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APRM Working Paper

South-South and Triangular Cooperation in the face of COVID-19:
A quest for resilience in Africa

Author: **Sara Hamouda**

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3rd Floor Robert Sobukwe Building
263 Nana Sita Street
Pretoria South Africa

+27123376082

info@igd.org.za
www.igd.org.za

About the authors

Sara Hamouda, *African Peer Review Mechanism*

Sara has eleven years of professional experience in the international cooperation and development field. Currently, she works for the African Union Secretariat for Peer Review Mechanism as an officer in charge of the agenda 2063/SDGs Unit and South-South Cooperation, based in Johannesburg South Africa

Ms. Hamouda holds a Master of Arts in International Development from Hankuk University of Foreign Studies in Seoul, a Diploma in Peace promotion and disarmament from the University for Peace and Vienna Centre for Disarmament, and a Bachelor's in Political Sciences from the Faculty of Economics and Political Sciences, Cairo University. She is also an alumnus of the College of Europe in Warsaw. In 2019, she was awarded amongst *TOP 50 influential women in Egypt* for Leadership and Community service.

Introduction

Although its exact origins remain a moot point, the novel coronavirus or COVID-19, as it has been termed in the scientific community, is a virus with established human to a human transmission that broke out in Wuhan, Central China in late December 2019. In a short period of time, the phenomenon caused a tremor in stock markets, led to the closure of maritime, air, and land borders, and diminished economic activity on a scale reminiscent of the 2008 Global Financial Crisis.

Forced to adjust its relatively upbeat economic forecast issued earlier in 2020, the International Monetary Fund (IMF) declared that the world would enter a recession due to COVID-19[1]. Despite lockdowns, curfews, and other measures to curb its spread, the number of infections has passed 73 million cases worldwide by mid-December 2020. In light of this unprecedented situation, **"resilience"** has probably been the most employed term in countries' efforts to mitigate the COVID-19 impact and to rethink how countries of the South may rebuild their as well other economies and societies in the mid to long terms.

As far as the COVID-19 health consequences are concerned, this working paper puts forward the notion of resilience and its incorporation into Agenda 2030 for Sustainable Development and Agenda 2063 ''the Africa We Want'' and, more specifically, its link with SDG three - health and well-being. Second, it displays the role of APRM in building resilient institutions and sustainable communities in Africa under the South-South and Triangular Cooperation Framework. Lastly, it highlights partnerships that APRM has developed under the newly expanded mandate to address SSC challenges in Africa and operationalize resilient policies amongst African countries under the framework of Agenda 2063 and Sustainable Development Goals (SDGs).

A mix of research methods, including literature review, interviews with African experts, and participatory observations, are consulted in this paper. Various recommendations and pieces of information have been gleaned from the APRM-United Nations Office for South-South Cooperation (UNOSSC) virtual side event held on the margins of the 2020 High-level Political forum. Reflections gathered from APRM virtual dialogues with twelve African countries, youth representatives of Civil Society, and Regional Economic Communities (RECs) on the 2020 Voluntary National Reviews and national responses to COVID-19[2] also feature in this paper.

1. Resilience and the 2030 Sustainable Development Agenda

Since the adoption of the Millennium Development Goals (MDGs), policymakers have pursued resilience to respond to critical multi-dimensional shocks. Resilience originates from the Latin word "risilire", which can be translated as "rebound" or "bounceback." It has been commonly used in different scholarly works to mitigate environmental, political, and economic shocks, i.e., the global financial crisis in 2007, the European Union's resilience initiatives with its neighbours (OECD, 2014). Nevertheless, the concept has not been sufficiently employed in Africa or within AU organs, including the APRM.

The proliferation of fragility and institutional weakness in different societies and unexpected health and environmental disasters mean that linear, incremental change assumptions are no longer valid (ODI, 2019). In such a context, achieving resilience or development can be daunting. Resilience and sustainable development are two faces of the same coin. Indeed, from a sociological perspective, the congruence between resilience and sustainable development was affirmed by Folke whose view is that "*Management that uses rigid control mechanisms to harden the condition of social-ecological systems can erode resilience and promote collapse*" (Folke, 2002).

