IMPACT OF COVID-19 IN CENTRAL SAHELI: NIGER, MALI, AND BURKINA FASO

By Rida Lyammouri & Nihal Aicha El Mquirmi
IMPACT OF COVID-19 IN CENTRAL SAHEL: NIGER, MALI, AND BURKINA FASO

1. Introduction

The fragile, poor, and conflict-affected Sahelian countries of Mali, Niger, and Burkina Faso were expected to witness catastrophic health and security situations following the emergence of COVID-19. However, the number of cases and deaths has remained relatively low in all three countries compared to other parts of the world. As of August 6, 2020, there have been 1,152 confirmed cases per 22.44 million people in Niger, 2,546 per 19.08 million people in Mali, and 1,153 per 19.75 million in Burkina Faso.

In fear of the spread of coronavirus, Sahelian states imposed strict measures. Some of these measures might have worked to some extent in urban areas, the capitals. However, interviews conducted with local people have demonstrated that these measures are impossible to implement in rural and conflict areas. For cultural and economic survival, markets have remained opened and border crossing have never closed, despite awareness campaigns.

Healthcare infrastructure in the Sahel was expected to be overwhelmed due to the lack of resources and capabilities to test and treat patients affected by the virus. Simultaneously, the ongoing conflicts in the three countries were predicted to intensify and more people were expected to be displaced. At this stage it is too early to establish a direct link between COVID-19, political consequences, and conflicts in the three Sahelian states of Niger, Mali, and Burkina Faso. Population displacement has increased in the Sahel region as a result of ongoing multidimensional conflicts rather than the coronavirus outbreak. Foreign militaries and peacekeepers have not withdrawn their troops or ceased their operations in response to the pandemic. Violent extremist organizations (VEOs) have attempted to exploit the pandemic in their narratives, while continuing to conduct attacks in the region. Violence and attacks by VEOs might or might have not increased in Central Sahel in recent months. However, there is no data showing a direct correlation between VEOs violent activities and COVID-19.

This Policy Paper analyzes the impact of COVID-19 on Mali, Niger and Burkina Faso and highlights that COVID-19 is not a direct cause of disruption, but a major health crisis that adds to the existing humanitarian, security, and governance crises. This paper is based on open source research and interviews conducted by Sahel MeMo researchers based in Niger, Mali, and Burkina Faso.

2. Ibid
3. Ibid
4. Sahel MeMo LLC is a consulting company specializes in research and data collection in conflict areas of Mali, Niger, and Burkina Faso. Sahelmemo.com
2. With or Without COVID-19, the Sahel Context is Challenging

The outbreak of COVID-19 puts the destabilized Sahel at risk of further crisis. The central Sahel countries of Mali, Burkina Faso, and Niger are highly dependent on rain-fed agriculture, cross-border trade, transhumance, and livestock herding. These economic activities have all been negatively impacted by seasonal droughts, floods, and violence, impeding the ability of millions of people to access food and earn a living. Consequently, and in combination with the increasing insecurity, hundreds of thousands of people have been forcibly displaced. According to data retrieved on August 9, 2020, there are 978,744 internally displaced people (IDPs) in Burkina Faso, 266,831 in Mali, and 265,522 in Niger. The precarious balance between human needs and natural resources that characterizes the Sahel region means its people live in a constant humanitarian crisis.

The poor health infrastructure in Mali, Burkina Faso, and Niger raised genuine concern among local governments and their international partners, especially in remote areas. Their populations have limited access to health services, and most health establishments are modestly equipped to serve local populations. In Burkina Faso, there are 35 hospitals, equipped with 11 ventilators and 0.45 doctors for every 10,000 people. In Niger, the situation is even worse, with only 0.4 doctors for every 10,000 people, 0.3 hospital beds for 1,000 people, 0.55 hospitals per 100,000 people and five respirators. In Mali, there are more physicians than in the other countries (1.8 doctors for every 10,000 people) but only 0.1 beds per 1,000 people and 0.46 hospitals per 100,000 people. However, Mali has the most respirators: 56 (15 in private clinics and 41 in public hospitals). Therefore, if compared with other African countries such as Morocco, where at the beginning of the pandemic there were 3,000 respirators and 15,789 available hospital beds, central Sahel countries’ capacities to deal with the pandemic are very limited.

