used its comparative advantage to push a response with religious elements. As part of IAG, it enabled WHO's response to reach people in high-risk conflict areas. OIC's subsidiary organs have drafted plans to address secondary impacts of COVID-19 beyond health.

The impact of regional IGOs on the disparate outcomes in each region is not clear. Nor is it even clear the extent to which regional IGOs may or may not have had an impact on member state behaviour. However, the case of the regional response in Africa is particularly notable as an area that needs further scholarship. From the onset, the AU and Africa CDC have managed a coordinated, credible, and robust response to the pandemic in a region where most experts expected dire outcomes. What impact did the AU response have on the responses by member states and on the ability of member states to access financial resources, medical equipment, training, and other tools to tackle the crisis? These are just some of the questions that have come from mapping regional responses and that will continue to be addressed by ongoing scholarship.

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