The 2030 Sustainable Development Agenda introduced resilience to the core of the development process and Sustainable Development Goals. The UN Office for Disaster Risk Reduction (UNDRR) describes it as "*a measure of the persistence of systems and of their ability to absorb change and disturbance and still maintain the same relationships between populations or state variables*" (UNDRR, 2015). The notion of resilience featured prominently during the 2018 High-level Political Forum held under the theme "*Transformation towards sustainable and resilient societies.*" The meeting pointed out that disasters and shocks occur more frequently, chronic stresses last longer and healthy ecosystems which should empower social and economic systems are strained. Many disruptions, like climate change, are beginning to have significant and far-reaching cumulative impacts. In this regard, COVID-19 is perhaps the single biggest health emergency humanity has faced in the last decade.

The philosophy of SDGs which is anchored to four principles: **people, planet, prosperity, and peace** carefully integrated resilience and disaster risk-targeted indicators into Agenda 2030 goals. Resilience echoes the multifaceted nature of the 2030 Development Agenda which necessitates cross-sectoral, multi-dimensional, and dynamic policies to ensure progress in living conditions through the attainment of SDGs, key among which are SDGs 1 (end poverty), 2 (fighting hunger), 3 (health and wellbeing), 6 (Water and sanitation), 7 (clean energy), 11(sustainable cities), 12 (responsible consumption), 13 (climate action), SDG 16 (strong institutions and peaceful societies), and 17 (partnerships). Building resilience has been identified as a critical endeavour for the domestication and localization of SDGs. In addition, resilience has proven to assists countries' preparedness and responsiveness in withstanding crises (UNDESA, 2020). Out of 170 indicators on SDGs, 25 targets are related to disaster risk reduction in 10 of the 17 SDGs, firmly establishing disaster risk reduction as a core development strategy (see Index 1).

Figure 1 Resilience in Practice for SDGs- Source (Global Resilience Partnership Group GRP)

1.2 Mapping Resilience in SDG 3: Ensure healthy lives and promote well-being for all at all ages

Promoting resilient health systems can significantly contribute to building the capacities of communities to face and recover from the impacts of disasters. Target 3.9 of SDG three advocates strengthening **early warning and risk reduction of national and global health risks**. This target, in particular, is complemented by the **Sendai Framework**[3] which aims to build resilient health systems and the integration of disaster risk reduction into health care provision at all levels. At least four of the seven

Global health threats, more frequent and intense natural disasters, spiralling conflict, violent extremism, terrorism and related humanitarian crises and forced displacement of people threaten to reverse much of the development progress made in recent decades.'
United Nations (para 14).
Transforming our world: The 2030 agenda for sustainable development

targets in the Sendai Framework are directly linked to health, focusing on reducing mortality and injuries, improving people's well-being, early warning, and promoting the safety of health facilities and hospitals. All these contribute to helping people lead more resilient lives.
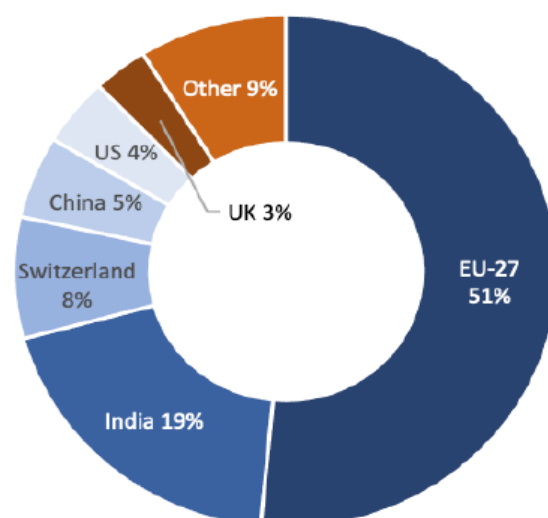
Some of the implementation strategies highlighted in the Sendai Framework include 1) enhancing the resilience of national health systems by integrating disaster risk management into primary; 2) secondary and tertiary health care, especially at the local level; 3) developing the capacity of health workers to enable them to understand disaster risk and applying and implementing disaster risk reduction (DRR) approaches in health work; 4) and promoting and enhancing training capacity in the field of disaster medicine. The Sendai Framework calls for the inclusion of people with life-threatening and chronic diseases in the design of policies and plans to manage risks before, during, and after disasters (UNISDR, 2018). Nevertheless, the overall progress of SDG 3 in Africa, alongside resilient issues, faces challenges that have surfaced during the COVID-19 crisis as the following section indicates.