Moreover, according to a study by the WHO (2020) in West Africa, “only 7 out of the

12. Ibid
12 countries surveyed in the region (58%) had Personal Protective Equipment (PPE) available”.

Human insecurity in Central Sahel has been fueled by complex and multidimensional conflicts for years if not decades. In the past five years and prior to COVID-19, these existing violent conflicts in the Sahel have intensified and expanded to new areas. National, regional, and international security forces are the preferred targets for al-Qaeda and Islamic State affiliated groups. However, the civilian population today suffers most and has witnessed the greatest number of casualties in the last two years. In addition to the lack of physical protection, civilians are severely affected by the consequences of instability. Armed groups have targeted schools, non-government organizations (NGOs), and health centers, depriving communities of access to these basic services. The United Nations Office for the Coordination of Humanitarian Affairs (OCHA) stated that “more than 3,600 schools and 241 health centers are closed or non-operational due to insecurity in Burkina Faso, Mali and in the regions of Tahoua and Tillabéri in western Niger.”

Therefore, COVID-19 arrived during the worst time possible, disrupting already fragile countries and exacerbating the challenges faced by their populations.

3. Drastic and Unrealistic Measures in a Complex Reality

Aware of their weak healthcare systems, Mali, Niger, and Burkina Faso took drastic measures at an early stage of the pandemic, despite a difficult social and political reality. Many of the measures, considered ‘basic’ to fight the virus, such as handwashing, cannot be implemented effectively in a region where over one-third of its population does not have handwashing facilities at home. A strict lockdown and curfews are also very difficult, as a large part of the population has no access to welfare schemes while working in the informal sector, including small business activities conducted in the streets and/or in crowded, open markets. Livelihoods from these activities were threatened and, in some cases, lost because of curfews and closure of markets imposed by the authorities in an effort to contain the virus. Furthermore, extra restrictions were put in place, such as closing access to the Nigerien capital Niamey.

While strict measures taken by national governments are somewhat manageable in big cities, they are almost impossible to implement outside key urban centers. Conflicts in Niger, Mali, and Burkina Faso are concentrated far from the capitals in areas where the state has little presence or is absent. Interviewees from the Ménaka and Mopti regions of Mali, and Tillabéri region of Niger, and Sahel region of Burkina Faso, demonstrated awareness of the ongoing COVID-19 pandemic. Awareness campaigns were implemented by national and traditional authorities, mostly through local radio stations every night using

local dialects and languages. Despite these efforts, most people refuse to believe in the existence of COVID-19. For instance, for a while there were zero cases and/or deaths from COVID-19 in Ménaka, northern Mali but as of August 14, 2020, there were only three cases in Ménaka\(^2\). Interviewees pointed out that it is difficult to believe in the existence of COVID-19 since no family members or friends or neighbors are or have been directly affected by the virus. Interviewees all expressed more concern about security, access to food, water, and health services. Moreover, it is important to note that hygienic practices are impossible to apply where there is no permanent access to potable and clean water.

Measures taken by national government faced push backs from local populations. In Burkina Faso, the closure of markets on March 25 was strongly opposed by merchants and, following growing tensions, the government decided on April 20 to re-open the markets in Ouagadougou and Bobo-Dioulasso\(^2\), the largest cities in the country. One week later, many merchants took the streets to demand the reopening of other markets in the country\(^2\). Mali, Niger, and Burkina Faso have fragile economies, on which the pandemic has put a severe strain. People are more afraid of dying from hunger than from the virus itself. In Burkina Faso, COVID-19 has not stopped young men from continuing to travel to artisanal gold mining located in the Sahel region, where no prevention measures are in place. These mines are located in conflict areas where the state has no control and visibility, state representatives having fled the areas because of threats from VEOs. As a result, there is no way of knowing if the virus has affected the crowds searching for gold, and health centers are abandoned\(^2\).

**Figure 1 : Artisanal Gold Mine, Sahel Region, Burkina Faso, April 2020**

![Image of an artisanal gold mine in the Sahel Region, Burkina Faso, April 2020](image)

Source: Sahel MeMo.

