COVID-19

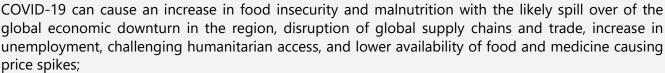
Economic and Food Security Implications in East Africa



Regional Bureau Nairobi

Release 1.0, 28 March 2020

Key messages





The spread of the virus is relatively moderate in East Africa so far, but potential massive spread is likely to have profound, devastating effect as the region is least prepared to cope with such a situation due to poor economy and health infrastructure;



This comes at a time when already more than 15 million¹ proplr are facing acute hunger (IPC Phase 3 or worse) in Ethiopia, Somalia, South Sudan and Kenya, and households have been affected by a series of multiple shocks including drought and floods, followed by locust outbreak in addition to conflicts in some areas;



The most vulnerable are those who are already facing acute hunger and malnutrition, internally displaced persons and refugees, low income urban households, market dependant rural households, elderly and people already suffering from medical conditions, and the children unable to access schools and school meals.

COVID-19 Global Pandemic

The novel coronavirus disease (COVID-19) first detected in late-December 2019 in Wuhan, China, spread rapidly to other parts of China, and then to the rest of the world. in Asia, Europa and the US, where the number of cases has since grown exponentially. On 30 January 2020, COVID-19 was declared a 'public health emergency of international concern' by WHO, and on 11 March 2020 it was declared a pandemic after it had become clear that it had already spread to most regions of the world.

As of 28 March 2020, COVID-19 has spread to about 200 countries where almost 600,000 people have been infected and more than 27,000 people have died¹. A rapid, exponential grown has been observed in the number of cases. While it took 67 days to reach the first 100,000 after the first case was reported, it took only 12 days for the next 100,000; 4 days or the next 100,000 and then just 2 days for the next 100,000. With China reporting almost no new local cases anymore, the epicentre has now moved to Europe and the US. Still without vaccine or treatment, the current crude fatality rate is estimated at 3.4 percent. At the highest risk of death are people aged 60 or above, malnourished people and people already suffering from other health conditions causing a weakened immune system including people living with HIV, TB, malnutrition etc.

Analysis of trends and projections suggest that if urgent and coordinated measures are not taken to contain, it is likely to spread to many millions with huge casualties throughout the world.

COVID-19 in East Africa

As of 26 March, the region has 127 cases of COVID-19. Rwanda has most reported cases in the region (50), followed by Kenya (31), Uganda (14), Ethiopia (12) and Djibouti (12). Eritrea and Somalia have six and two registered cases respectively, while no cases have been registered yet in South Sudan and Burundi. As of now, majority of cases are imported from people travelling to the country, while some local transmission has also been registered. Looking at the trends from other regions, it is likely that the number of cases is likely to rise rapidly, unless effective measures are taken to contain the outbreak.

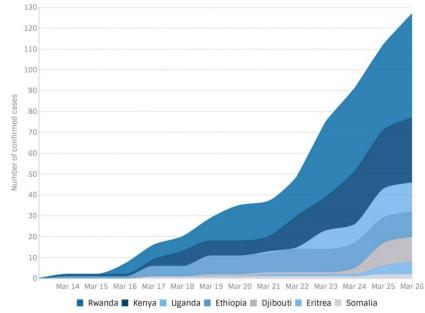
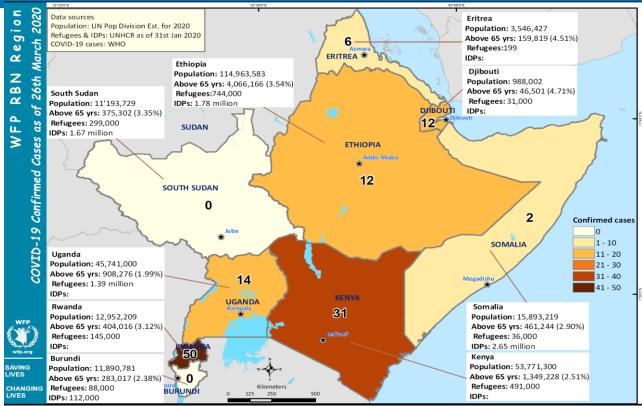