1.3 COVID-19 severe consequences on the healthcare sector in Africa (SDG 3)

COVID-19 revealed various structural pitfalls in the healthcare sector in many African countries. Although African countries have, so far, demonstrated the strong political will to implement the above-mentioned SDGs framework under national development plans and visions, the following four pitfalls are the most encountered challenges in tracking the national responses to the COVID-19 health emergency.

First, **Africa's limited contribution to the global healthcare and pharmaceutical industry negatively derail national capacities to marshal resources and adopt measures against COVID-19. Furthermore, it hampers the continent's recovery approach against the pandemic. Africa is still lagging behind in health manufacturing as most of Africa's medical supplies are procured from outside the continent.** According to the World Health Organization (WHO), at least $15 billion is required to ensure that countries can procure the basic materials, share and promote research, provide vaccines, manufacture, deliver and share emergency services for saving lives (World Bank, May 2020).

A few countries, including Egypt, Senegal, South Africa, and Morocco, have invested in their healthcare industries especially

Source: Based on data from UNCTADstat

Figure 2 Africa's pharmaceutical products (2016-2018)

with the disruption of supply chains and restrictive lockdown measures globally. Given the prevailing situation, accelerating the implementation of Africa's Continental Free Trade Area (AfCFTA) is a salutary action that may rescue the continent from *"foreign medical dependency*" which is akin to aid dependency.

Second, **the lack of investment in human resources and the low level of national expenditures on healthcare services and inclusive insurance systems, research, and development wreck the covid-19 medium-long term recovery approaches**.

The amount of financing allocated to the healthcare sector in Africa remains below the average for other continents. recent data shows that expenditure on healthcare in Africa has been fable as it only doubled from $ 150 to @292 over the years 2000-2015. - Although Abuja Protocol (2001) called for African Countries to dedicate 15% of GDP of the annual budget for the health sector, this percentage has not exceeded 5-6% till 2020. A handful number of African countries increased spending on the latter sector but never attained 15% of GDP ratio for health programs. This should be an alarming indicator to policymakers in Africa who should focus on mobilizing resources for increased healthcare expenditures if they hope to efficiently recover from the pandemic and enhance preparedness for future health shocks. Despite the adoption of the -

Further, the spare financial support offered through Official Development Assistance (ODA) and Foreign Direct Investments (FDI) was dedicated to the health care sector as opposed to infrastructure, agriculture, and IT expenditures. One can infer from this those African countries do not own their health systems and are forced to rely on partnerships forged with traditional and emerging donors (OECD, 2019). A correlation exists between this and Africa's insufficient expenditure on Research and Development (R&D) which amounts to 1**% of total GDP -$ 20 billion** compared to Asia (37.6%), or Europe (21%) which dedicates $415 billion.

Senegal provides an optimistic example from the continent as regards the national response to COVID-19. Thanks to its successful experience in containing disease outbreaks, such as those of Ebola and HIV/AIDS, the cumulated government expenditure on healthcare, investment in human capital, and technology during the last decade helped to strengthen the country's resilience against COVID-19. Senegal has also developed innovative home-grown solutions to the pandemic such as the local validation trials of the COVID diagnostic tests and has launched a virtual app **'Alerte Santé Sénégal**" and other platforms which allow local authorities and citizens to communicate and exchange best practices for self-isolation and raise awareness on pandemic threats.

Third, data collection remains a significant challenge for reporting on SDG 3 and consequently tracking the COVID-19 spread and transmissions in Africa.

According to the SDGs dashboard for Africa 2019, most of Africa has significant to major challenges in making progress towards SDG 3, with 87% of its countries highlighted in red (SDGs Centre for Africa, 2019). This may lead to poor indicators for most of the AU countries' capacities to curb COVID-19. Africa is among the lowest performers worldwide in improving its healthcare sector and building resilience around such a goal because of the high dependency on imported medical supplies, lack of finance in the healthcare sector and infrastructure as well as the dearth of human medical capacities in some countries (ECA,2020). Moreover, subsidized health services are not systematically targeting the poorest on the continent – who have been reported to number more than 600 million citizens.