\(^2\) Malian Ministry of Health


\(^2\) Interviews conducted in Oudalan, Sahel region, Burkina Faso. July 2020
Market days in conflict-affected areas in Niger, Mali, and Burkina Faso are about more than just conducting trade. Market days provide opportunities to connect culturally, and share stories and information. In Ménaka, Mali, and Sahel region, Burkina Faso; and Tillabéri region, Niger, for instance, participants stated weekly markets are the moments of great reunions between people, some of whom have not seen each other for several weeks or even months. Interactions between communities accustomed to movement always start with endless greetings and gatherings in small groups. These traditions haven’t stopped, and nothing has changed in terms of the nomadic community lifestyle despite COVID-19. Despite official closures of the borders, transportation of foodstuffs and goods from Algeria has not been interrupted. Local markets have remained open and merchants did not comply with closure restrictions.

Figure 2: Livestock Market of Ménaka, Mali June 2020

Social distancing measures implemented by the Nigerien government, such as the ban on collective prayers, led to protests in several towns. While these restrictions are well intentioned to protect Nigerien citizens from a deadly virus, it was difficult for local populations to accept them. Shortly before the beginning of Ramadan, more than 300 people were arrested, including imams and worshipers who continued to attend and organize Friday prayers. Faced with a growing protest movement, the government decided to reduce the curfew during Ramadan to appease protesters. Simultaneously, interviewees stated that local populations throughout the country would provide unreasonable justifications and deny the existence of COVID-19. This perception was also observed even among medical staff at health centers. An NGO worker at a health center in Niamey, Niger, stated that medical staff rarely wear masks on the pretext

27. Interviews conducted in Ménaka, Mali; Tillabéri, Niger; and Sahel, Burkina Faso. June and July 2020.
that masks suffocate them or that they have respiratory issues. Similar behavior has also been observed among state employees and law enforcement in Niger, according to interviewees. Such behaviors complicate state authorities’ and NGOs’ efforts. It is difficult for local populations to accept certain restrictions when those expected to set an example fail to do so.

The reality is that in conflict areas, health institutions lack the means of mobility and mechanisms enabling them to act in real time in the event of a pandemic. There is no equipment or rooms to care for infected people. Fortunately, the number of cases has been very limited. Moreover, local authorities lack strategies and the capability to mobilize and raise the awareness of communities outside the key towns where radio coverage is non-existent. Households bear most of the expenditure on health compared to the national states, inequalities in access to care are striking, and hospitals sorely lack qualified personnel, materials, equipment for maintenance of equipment, and medicines, as well as reception capacities and, sometimes, sanitation. With or without the coronavirus crisis, health conditions are dire, and if the pandemic spreads in rural and conflict-affected areas, the current situation likely to exacerbate. It is crucial to strengthen and invest in health systems, without which Sahelian countries will be unable to cope either with health crises, such as the COVID-19, or the numerous other infectious or chronic diseases.

Figure 3: Unused Portable Water Fountains in Ménaka, Mali

Malian, Nigerien, and Burkinabe governments don’t possess the resources and capabilities to implement COVID-19 preventive measures. In Ménaka, Mali, for instance, during the early stages of the pandemic, local authorities and health representatives announced several response measures to prevent the spread of the virus. Measures included equipment and kits to facilitate hand washing in all administrative services and public places, the establishment of sanitary corridors all around the city, and at the main points of entry and exit into and out of the city of Ménaka. Locals confirmed these measures were never implemented. Organizations in conflict areas lack sufficient

qualified and competent human resources to effectively make these health checkpoints operational. Most state representatives and civil servants fled the area because of insecurity, further complicating the task of implementing and monitoring these measures. As a local NGO worker in Ménaka stated “soaps and hand sanitizers never arrived, and if they did, only a limited number of families would have benefited”32.

**Figure 4: Students in a Classroom Practicing Social Distancing and Wearing Masks in Ménaka, Mali**

![Image of students practicing social distancing and wearing masks](image)

Source: Sahel MeMo.