Figure 1: Trend of Covid-19 cases in RBN region, until 26 March 2019

¹ No recent updates for Burundi, Rwanda and Uganda. The source for Ethiopia is the HRP

² Dashboard maintained by John Hopkin's University provided the fresh updates regularly and can be accessed at



Map 1: Covid-19 situation and demography in RBN countries

Global Economic Impact



Currently, the top priority for most affected countries is to minimise the loss of lives and avoid overwhelming health systems. As no vaccine is yet available, most governments have set in motion stringent restrictions including quarantine measures, border closures and travel bans to minimise further spread of the virus. However, though this has played a vital role in containing the virus, it has also brought a severe shock to the global economy as it halts production in the affected countries which is affecting global supply chains, while a collapse in confidence has caused a massive drop in consumption. Hence, countries are now facing a double challenge of tackling a global health crisis that has now become a major economic crisis

The global panic became evident on 16th March when the Dow Jones experienced a drop of 12.9 percent, the second largest drop in 100 years due to insecurity about the future. Especially affected are the industries for air transport (due to closure of airspaces), shipping (due to a drop in international trade), banks (due to future expectation of spike in bankruptcy and historically low interest rates), and the oil industry (due to falling demand and the price war between Russia and Saudi Arabia).

While a large part of the consumption drops are directly linked to the current restrictions, e.g. for the travel industry, it is also linked to worries and fear of what the future economic situation will bring, including mass bankruptcy of private enterprises, mass unemployment and a long term global recession that may surpass the 2008 financial crisis which drove an additional 22 million people into unemployment globally². The ILO has reported that the health crisis has already transformed into an economic and labour market shocks, where both the supply (production of goods and services) and demand (consumption and investments) sides have been severely hit. Overall losses in labour income of USD 860 to 3,440 billion are expected, which will cause lower consumption of goods and services and can trigger increasing economic inequality for women (due to overrepresentation in affected sectors), youth (due to higher unemployment and vulnerability to decreasing labour demand), unprotected workers without access to health and social safety nets, and migrant workers³.

While there is no doubt that there will be economic consequences of the outbreak, the severity of the likely global recession will depend on how quickly countries manage to control the outbreak and how successful governments are in implementing economic stimulus packages. Initially, the economic crisis has mainly hit the larger economies in China, the US and Europe but if it develops into a global economic slowdown, it can spill over to low income countries and ultimately impact food security and nutrition outcomes negatively. Currently, while China has seemingly managed to control the spread of the virus, around five million people have been pushed into unemployment during the first two months of 2020 following the closure of many factories during the COVID-19 outbreak. In the US, it has been estimated that without massive economic stimulus unemployment could rise to 20 percent. In comparison, unemployment peaked at 10.2 percent in 2009 after the financial crisis. The US Government has announced a massive economic stimulus of 2 trillion dollars, while India announced 22 billion dollar bailout for the poor. The European Commission has proposed measures to support firms and the financial sector to avoid mass unemployment and leaving permanent effects of the crisis on the economy. Central banks have cut interest rates in Australia, Canada, New Zealand, UK and the US, while Italy has introduced tax breaks, waivers and extended deadlines for mortgage repayment. Specially affected sectors have received financial support, including health-related businesses in China, "unlimited" support for enterprises in Germany, and tax relief measures in South Korea and France.

² http://www.oecd.org/coronavirus/en/

Spill over to low income countries

Global GDP is expected to fall in 2020 with projections varying between 0-1 percent that Deutsche Bank compares to the declines experienced after World War II⁴. The negative consequences for the developed economies can potentially spill down on low income countries if affecting the level of remittances, also providing a vital source of foreign exchange for some countries, and for the level of humanitarian and development aid allocated.

The effects on trade have already started to show with key ports in South America closing down and more trade hubs initiating health inspections which are delaying trade and supplies. Where in 2008, sub-Saharan Africa was most spared of the negative economic consequences due to less integration, these economies are now very dependent on global trade and supplies. Shortage of staff and panic buying are other concerns that are driving up global prices, leaving especially import-dependent countries vulnerable. When countries are hit both on their main sources of revenue, may it be crude oil or tourism, and expenditures for vital commodities such as food, the consequences can be serious. At the individual level, it can be expected that poorer people living in urban areas and depending on casual labour, already economically vulnerable and depleted of assets will be hit the hardest.