In addition to the fact that only **18 out of 30 indicators** related to SDG 3 on health can be reported on in Africa, the outbreak of the pandemic and lockdown measures will affect the accuracy of data collection in many developing countries and least developed ones. Unlike in OECD member-states where statistical services may be capacitated through remote working arrangements to sustain their activities, national statistical offices in Africa lack critical Information Technology (IT) infrastructure to telework effectively. Hence, **the recent core indicators' framework of Agenda 2063 -goal 3- has not sufficiently captured all SDGs, especially that which relates to Strengthen[ing] the capacity of all countries, in particular developing countries, early warning, risk reduction, and management of national and global health risk**s (Target 3.D-SDGs) Therefore, an in-depth revision of the said goal indicators and national government responses to epidemics shall be considered in the mentioned framework. **(index II is attached for SDG 3 indicators in both agendas**).

Fourth, **reporting on the implementation of disaster risk frameworks** in Africa, such as the Sendai Framework is still insufficiently carried out by many African countries. According to a recent research

document published by the Northwest University in South Africa, notable progress has been made on the development and promulgation of national DRR policies, strategies, and plans. Nevertheless, the actual implementation at various levels of Government remains problematic. Only 4% of countries reported that their DRR strategies are fully implemented (interventions exist that address all the objectives/priority areas of the strategy/plan). The majority (77%) indicated that their policies and strategies had been partially implemented, and 18% reported no implementation at all (Niekerk Coetzee & Nemakonde, 2020). Accordingly, the African Union (AU) and its organs, including APRM, will need to play a stronger role in ensuring that DRR strategies are incorporated into national development planning and be monitored by APRM national governance structures alongside the APRM new generation of governance assessment reviews (see index II on DRR & SDGs targets)

Exposure	Susceptibility	Vulnerability	Lives
• 13,814 confirmed cases of COVID-19 in Africa as of 12 April • Cases rapidly increasing with steep infection trajectory risk	• High population concentration in urban slums • Low access to handwashing facilities • High prevalence of certain susceptible 'underlying conditions' especially HIV/AIDS, malnutrition and tuberculosis	• Low rates of hospital beds, ICUs and health professionals • Dependency on imported medicinal and pharmaceutical products • Weaker economies unable to sustain health and lockdown costs	• 0.3 million to 3.3 million lives lost depending on policy interventions taken • 2.3 million to 22.5 million requiring hospitalization • 0.5 million to 4.4 million requiring critical care

Figure 3 COVID-19 impact on Africa's health systems and lives (Source; ECA; April 2020)

2. Forging the role of APRM in building resilient institutions and sustainable communities in Africa under South-South and Triangular Cooperation Framework

South-South and triangular cooperation (SSTr) are amongst the most advanced and practical policies to mitigate the severe consequences of COVID-19. Over the last two decades, SSC has been recognized as an innovative paradigm in development cooperation among nations that enriches notions of solidarity, mutual respect, and technical support between developing nations and LDCs. The financial contributions of SSC programs peaked at approximately 40 billion $ by 2019. Further, the BAPA+40 outcome document - which was adopted during the 40th anniversary of the Buenos Aires Plan of Action BAPA (BAPA+40) Conference in Buenos Aires- Argentina- exhorts developing countries and LDCs to mainstream SSC initiatives for the implementation of Agenda 2030 for Sustainable Development.

The APRM as Africa's home-grown institution for promoting good governance on the continent is deemed an SSC instrument that is capable of offering a platform for sharing of best practices in political, economic, and corporate governance amongst its members (41 AU member-states Since its revitalization process in 2017, following the AU reforms led by President Kagame in 2016, the APRM

has adopted various initiatives at the continental level such as policy dialogues and continental meetings addressing SSC challenges in Africa.

Since 2019, the APRM has taken progressive steps to institutionalize SSC for good governance promotion alongside Agenda 2030 and Agenda 2063 programs across the continent. The section below displays the APRM's efforts to incorporate resilience amongst its methodology with the COVID-19 times to tackle some of the aforementioned challenges faced by SDG 3 in Africa. Further, it highlights the criticisms levelled at SSC effectiveness in Africa and how the APRM, under the expanded mandate and revised assessment tools can address these challenges. it also sheds light on the potential opportunities to collaborate with emerging south players and UN organs to operationalize the BAPA+40 outcome document and addressing SDG 3 challenges in Africa. It further throws light on.