Populations in remote and conflict-affected areas could be put into at least two categories. The first are those connected to NGOs and privileged families of authorities present in the area. People in this category—to some extent—follow the instructions on keeping social distance, wearing masks in public places, and following hygienic practices. This could be explained by direct relationships to actors engaged in awareness campaigns (e.g. NGOs and authorities) and having resources. However, the second category, which is made up of marginalized populations that lack such access, either resists or is in denial about COVID-1933. They are mostly concerned about day-to-day survival and having access to potable water and food.

**4. COVID-19 as a Catalyst of Human, Economic, and Political Insecurities**

The outbreak of COVID-19 threatens the resilience of the Sahel’s population that depends on foreign aid. International humanitarian and aid workers have been either forced to return to their home country or confined in the capitals, away from regions in desperate need. The closure of borders linked to COVID-19 has further increased the difficulties in accessing food in regions affected by violence, climate shocks, and governance shortcomings34. Measures taken by regional states have contributed to limiting the spread of COVID-19 but have had serious humanitarian and economic implications for the region. Supply chains have been disrupted, herders cannot move their animals,

---

33. Interviews conducted in Ménaka, Mali ; and Tillabéri, Niger. June and July 2020.
and farmers can’t access sufficient products needed for the farming season (June to September). In April-May, nomadic herders across the Sahel move to find pasture for their herds, as pastures become drier during these months. On the other hand, and in order to prepare for the main 2020/2021 agricultural season, farmers needed to sell their produce, but could not do so as markets were closed. Simultaneously, farmers struggle to get access to seeds and fertilizers as a result of restrictions on movement and the closure of borders.

According to the United Nations, food insecurity in West Africa could “leave 43 million at risk as coronavirus hits”, and during the lean season in June and August, more than 21 million West Africans will “struggle to feed themselves”. In words of David Beasley, Executive Director of the WFP, “more people could potentially die from the economic impact of COVID-19 than from the virus itself”. Moreover, according to the FAO, 3.3 million people need immediate assistance, and experts forecast that close to 4.8 million people in the Central Sahel will be at risk of food insecurity during the lean season (June-August 2020) “if no appropriate actions are taken urgently”. According to forecasts made by the WFP, “the number of food insecure people in Burkina Faso is expected to triple to more than 2.1 million people in June, up from at least 680,000 at the same time last year”, as the measures and restrictions imposed in response to COVID-19 have severely impacted humanitarian supply chains. To make matters worse, recent forecasts by the FAO indicated a risk of locust invasion in West Africa from June 2020. However, no locusts were reported during July in Mali, but in Tamesna, the Adrar des Iforas, Tilemsi Valley and Timetrine, above-normal rains are predicted during August, which will slightly increase locust numbers but will remain below threatening levels. In the case of Niger, only small numbers of locust were present in central pasture areas near Tasker and south of Agadez, and in the south and east of Timia.

Political violence is usually the result of contested elections, of an authoritarian shift by a government, or weak governance, among other reasons. It is widely assumed that in the Sahel, extremist groups use this political instability to fuel local unrest and pursue their own agenda. However, the reality is far more complex. Violence perpetrated by community-based armed groups and state forces have also been as deadly as

37. Statement made in an online webinar organized by the Atlantic Council’s Africa Center, titled “A Warning From the World Food Programme”, held on May 8th, 2020.
violence perpetrated by VEOs\textsuperscript{43}. Data on violence conducted during the pandemic must be examined carefully. While in a context of global pandemic, government forces are perpetrating abuses with impunity, and data from the Armed Conflict Location & Event Data Project (ACLED) shows that there is an increase, which isn’t a direct result of COVID-19\textsuperscript{44}. Violence against civilians by security forces is not new in Africa, including Mali, Niger, and Burkina Faso, and such abuses have been recorded and well-documented by human rights groups\textsuperscript{45}. The increase could also be explained by the national, regional and international pressures armies and their respective governments faced as they struggled to contain militant groups in the region\textsuperscript{46}.

