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THE TIME IS RIPE FOR AN AFRICA COMMISSION OF INQUIRY TO INVESTIGATE THE COVID-19 RESPONSE

Since the advent of the COVID-19 pandemic there have been rapid scientific advances, but questions remain. The exact origin of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the virus that causes COVID-19, is still a mystery. How exactly did it start and spread so fast to be declared a pandemic, within months of the first cases? Has there been prompt sharing of information to enable appropriate responses to be instituted? Has there been a reasonable and proper global and individual country response to the pandemic? Was Africa ready to respond to a pandemic, and what lessons have we learned so far? What is the impact of the skewed distribution of COVID-19 vaccines on global vaccination efforts particularly in Africa? How far did we regress on human rights efforts due to the pandemic? A commission of inquiry would provide a robust platform for facts surrounding the pandemic, lessons learned and country examples of successful and less-successful COVID-19 responses and experiences, impartially gathered through a transparent and accountable investigative forum. There will, of course, be numerous commissions globally but we argue for an African-owned and African-lead commission perhaps through the United Nations Economic Commission for Africa (UNECA)

Did we and could we have learnt from HIV/AIDS? Of course, COVID-19 and HIV/AIDS have their differences. Whereas COVID-19 infection is relatively short-lived, HIV infection is for life. Moreover, their mode of transmission is different. HIV transmission is commonly through sexual contact with an infected person or contact with infected blood. COVID-19 is aerosol-borne.

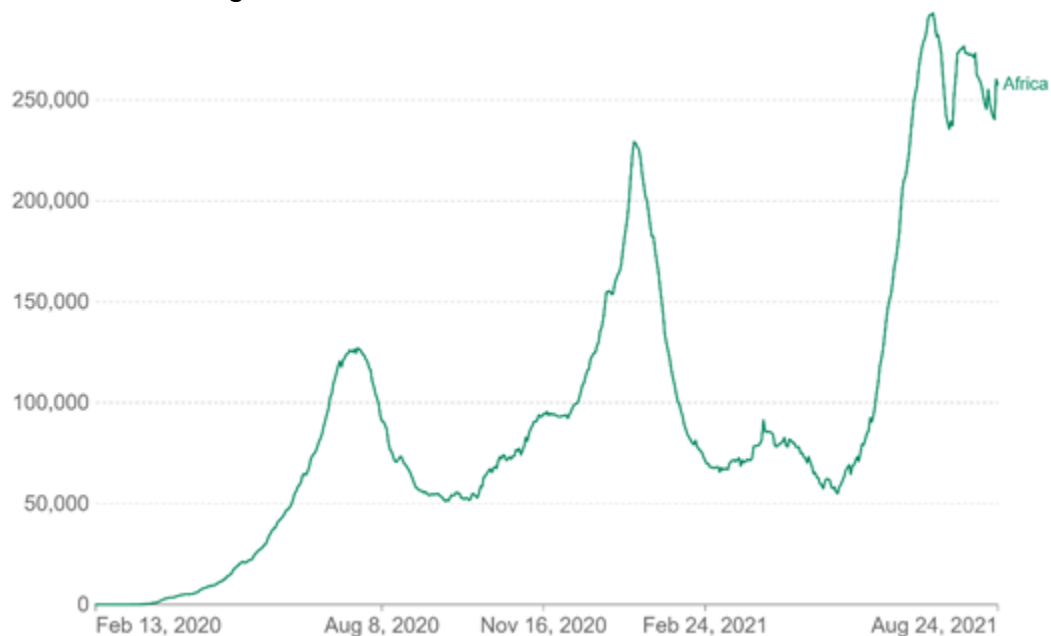
Their containment approaches are different. People living with HIV who fail to take medication get sick and eventually die. Although many are infected relatively few people fall ill and even fewer die from COVID-19. However, COVID-19 has managed to shut down countries in a manner that HIV didn't. Despite the differences, valuable lessons learned from the HIV response can be applied to combat

COVID-19. These include placing communities at the heart of the response, building strong political commitment and leadership at the highest political level, having a multisectoral approach, embracing innovation in service delivery, and anchoring human rights and equality in the response.

The COVID-19 situation in Africa

The number of confirmed COVID-19 cases in the African continent has been rising since the advent of the pandemic (Figure 1). The number of confirmed cases increased from 1,124 on 22 March 2020 to 126,284 by 25 July 2020 when it started to decline to 51,812 by 17 September 2020. COVID-19 cases then started rising to reach 228,437 confirmed cases by 13 January 2021 when it started to decline to 54,995 cases by 17 March 2021. Since then, COVID-19 cases in Africa have been rising, with the highest number reported on 15 July 2021 when there were 293,047 cases. As of 24 August 2021, the number of confirmed COVID-19 cases in Africa amounted to 7.59 million.