2.1 Incorporating Resilience into APRM governance assessment for African states' peer-learning

As a response to the COVID-19 pandemic and to back the AU- Africa Joint Continental Strategy for COVID-19 Outbreak, the APRM launched a special COVID-19 task force, included APRM governance structures and members of its Panel of Eminent Persons, to deliberate on the role of the Mechanism to offer governance-related recommendations in such a crisis.

The APRM, in its consultations with its member-states, recognized the inadequacy of its thematic areas which do not provide for the analysis of risks and disasters or the ability to respond to the same. It, therefore, decided to add a thematic area on ''resilience'' to its questionnaire to evaluate countries' efforts to implement disaster frameworks and adhere to international and regional standards and codes pertinent to the relevant issues. The fifth thematic area incorporated into the APRM questionnaire, state resilience, will assist in interrogating the following:

a) The Policy, legislative and institutional frameworks being implemented or domesticated at the national level to strengthen state capacity to respond to shocks, infectious diseases, and disasters.

b) National Mechanisms are adopted to enhance knowledge management and a system for early detection and warning during shocks, infectious diseases, and disasters.

c) Measures in place for increasing investment (financial, critical infrastructure, and human) for DRR.

d) Actions member-states are taking to build an effective response system to create better recovery, rehabilitation, and reconstruction.

2.2. Addressing SSC pitfalls in Africa under the APRM expanded mandate

The expanded mandate granted, by the AU Assembly of Heads of State and Government, to the APRM Continental Secretariat is a recognition of the latter's transformative work in the promotion of good

governance in Africa and set a clear directive for the secretariat to play a more active role in monitoring and evaluating SDGs and Agenda 2063 alongside strengthening good governance reporting at national levels. Over the last two years, many initiatives and programs were developed to address issues pertinent to governance and SDGs tracking to expand SSC's impact. Some findings are drawn from the APRM activities on SSC and TrCs role towards the implementation of SDGs and Agenda 2063 as follows:

- ## Lack of a holistic approach for mainstreaming SCC into national development planning

National planning shall consider south-south cooperation for the national development vision. This issue was highlighted in different UN and APRM dialogues on SSC. In 2020, the APRM launched a training program for member-states on Integrating National Programmes of Action (NPOA) into National Development Plans (NDP) under the National Governance Planning (NGP) Framework which compels countries to document SSC initiatives. Some APRM member states like South Africa, Rwanda, and Kenya are advocate for developing National SSC plan. Therefore, the APRM seeks to share best practices

- ## Absence of data to transparent Monitoring and Evaluation (M&E) system to assess SSC and TrC initiatives in Africa

The APRM released various knowledge products and reviews, i.e., Country Review Progress Reports, Africa Governance Report –a Biennial Report, Africa Governance Atlas – another Biennial publication, and National Governance Reports (NGR) – prepared on an annual basis, that highlight - national efforts to enhance good governance and reporting on SDGs. For instance, APRM developed newly generated targeted reviews to assess the country's performance in a special sector or one of the SDGs/Agenda 2063 aspirations. During the last couple of years, the APRM - successfully undertook five reviews: Fiscal decentralization in Djibouti, Contribution of Tourism to the Economy of Zambia, Contribution of Mineral Resources to the Economy of Zambia, Youth Empowerment in Namibia, and Public Health Governance and response to COVID-19 in Sierra Leone.

In 2021, Kenya and Uganda are amongst the forerunners to conduct similar reviews on public service delivery and national development plan. Moreover, through the APRM SDGs activities and Voluntary National Reviews (VNR), the APRM encouraged member-states to indicate SSC's contributions under SDG 17, which aims to build partnerships for sustainable development.

- ## The urgency to adopt an inclusive approach for - national Stakeholders to champion SSC initiatives

The APRM, during its revitalization process, has strengthened national governance structures, National Governing Councils (NGC), besides creating extensive public and multi-stakeholder networks engaged in the Country Self-Assessment Process. The APRM has extensive national and regional partnerships with African universities, Network of Southern Think Tanks (NeST) think tanks, State-Owned Enterprises (SOEs), SDGs national focal points/teams- that emphasize national ownership while implementing SSC initiatives.