VEOs have also attempted to exploit the narrative surrounding the virus claiming it is “a sign from God against the non-believers”. However, the pandemic has not led to more violence by VEOs in Africa, and in the Sahel in particular. Mali, Niger, and Burkina Faso experienced their deadliest attacks between September 2019 and January 2020, with no notable increase in what the region has been witnessing in previous months or years. Thus, there is no direct correlation between COVID-19 and VEOs’ activities in the Sahel. Nonetheless, counterterrorism efforts in the Sahel have intensified rather than scaled back due to COVID-19. There was a genuine fear that international forces would have to withdraw or to reduce capacity and operations in the region. However, since January 2020, French Barkhane forces have increased the number of troops in the region and counterterrorism operations have continued. Simultaneously, a new coalition has been created and more European troops committed to engage in counterterrorism efforts against al-Qaeda and Islamic State affiliated groups. As for peacekeeping mission in Mali, MINUSMA, similar to other UN missions around the world, has limited the rotation of its personnel but has not withdrawn its troops.

Beyond violence, the COVID-19 pandemic poses a threat to democratic processes in the region. On one hand, the virus could lead to lower turnout rates during upcoming elections in Burkina Faso and Niger, because of peoples’ fears of being infected at the voting booth. On the other hand, the crisis can also provide a reason to postpone elections indefinitely, citing public safety concerns. 2020 was an election year in Mali, with Niger and Burkina Faso to follow, and because of ongoing instability, these elections are crucial. As stated by Brujine and Boisson, these countries consider that holding elections or postponing them will give them a strategic advantage\textsuperscript{47}. Below is a short analysis of elections in each country, which determines whether or not holding elections in the COVID-19 context will benefit the regime currently in power.

Despite the growing security and pandemic concerns among Malians, many politicians supported holding legislative elections in March and April 2020\textsuperscript{48}. Voting was canceled

\textsuperscript{44} See https://acleddata.com/2020/05/28/states-not-jihadis-exploiting-corona-crisis-in-west-africa/
\textsuperscript{48} Ibid
while voting equipment was destroyed throughout central and northern parts of the country. Authorities stated that 274 out of 12,500 voting stations have remained closed49. Turnout in the first round averaged over 35% nationwide, and less than 13% in Bamako. In the second round on April 19, turnout was 23.2%50. These high abstention rates are due to the fear of being infected with COVID-19, and also the tense security situation and lack of interest in voting. The government said that arrangements were made to deal with the coronavirus. Synergie stated that anti-virus protection kits had been distributed to over 96% of polling stations that it visited across the country, and in over 87% of the stations visited, poll workers wore masks51. It is unclear if these numbers included areas where the state has lost ground to al-Qaeda and Islamic State affiliated groups. Despite the difficult context and the loss of a few seats in parliament, the elections in Mali benefited the current regime52, to the extent that shortly after the results, the government passed a law that allows it to bypass the new parliament and rule by decree on public affairs and international treaties53. The consequences, however, have been noticeable since early June and are worse than expected. The opposition and demonstrators refuse to recognize the results of the elections and demand the resignation of the current government, including president Ibrahim Boubakar Keita (IBK)54.

Burkina Faso and Niger have presidential elections scheduled on, respectively, November 22, 2020, with legislative elections to follow in May 2021, and December 27, 2020. The delay in Burkina Faso’s elections surfaced during the early weeks of the pandemic and made sense because of the uncertainty surrounding the impact of COVID-19 on the already fragile security, political, and humanitarian environment. In Niger, biometric voter registration was suspended in April for health reasons and for social distancing55. Both countries have started opening up their borders and easing restrictions around coronavirus. If the spread of the virus intensifies and becomes difficult to control, it is likely elections in both countries will be postponed, benefiting both regimes. In Niger, it is President Issoufou’s last year in office, so he might use the health crisis to indefinitely postpone the elections and to reassert his control. Simultaneously, Burkina Faso’s president might use the health crisis as a distraction from a deteriorating security situation in the northern and eastern region, and increasingly in southwestern parts of the country.