The IMF expects the pandemic to have substantial impact on the economies in sub-Saharan Africa in three ways:

- The direct cost on local economies as the pandemic disrupts people's daily lives, including less paid work, less income, less spending and fewer jobs, border closures' impact on travel and tourism, and drops in shipping and trade. Social distancing not possible and few lower paid jobs can be done remotely.
- Spill over of global hardships to the region. As global demand falls, production and global supply chains will be disrupted, global financial access will be limited, and investments and development projects are likely to be delayed.
- 3. Oil exporting countries, in the RBN region especially South Sudan, will be hit by the sharp decline in commodity prices as oil prices have more than halved since the beginning of the year, magnifying the effect of the two first effects. The IMF estimates that economic growth in oil exporting countries will fall by an estimated 0.6 percent while fiscal deficit will increase by 0.8 percent of GDP for every 10 percent decline on oil prices⁵.

To minimise the negative impact, there is a need for countries to increase public spending through fiscal policies including cash transfers for social safety nets and supporting hard-hit sectors, followed by monetary interventions and regulatory responses⁶. However, additional funding and support will be needed to implement these large-scale interventions.

East Africa: Socioeconomic Context

Poor economy, low human development

All countries covered by RBN in East Africa are low income countries, except Kenya and Djibouti, which are under lower middle-income category. In 2018, real GDP in East Africa region grew by an estimated 5.7 percent, slightly less than the 5.9 percent in 2017, but the highest among African regions7. The countries with the high economic growth are Ethiopia, Rwanda, Kenya, and Djibouti driven by industry, services and agricultural sectors. Low or negative growth were recorded in South Sudan (-3.8%), Burundi (1.4%), and Somalia (2.9 percent) mainly due to lack of peace and stability, which has disrupted economic activity. Macroeconomic challenges (high inflation, currency depreciation, shortage of fuel and dollar) continue to disrupt economic activity in Ethiopia, Burundi and South Sudan. Despite impressive economic growth in most countries in recent years, a large number of populations are overwhelmed by food insecurity, poverty and low human development. All countries except Kenya are in the low human development category. Somalia has the lowest human development index, followed by Burundi, Djibouti, South Sudan and Eritrea. Poverty is also endemic, particularly high in rural areas. Burundi, Eritrea, Somalia and South Sudan have the highest poverty levels (Figure 2). ADB (2020)

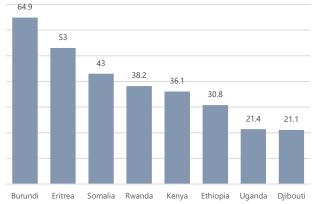


Figure 2: Percentage of population living in extreme poverty (USD 1 per day in PPP)



⁴ Economic and food security implications of COVID-19, version 2 by WFP VAM HQ

⁵https://blogs.imf.org/2020/03/25/in-it-together-protecting-the-health-of-africas-people-and-their-economies/

⁶https://blogs.imf.org/2020/03/16/policy-action-for-a-healthy-global-economy/ ⁷ADB (2020)

Poor health and sanitation



It is recommended that the population should be advised to enhance sanitation through hand washing as one important measure to control the spread of COVID-19, while those who fall sick are encouraged to seek medical treatment. However, though statistics on access to hand washing facilities and to medical practitioners vary considerably across countries and between rural and urban areas, a considerable challenge can be seen.

Hand washing challenge

Statistics by the WHO-UNICEF Joint Monitoring program (JMP) for 2017 show that an overwhelming majority of the households in the region have either non or limited hand washing facilities, which is a potential challenge in maintaining cleanliness in the fight against Corona virus⁸. The situation in the rural areas is more serious than in the urban areas.

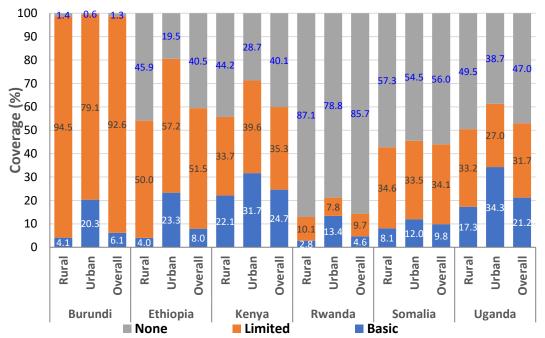


Figure 3: Hand washing coverage by rural and urban areas in different countries

Poor health services

The region further faces the shortage of adequate number of medical practitioners to handle the situation should the pandemic worsen. Statistics from the WHO over the 2014-2017 period show that the number of doctors per 1000 people is very low in most countries, which would be a major strain on the medical system to handle arising cases9. As can be seen from Figure 4, there is only 1 medical doctor available for every 50,000 people in Somalia, while there are 2 doctors per 10,000 people in Kenya and Djibouti, and about one doctor per 10,000 people in Rwanda, Ethiopia, and Uganda.