Therefore, APRM can provide a proper regional platform for African countries – either for bilateral or multilateral peer learning on the role of national stakeholders in Sustainable development including SSC promotion.

- **The lack of clarity in the existing Institutional mechanism to rationalize SSC and follow up on the BAPA+40 Outcome document:**

Many experts and regional organs argue that the APRM is a unique institutionalized example of SSC in Africa. Peer-learning dialogues between Heads of State and frank conversations between national bureaucracies in Africa are occurrences not found on other continents. Thus, an opportunity presents itself for the APRM to play a catalytic role to support normative debates at the level of AU policy actors (vertical support and coherence). Normative arguments[4] will help:

- Support policy discussions concerning AU Norms, Values, Assumptions, and Positions concerning partnerships (SSC and TrC)
- Promote policy discussions concerning the formulation of Africa's priorities in the next Agenda 2063 Ten-Year Action Plan;
- Align APRM-AUC efforts to promote SSC programs under the UN-AU framework on SDGs and Agenda 2063. This shall be supported by conveying an annual forum for Africa to deliberate on the role of SSC in building back African economies and societies under the COVID-19 conditions.

2.3. concrete partnerships to promote governance-resilience response to covid-19 and SDGs challenges in Africa

In addition to updating the APRM- governance methodology to integrate resilience into governance assessments, the Continental Secretariat forged horizontal partnerships in 2020 till date to support national capacity building and institutions as follows:

2.3.1. UAE-UNDP-APRM Capacity building program on SDGs- resilience themes:

The UAE-APRM partnership is one of the new strategic partnerships between Africa, Asia, and the Middle East. As one of the emerging donors in the global South, the Government of the United Arab Emirates (UAE) is desirous of extending international cooperation and building the capacities of African national experts. The UAE and APRM jointly organized various ministerial discussions for ten African countries (Kenya, Uganda, Angola, Sudan, South Africa, Rwanda, Senegal, Sierra Leone, Nigeria, and Ghana) in 2020 as a way to deepen multilateral cooperation between African countries and the UAE. After identifying priorities for African countries, the capacity-building program shall assist AU member-states in different sectors: economic transformation, food security, future preparedness, innovation, and technology. Such cooperation contributes to enhancing government effectiveness and quality of policy formulation and implementation in many African bureaucracies.

2.3.2. ᴀPRM-UNOSSC cooperation for building horizontal partnerships in Africa:

The APRM values cooperation with the UN organs to ensure policy coherence for the implementation of SDGs and Agenda 2063 in Africa. Further, the UNOSSC-APRM close collaboration aims to encourage sharing views and best practices on SSC's value for the implementation and resource mobilization of SDGs alongside adopting BAPA+40 outcome document recommendations. One of the areas of collaboration between the two entities will touch upon the challenges of data collection for healthcare (SDG3). As part of the broader discourse on building resilient health systems in Africa in the post-pandemic era has drawn on the creating data-driven ecosystems driven by digital transformation, the APRM will provide further capacity workshops on tools and methods for harnessing data-driven solutions taking advance of leap in mobile connectivity and how SSC, TrC can be instrumental in this sector.

2.3.3. APRM- Latin America collaboration: ''Community of Practices''

The APRM successfully signed a Memorandum of Understanding (MOU) with the BRICs Policy Centre in July 2020 to encourage sharing knowledge on SDGs planning, finance, monitoring, and evaluation between Latin America and African countries. Particular focus is given to the issue of financing the healthcare sector and the governance practices to tackle COVID-19. Although Budget allocations to health spiked as a result of the pandemic, this allocation should be the norm and not taper off post-pandemic, SSC as a pathway for investing in healthcare to build infrastructure, improve accessibility especially in rural areas where the majority of the African population lives, seeing health spending as an investment, not a cost, underpinned by data-driven solutions.

As the APRM partners network is broadening across the global south - including the UNOSSC and BRICs the APRM is keen to develop a ''community of practice'' to share experiences between African-Latin American countries in different areas including national development planning, corporate governance, intellectual property, capacity building and training for health and frontline health works to mitigate shortfalls of well-trained health practitioners and healthcare resilience in the time of shocks.