55. In Niger, the electoral commission decided on April 2nd, 2020 to suspend voter registration in the region of Niamey.
5. Conclusion

At least from the official number of cases, COVID-19 appears to have had little impact on Mali, Niger, and Burkina Faso. However, the economic impact is likely to be felt just like everywhere around the world, including most developed countries. Humanitarian, security, and economic conditions in the Sahel have been declining for years and have become even worse in the last two years. COVID-19 did not create chaos in the region, did not force the displacement of people, and has not caused an increase in violence by VEOs or armies. Population displacement in the region reached an unprecedented level throughout 2019, which was also the deadliest year. COVID-19 is not a cause of chaos in the Sahel, but rather a disruption to aid and security operations, and an additional burden on already fragile health systems. Fortunately, the infection rate has been, at least on paper, limited and manageable.

The pandemic has added to the many challenges Niger, Mali, and Burkina Faso already face. Despite taking early measures to contain the spread of the virus, these measures have proven to be difficult to maintain. Authorities have managed somewhat to impose the measures in urban areas for limited periods. However, daily life in rural and conflict areas has changed little if at all. Markets have remained open in conflict zones and movement of people and goods across the borders has not stopped. Despite awareness efforts, local communities have refused to accept these measures, mainly because concern about COVID-19 is secondary compared to access to basics, including potable water, food, health, and safety.

**Figure 5: Local market of Ménaka stucked with foodstuff and goods imported from Algeria. June 2020**

The population has resisted these measures for economic and social reasons. Fortunately, the number of cases and casualties in the Sahel has remained relatively low. However, as countries have started to open up, case numbers could rise, therefore leading to further disruption to already weak health systems. Communities located in conflict areas are unlikely to change their behavior and start respecting health measures to prevent the spread of the virus.
COVID-19 has complicated the humanitarian and security crisis in the region, but has also been a factor in the political crisis. For decades, political leaders in the Sahel and Africa in general have attempted to suppress opposition. COVID-19 might be a way of justifying this behavior by current regimes. However; the health crisis has not so far stopped people from going to the streets and gathering in large crowds to express their concerns. The fact that either holding or postponing elections is considered as a strategic advantage by political leaders also shows that there has been a serious erosion of democratic processes, justified by the current health crisis. The upcoming months are vital for the Malian, Nigerien, and Burkinabe governments to manage the second phase of COVID-19, while in the middle of challenging political, economic, and security turmoil.
About the author, Rida Lyammouri

Rida Lyammouri is a Senior Fellow at the Policy Center for the New South. His research activities focus on geopolitics and international relations in the West African Sahel, a region he has worked on for about a decade, including in the field. He has extensive experience supporting both governmental and non-governmental organizations in the areas of international development, security, countering violent extremism and terrorism, preventing conflicts, ensuring humanitarian access, and migration. Mr. Lyammouri has contributed to over 200 in-depth research and analysis reports aiming at building deeper understanding of regional and domestic challenges. He is often solicited by various stakeholders to provide policy recommendations on how to address various security, economic, and political challenges related to West African Sahel. Mr. Lyammouri has also presented as an expert at various conferences in the US, Europe, and Africa. Mr. Lyammouri holds a Master's in Public Policy with an emphasis on National Security from the School of Policy, Government, and International Affairs at George Mason University.

About the author, Nihal Aicha El Mquirmi

Nihal Aicha El Mquirmi is a Research Assistant in International Relations at the Policy Center for the New South. Her research focuses on North Africa and Spain, but also on security issues such as the use of Private Military and Security Companies. Nihal El Mquirmi joined the Policy Center for the New South in March 2019, following the completion of an M.A. in International Security at the University of Warwick and a B.A. in International Relations at the Complutense University of Madrid. Prior to joining the Policy Center, Nihal interned at the General Consulate of Morocco in Brussels and at the Mission of Morocco to the European Union.

About Policy Center for the New South

Policy Center for the New South, formerly OCP Policy Center, is a Moroccan policy-oriented think tank based in Rabat, Morocco, striving to promote knowledge sharing and to contribute to an enriched reflection on key economic and international relations issues. By offering a southern perspective on major regional and global strategic challenges facing developing and emerging countries, the Policy Center for the New South aims to provide a meaningful policy-making contribution through its four research programs: Agriculture, Environment and Food Security, Economic and Social Development, Commodity Economics and Finance, Geopolitics and International Relations.

Read more

The views expressed in this publication are the views of the author.