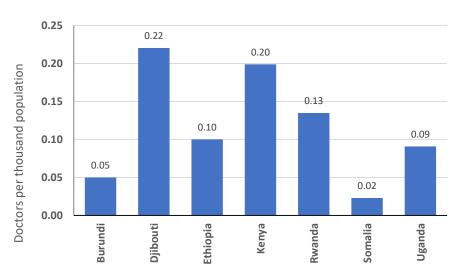


Figure 4: Number of doctors per 1000 people over the 2014-2017 period

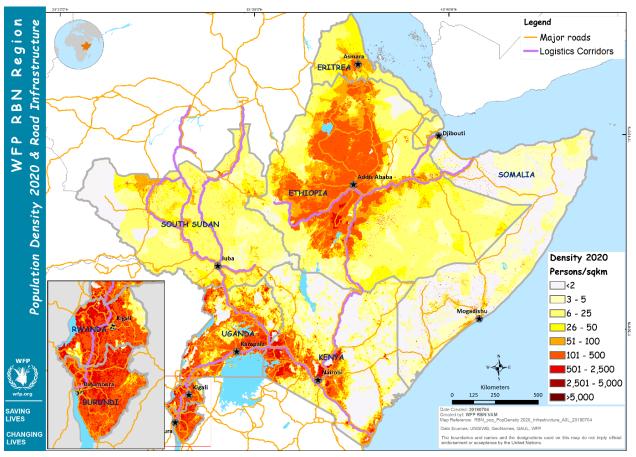
⁸WHO-UNICEF Joint Monitoring Program defines basic hand hygiene facilities as hand hygiene materials, either a basin with water and soap or alcohol hand rub, available at points of care and toilets.

⁹Statistics for Eritrea and South Sudan are not available



Urban populations

While governments have taken some control measures in the face of COVID-19 outbreak, extreme measures have not yet been imposed in most countries in the region. Many people in the urban areas have families and relatives in rural areas and this movement from urban to rural areas poses the threat of spreading the diseases further. The map below shows that Rwanda, Burundi, parts of Uganda, western, central and coastal Kenya as well as western and central Ethiopia have high population density (people per square kilometre) and connectivity through roads such that the disease can spread relatively fast if sufficient measures to contain are not implemented. Also, the densely populated urban areas, particularly the poor settlements are very vulnerable to the impact of COVID-19.



Map 2: population density, major roads and logistic corridors



A region already suffering from multiple shocks



The emergence of Coronavirus (COVID-19) is exerting additional pressure to an already fragile situation following various shocks resulting from consecutive climate related shocks (droughts and floods), conflicts and politically instigated insecurity in some countries, refugees and human displacements, and invasion by desert locusts since the end of 2019. These shocks have negatively impacted on the livelihoods of affected populations and continue to increase vulnerability and weakening of resilience.

Droughts: Several droughts whose frequency has increased in recent years have resulted in food security emergencies. The major ones include the July 2011 to mid-2012 severe drought that affected the entire East African region resulting into a severe food crisis across Somalia, Djibouti, Ethiopia and Kenya threatening the livelihoods of 9.5 million people¹⁰.

Another drought gripped the north and central Ethiopia in 2015 leading to massive crop failure and weakened or dead livestock. Consequently, about 10 million people faced food scarcity requiring emergency humanitarian assistance. As the situation was slowing down, erratic and significantly below-average rainfall during the October-December 2016 and the following March-May 2017 seasons led to another drought from mid-2016 to mid-2017 across Somalia, southern Ethiopia and Kenya, affecting food security and livelihoods and pushed many households into destitution, some of whom have not fully recovered.