Conclusion and Recommendations

On taking resilience from theory to practice, Africa has shown remarkable speed. The novel Coronavirus revealed various fragilities in different African countries. In addition to healthcare challenges; weak health infrastructure and industry, the lack of data, limited expenditure on healthcare services, limited service delivery and weak reporting on healthcare indicators, will exacerbate the pandemic's consequences in the medium to long terms. One of the lessons learnt during the pandemic is that political accountability, institutional preparedness, and leadership are crucial to change the narrative of good governance practices in Africa.

The AU and its organs, like the APRM, seek to support African countries in enhancing responsiveness and preparedness for such shocks in the future besides mitigating the current crisis. Therefore, undertaking APRM resilience governance assessments will assist AU countries in identifying gaps and weaknesses to overcome similar phenomenons. Further, horizontal partnerships and regional economic cooperation for harmony and policy coherence are urgently needed to address dire issues like the rescheduling of debt and avoid the duplication of donor programs on the continent.

Despite the current difficulties, there is a silver lining opportunity in the COVID-19 crisis for Africa. The crisis offers an urgency to enhance policy coherence on SDG governance and implementation including critical goals i.e SDG 3. The role of regional platforms and mechanisms, one of which is the APRM shall be strengthened to support African economies and bureaucracies. Embracing partnerships with the global south countries is imperative given their similar experiences (with Asia, Latin America for example) for SDGs acceleration and health recovery scenarios. SSC provides a space for interactions between those countries. If it is institutionally aligned with national plans, SSC can help African countries accelerate preparedness, reinforce technical and human capacities as well as espouse other measures to mitigate future shocks post-COVID-19.

Index:**1: SDG3 Resilience & Risk Destruction- targeted indicators in SDGs and Agenda 2063**

Goal 3- Targets	**Indicators**	Congruence with Agenda 2063- goal 3
3.3. By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases	3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations 3.3.2 Tuberculosis incidence per 100,000 population 3.3.3 Malaria incidence per 1,000 population 3.3.4 Hepatitis B incidence per 100,000 population 3.3.5 Number of people requiring interventions against neglected tropical diseases	√ √ √
3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being	3.4.1 Mortality rate attributed to cardiovascular disease, cancer, diabetes or chronic respiratory disease 3.4.2 Suicide mortality rate	×

3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol	3.5.1 Coverage of treatment interventions (pharmacological, psychosocial and rehabilitation and aftercare services) for substance use disorders 3.5.2 Alcohol per capita consumption (aged 15 years and older) within a calendar year in litres of pure alcohol	×
3.9 By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination	3.9.1 Mortality rate attributed to household and ambient air pollution 3.9.2 Mortality rate attributed to unsafe water, unsafe sanitation and lack of hygiene (exposure to unsafe Water, Sanitation and Hygiene for All (WASH) services) 3.9.3 Mortality rate attributed to unintentional poisoning	×
3.9.a Achieve universal health coverage, **including financial risk protection**, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all	3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older	×
3.9.b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and,	3.b.1 Proportion of the target population covered by all vaccines included in their national programme 3.b.2 Total net official development assistance to medical research and basic health sectors 3.b.3 Proportion of health facilities that have a core set of relevant essential medicines available and affordable on a sustainable basis	×

in particular, provide access to medicines for all		
3.9.c Substantially increase health financing and the recruitment, development, training, and retention of the health workforce in developing countries, especially in least developed countries and small island developing States	3.c.1 Health worker density and distribution	✕
3.9. d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks	3.d.1 International Health Regulations (IHR) capacity and health emergency preparedness 3.d.2 Reduce the percentage of bloodstream infections due to selected antimicrobial-resistant organisms	✕

For the rest of the SDGs, the following table indicates **the Resilience and targeted- disaster risk indicators as follows; (UNISDR,2015)**

SDGs	Related disaster risk reduction target
Goal 1: End poverty in all its forms everywhere	*Target 1.5: By 2030, build the Resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to climate-related extremes and other economic, social and environmental shocks and disasters*
Goal 2: End hunger, achieve food security and improved nutrition and promote sustainable agriculture	*Target 2.4: By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that held maintain* *ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality.*