Figure 1: Confirmed COVID-19 cases in Africa



Source: Obtained from [Our World in Data](#)

The COVID-19 commission of inquiry's mandate

We require an African commission of inquiry, such as the [Commission on HIV/AIDS and Governance in Africa](#) (CHGA), to look at why it took long for the pandemic to reach Africa and how the African response has been hampered. The commission should focus on investigating and documenting the response to COVID-19 as comprehensively as possible and identify and come up with recommendations for dealing with false narratives and misinformation. Just as with CHGA, the commission should partner with the United Nations and other agencies to synthesize best practices and lessons learned to guide a debate on structural changes required post-COVID-19. Importantly, the commission should be forward-looking to provide Africa with a blueprint for responding to the next pandemic.

Examine COVID-19 conspiracy theories

There have been numerous conspiracy theories on the origin of COVID-19 that hamper the implementation of containment measures. It is thus essential to examine what led to the numerous conspiracy allegations surrounding its origin. A conspiracy theory is an explanation of the occurrence of a tragic event because of a secret ploy by a sinister and powerful group or organization. It predisposes an individual to reject authoritative sources and instead believe in conspiracies; for example, that the disease was hatched in secret by powerful actors. Conspiracy theories are not a new phenomenon but occur

during major disease outbreaks. For instance, there was a [conspiracy theory that HIV was a biological weapon to kill black people](#). Also, there were speculations that [the Zika virus outbreak in 2015-2016](#) resulted from genetically modified mosquitoes and was meant to kill people intentionally.

The lack of an easily understandable automatic explanation of the COVID-19 pandemic provides an ideal avenue for conspirators to propagate conspiracy thinking. One such COVID-19 conspiracy theory claims that the virus is caused by [installing the new 5G cellular technology](#). There were over 200 attacks against telecoms engineers and, in the United Kingdom, fueled by this theory, more than 90 mobile phone masts were set on fire. Another conspiracy theory claims that Bill Gates, a co-founder of Microsoft Corporation, uses the virus to [enslave humanity by launching global vaccination](#) to facilitate an international surveillance regime. Others claim that the [Chinese deliberately or accidentally released coronavirus from a laboratory](#) as a biological weapon, while others argue [the pandemic is a hoax](#) propagated for global political or economic gains.

Unfortunately, such conspiracy theories and misinformation directly impact prevention behavior. People who believe in conspiracy theories are unlikely to trust measures instituted to reduce infection rates and [tend to accept or justify violence](#). A [2020 study](#) conducted in England found a link between COVID-19 related conspiracy thinking to less adherence to containment measures and less willingness to undergo COVID-19 testing or be vaccinated.

Investigate the effectiveness of international legal instruments to slow the spread of COVID-19

The commission should investigate whether international legal instruments were applied reasonably and appropriately to curb the spread of COVID-19 and whether these vehicles require improvement. One of the key international legal instruments is the [International Health Regulations](#) (IHR) that regulate the international spread of disease. It is legally binding on the 194 member states of the World Health Organization (WHO). The commission should examine whether WHO acted promptly to apply international legal instruments to lessen the cross-border spread of COVID-19. Part of it would involve looking at the timing of invoking [Article 12 of the IHR](#) to trigger the declaration of COVID-19 as a public health emergency of international concern, and by doing so to initiate a coordinated international response.

The inquiry should investigate the extent to which countries complied with their IHR obligations, particularly on prompt reporting about COVID-19 to WHO. Also, it should document the remedial actions available to WHO and how it enforced them in member states that breached IHR obligations. It should identify flaws in existing legal instruments that may have hindered an effective response to COVID-19. For instance, the inquiry should highlight challenges arising from WHO having to rely primarily on information provided by the member states and recommend how to deal with those challenges.

Examine the adequacy of measures to curtail the spread of COVID-19

The commission should examine the adequacy of measures that African governments and international health organizations established to prevent, isolate, and contain the spread of the pandemic. This would involve evaluating the effectiveness of the various policy decisions, regulatory provisions, and strategies taken in response to the pandemic. It would be essential to analyze circumstances under which coronavirus spread from one state to another as well as how states coordinated their responses. The commission should document the chronology of events that led to the cross-border spread of coronavirus and accompanying acts or omissions to provide Africa with a starting point to learn from and prevent future public health emergencies.

The commission should be all-encompassing and not apportion civil or criminal responsibility

Though it may be difficult to achieve, the commission should endeavor to bring all stakeholders on board. This will be important to enable the various actors to provide information freely, build consensus and

ownership and thus ultimately support and be willing to act on the commission's findings and recommendations. The proceedings of the inquiry should be conducted faithfully, honestly, and impartially. In addition, the commission should be expeditious, effective, and balanced. It must be accountable to the global stakeholders, which means placing it within or aligning it to a global body such as WHO. The commission should, however, not obstruct ongoing efforts to curb the spread of COVID-19.

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