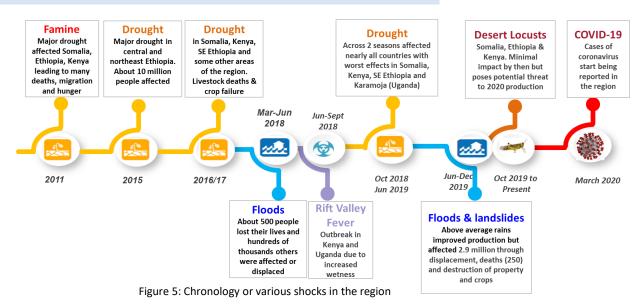
Again there was another drought from towards the end of 2018 until May 2019, firstly due to poor short rain performance during October-December of 2018 followed by an extended period of dry conditions and hot temperatures in early 2019 and the delayed start of March-May 2019 rains affecting livelihoods and food security in Kenya, Somalia and Ethiopia.

Floods: The March-May 2018 season provided a window for recovery from the effects of previous droughts through enhanced rainfall that supported crop and pasture production, and water replenishment. However, excessive rains led to massive flooding and landslides in parts of Kenya, Ethiopia, Uganda, Rwanda, Somalia, Djibouti and Burundi affecting over 1.6 million people, destroying farmlands and planted crops, and killing livestock through drowning and increased disease infestation e.g. Rift Valley Fever in Kenya and Uganda.

Most recently, the intense rains during October to December led to massive floods and landslides that affected over 2.9 million people¹¹ with worst impacts observed in South Sudan, Somalia, Kenya, Ethiopia, and Uganda.

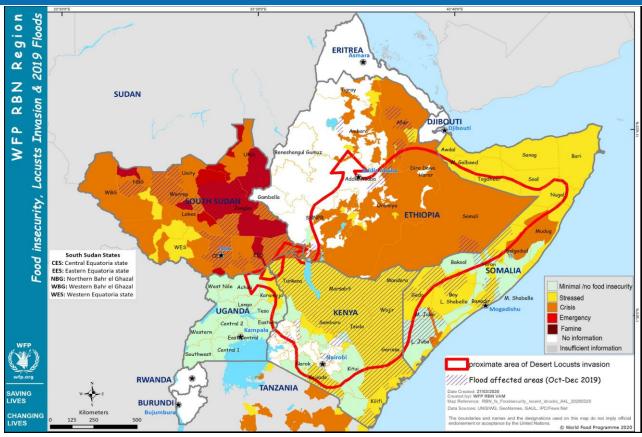
Desert locust: Since the end of 2019, the region is affected by the locust outbreak. the favourable climatic conditions and abundant vegetation resulting from the above-average rains allowed for the breeding and spread of the desert locusts from end of 2019. While overall impacts of invasion have so far been minimal and localised, it is there is potential danger to crop production in 2020 as breeding and spread of locust continues.

Conflict: The region is also affected by conflict and instability in South Sudan, Burundi and parts of Somalia and Ethiopia where millions of people have been pushed into neighbouring countries as refugees or are internally displaced (IDPs). It is estimated that the region hosts over 3 million refugees and over 6 million IDPs (UNHCR, March 2020). Given the limited agriculture and livelihood opportunities, they remain dependent on humanitarian assistance to meet their minimum food needs, which increases their vulnerability to food insecurity.



¹⁰ https://en.wikipedia.org/wiki/2011_East_Africa_drought

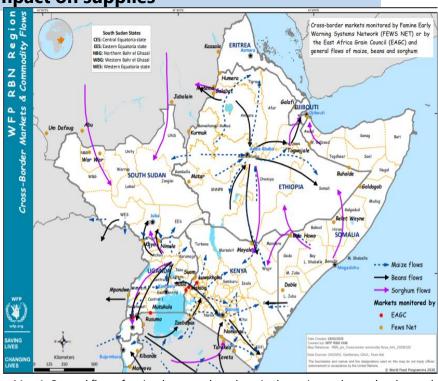
¹¹ https://reliefweb.int/sites/reliefweb.int/files/resources/ROSEA_20200117_EasternAfrica_Flood_Snapshot_Jan2020_def.pdf