Goal 3: Ensure healthy lives and promote well-being for all at all ages	*Target 3.d: Strengthen the capacity of all countries, developing countries, for early warning, risk reduction and management of national and global health risks.*
Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all	*Target 4.7: By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and nonviolence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development.* *Target 4.a: Build and upgrade education facilities that are child, disability, and gender-sensitive and provide safe, non-violent, inclusive, and effective learning environments for all.*
Goal 6: Ensure availability and sustainable management of water and sanitation for all.	*Target 6.6: By 2020, protect and restore water-related ecosystems, including mountains, forests, wetlands, rivers, aquifers, and lakes.*
Goal 9: Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation	*Target 9.1: Develop quality, reliable, sustainable and resilient infrastructure, including regional and transborder infrastructure, to support economic development and human well-being, with* *focus on affordable and equitable access for all.* *Target 9.a: Facilitate sustainable and resilient infrastructure development in developing countries through enhanced financial, technological, and technical support to African countries, least developed countries, landlocked developing countries, and small island development states.*
Goal 11: Make cities and human settlements inclusive, safe, resilient and sustainable	*Target 11.1: By 2030, ensure access for all to adequate, safe, and affordable and basic services and upgrade slums.* *Target 11.3: By 2030, enhance inclusive and sustainable urbanization and capacity for participatory, integrated and sustainable human settlement planning and management in all countries.*

	Target 11.4: Strengthen efforts to protect and safeguard the world's cultural and natural heritage
	Target 11.5: By 2030, significantly reduce the number of deaths and the number of people affected and substantially decrease the direct economic losses relative to global gross domestic product caused by disasters, including water-related disasters, with a focus on protecting the poor and people in vulnerable situations.
	Target 11.b: By 2020, substantially increase the number of cities and human settlements adopting and implementing integrated policies
	and plans towards inclusion, resource efficiency, mitigation and adaptation to climate change, Resilience to disasters, and develop
	and implement, in line with the Sendai Framework for Disaster Risk Reduction 2015- 2030, holistic disaster risk management at all levels
Goal 13. Take urgent action to combat climate change and its impacts	*Target 13.1: Strengthen Resilience and adaptive capacity to climate-related hazards and natural disasters in all countries*
	Target 13.2 Integrate climate change measures into national policies, strategies, and planning.
	Target 13.3 Improve education, awareness raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning.
	Target 13.a Implement the commitment undertaken by developed-country parties to the United Nations Framework Convention on Climate Change to a goal of mobilizing jointly $100 billion annually by 2020 from all sources to address the needs of developing countries in the context of meaningful mitigation actions and transparency on implementation and fully operationalize the Green Climate Fund through its capitalization as soon as possible
	Target 13.b Promote mechanisms for raising capacity for effective climate change-related planning and management in the least developed countries, including focusing on women, youth, and local and marginalized communities.
Goal 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development	*Target 14.2 By 2020, sustainably manage and protect marine and coastal ecosystems to avoid significant adverse impacts, including by strengthening their Resilience, and take action for their restoration to achieve healthy and productive oceans*

Goal 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss	*Target 15.1 By 2020, ensure the conservation, restoration and sustainable use of terrestrial and inland freshwater ecosystems and their services, in particular forests, wetlands, mountains and drylands, in line with obligations under international agreements.* *Target 15.2 By 2020, promote the implementation of sustainable management of all types of forests, halt deforestation, restore* *degraded forests and substantially increase afforestation and reforestation globally.* *Target 15.3 By 2030, combat desertification, restore degraded land and soil, including land affected by desertification, drought and floods, and strive to achieve a land degradation neutral world.* *Target 15.4 By 2030, ensure the conservation of mountain ecosystems, including their biodiversity, in order to enhance their capacity to provide benefits that are essential for Susyainable development.* *Target 15.9 By 2020, integrate ecosystem and biodiversity values into national and local planning, development processes, poverty reduction strategies and accounts.*
Goal 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels	16.1 significantly reduce all forms of violence … 16.7 ensure responsive, inclusive, participatory and representative decision-making at all levels Potentially numerous dependents on projects

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Endnotes

[1] ISLAM, F. (2020). *IMF head: Dire economic forecasts may be too optimistic* [Online]. Available at:

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