Map 3: IPC acute food insecurity and areas affected by floods and desert locus

Regional trade dynamics and impact on supplies

Regional cross border trade is vital to ensuring sufficient cereal supplies across to food deficit countries (Burundi, Djibouti, Eritrea, Kenya, Rwanda and South Sudan). Tanzania and Uganda, the main breadbaskets for maize, sorghum, beans and rice, export food to Kenya, Rwanda, Burundi and South Sudan. Sudan has traditionally been the main exporter of sorghum to South Sudan, but this has progressively reduced, overtaken by Uganda. Somalia exports some sorghum to Ethiopia. Somalia, Djibouti and Eritrea import the bulk of their food from the rest of the world. Even though Governments in the region have not prohibited cross-border trade, restrictions on labourers and movement of people across the different borders has reduced trade flows and volumes. Moving goods across the border from Tanzania (northern Tanzania) to Kenya has experienced some challenges in the past two weeks resulting in delays and increased cost of fumigation.



Map 4: General flow of maize, beans and sorghum in the region and cross-border markets monitored

Officials in different borders are interpreting and implementing the central government directives differently. In Rwanda, the two-week countrywide lockdown effective midnight March 21 restricts non-essential movements outside homes and suspension of domestic travel between cities and districts will reduce in-country trade flows and movement of food from the borders. Kenya has also ordered a countrywide night curfew banning all movement by persons except those offering essential services. Uganda, Sudan and South Sudan have closed their borders to passenger planes, buses, mini-buses, salon cars or boda-bodas/ bicycle riders and pedestrians except for cargo, relief and emergency planes and trucks.

Similarly, Djibouti and Somalia have suspended all commercial flights. Reduced cargo arrival in Mombasa and Dar es Salaam is expected in the coming weeks as international shipping lines will likely delay or cancel cargo freight due to the worldwide panic caused by the COVID 19 Virus - the effects will reverberate across the region as these two ports are the lifeline for imports from the rest of the world into land-locked Uganda, Rwanda, Burundi and South Sudan. South Sudan faces a further challenge since it is less self-reliant and depends on the imports and humanitarian assistance for significant proportion of its needs. In-country trade monitoring in Northern Bar el Ghazal, South Sudan, reported a substantial reduction of commercial trade volumes from Sudan in the wake of border closures. Even though some of these measures are necessary and temporary, they are counterproductive to regional trade and pose a threat to the normal functioning of food supply chains and markets.

Moreover, several countries in the region are already facing macroeconomic challenges including high inflation, fuel and foreign currency shortages, which will further impact supplies.

62% 33% 32% 26% 26% 24% South SudanRwanda Burundi Uganda Kenya Ethiopia

Figure 6: Import of goods and services (% of GDP) Source: World Bank

Potential economic impacts

Impact on national economies

The economic impacts of the coronavirus outbreak will be felt significantly by countries with close links to China, Europe and Asia either through trade, investment, or the movement of people. In the region, South Sudan largely depends on export of for the national revenue, while other countries have 6 to 19% of their GDP from the exports of goods and services (Fig. 7) The indirect economic impact of the coronavirus on global economic sentiment is already reflected in falling prices of oil (by 20%) since the outbreak but largely triggered by the price war between Russia and Saudi Arabia. With lockdowns and other movement restrictions, as factories, restaurants, and shops close, COVID-19 has slowed down the demand for oil, disputing exports from South Sudan and in turn reduced government revenue and foreign exchange reserves, limiting ability to meet import obligations. South Sudan does not have alternatives to China as a buyer nor viable alternatives to oil as the economy is less diverse and highly dependent on oil revenues. This will have significant adverse impact on the economy of the country that is yet to recover from the effects of protracted conflict and the economic crisis that started in 2016. Other countries including Burundi, Somalia, Ethiopia are also facing significant macro-economic challenges - constrained fiscal resources, high inflation and weak health systems have less policy space for fiscal and monetary interventions should the outbreak become widespread, are less resilient and more vulnerable.



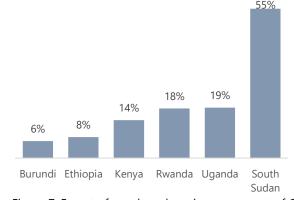


Figure 7: Export of goods and services as percent of GDP Source: World Bank

Reduced household income of urban poor and market dependant rural households

A significant proportion of the population in the region in the urban areas (Figure 8). Many of the urban poor live in dense informal settlements with poor living conditions with lack of basic services including water and sanitation and are vulnerable due to unstable unemployment as they depend on casual labour or informal jobs. They are vulnerable to high food prices and depend on daily buying of food in small quantities. The virus is likely to be catastrophic in slum areas where population density is most concentrated. Urban population whose main income comes from wages, transfers (remittances) and petty trade stand to lose these sources as the impact of the pandemic unfolds. In rural areas, a significant majority of the youth depend on daily labour and restrictions on movements will destine them to a life of desperation. Many rural markets have been or likely to be closed, thus drying up income from sale of agricultural produce and livestock for the rural households. Following the border closures, in-country and cross-border livestock movement will be affected. Reduced supplies and high cost of livestock drugs and vaccines could lead to livestock deaths. In the region, Somalia, Ethiopia, South Sudan and Kenya livestock sector will be the most impacted with movement restrictions and lock-down, leading to reduced income for traders and livestock keepers. In Rwanda, the shutdown of economic activities has severely affected people in the low income groups depending on casual labour, who are now trying leave Kigali to join their families in the villages, walking long distances as public transport have also been shut down. Countries most at risk of urban food insecurity should the pandemic spread are Djibouti, Somalia, Eritrea, Kenya and Uganda, in terms of the proportion of population affected

Potential reduction in production

All the countries in the region are currently in high gear for the first season starting in March. Should the COVID-19 Virus spread to rural areas, the highly labour-intensive agricultural sector is likely to be disrupted resulting in reduced food production. The region is already facing desert locust invasion (in Kenya, Somalia, Uganda, South Sudan) and COVID-19 outbreak will further exacerbate the situation, compromising food security currently and the subsequent season this year. This could also cause shortage or high prices of farm inputs (seeds, fertilizers and insecticides, casual labour) resulting in lower yields and reduced area under cultivation. This will further exacerbate the situation in areas which continue to be affected by the desert locust outbreak in the agricultural season. Import dependency will rise in all countries while Djibouti already depends on imports for almost all its food needs Any decreased in production would further exacerbate the situation in this region where most countries are food deficit in terms of their own production and have to relay on imports.

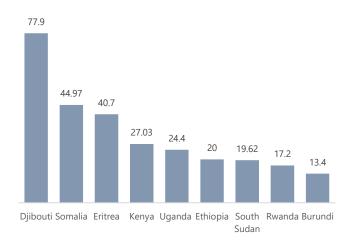


Figure 8: Percentage of population living in urban areas (Source: World Bank)



Increase in cost of food and non-food commodities

As of mid-March, cereal and pulse prices have not reacted to the COVID-19 pandemic and have been largely following seasonal trends. Maize for instance were declining in Kenya, Uganda, Ethiopia and Rwanda following last harvests but are projected to resume rising trends from April in line with seasonality. In Burundi, South Sudan, Sudan and Ethiopia, cereal prices are expected to remain exceptionally high due to a combination of macro-economic challenges- fuel and dollar shortages; depreciation that have increased the cost of doing business.

During the 2008 global food price crisis, many countries imposed higher taxes on rice exports or banned rice exports altogether, leading to doubling of prices in the global market in six months, causing severe disruptions in rice trade leading to a food price crisis. Similarly, the reactions and fear caused by COVID-2019 (panic buying, restriction of trade and movement of people, market closures, curfew and lockdowns etc) could easily aggravate the situation, reduce market functionality and supplies, and lead to increase in food prices within a very short time. Following suspension of night travels (night curfew), many Passenger Service Vehicle (PSV) operators took advantage of the influx of passengers to adjust their fares upwards. Panic buying in Kenya has seen shoppers piling trolleys of sanitiser and staples leading to overnight increase in prices and hoarding of sanitary items. In Rwanda, price control could work in the short-run but may not be sustainable in the long-run given high cost of compliance, reduced supplies from Uganda and already high prices.

In the week of the 20^{th} March, there are reports from monitoring of traders that food prices have started increasing in Northern South Sudan (Renk , Malakal, Amiet markets). Traders in other parts of the country (Kwajok in Warrap State), have reportedly increased food prices from March 20^{th} in anticipation that Uganda may close its borders. Food prices in South Sudan could quickly rise as was the case when the country devaluated its currency in 2016, since it relies heavily on food imports from Uganda.

73 72 47 47 36 27 23 Burundi Sontalia Eithea Runanda Jeanda Kenna Ethiopia

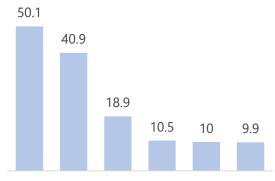
Figure 9: Working poverty rate (percentage of employed living below US\$1.90 PPP)

Source: computed by WFP from ILO Statistics

Rise in poverty and the role of social safety nets

People living below the poverty line even during normal time face challenges for their basic living. With any rise in the prices and decrease in income associated due to the impact of pandemic, they will be extremely vulnerable. Moreover, with additional number of people, particularly those in or near borderline, likely to fall into poverty, the prevalence of overall poverty is likely to increase, posing challenges to poverty alleviation efforts. Millions of workers trapped in poverty (Figure 9) who are more likely to have insecure, casual jobs are less likely to have savings to cover for additional unplanned costs or gaps in income. Paradoxically, the countries that are at most risk to trade vulnerability also have high percentages of populations in extreme poverty such as Burundi, Somalia, Eritrea, and Rwanda while at the same having lowest percentage of the population under health insurance or other forms of universal health coverage or national social protection system.

People living in or near poverty often lack disposable cash and cannot easily stockpile food nor they can afford home deliveries. As the cost of food, medicines and other supplies are expected to rise further with the spread of the pandemic, the poor will be hardest hit. Coverage of social safety nets varies among the countries in the region (Fig 10), and one entry point to deal with this would be through augmentation of such existing safety net programmes, where feasible



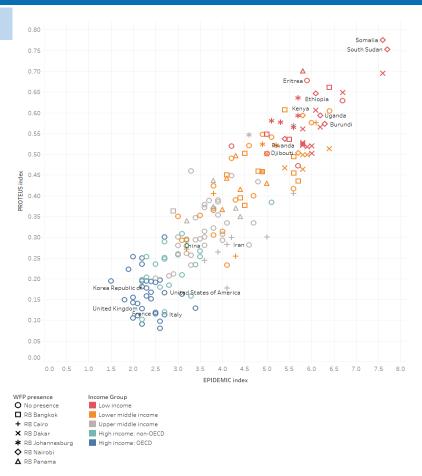
Kenya Ethiopia Uganda Burundi Djibouti Rwanda

Figure 10: Proportion of population covered by social protection systems

Epidemic risk and food security

Prior to the COVID-19 pandemic, food insecurity in the region was already alarmingly high, with over 15 million food insecure people (IPC Phase 3+). For a region which still has already suffered from the 2019 drought and subsequent floods and then the ongoing desert locust outbreak, additional public health and economic shock resulting from the COVID-19 crisis, could have serious implications on already critical hunger and malnutrition situation. Countries with high levels of food insecurity are generally more vulnerable and less prepared for an epidemic outbreak than those which see a rapid spread of the disease at present. The joint WHO-JRC Epidemic Risk Index, which measures risk based on hazard, exposure, vulnerability and coping capacity is higher for countries with a higher score for the Proteus index of food insecurity. Thus, these countries would likely see higher mortality rates. Thus, as seen from Figure 11, which shows countries in terms of epidemic risk and proteus composite index, Somalia and South Sudan are most vulnerable (with highest values for both proteus index as well as epidemic index), while other countries in the region are also generally very vulnerable compared to countries in rest of the world.

Proteus composite index measures food insecurity in 185 countries over 28 years; the index tracks a country's state of food security and captures sudden onset crises.



Focus: who are the the most vulnerable?



COVID-19 pandemic is one of the most serious challenges faces by humanity in recent times, and is affecting all countries and all sections of the society. If the pandemic spreads widely, it will have devastating effect in the region affecting everybody. However, the following groups of people will be the one likely to be most vulnerable.

Among the different regions of the world, East Africa region has the largest concentration of people facing hunger and malnutrition. As per the Global Report on Food Crises in 2019, countries in this region have 22% of the total global population facing acute hunger, while it has only 3% of the global population. There are 15.4 million people in the region facing acute hunger (IPC phase 3 or worse), which will be highly vulnerable to any adverse impact of the Covid-19 outbreak. Currently, there are 15.4 million facing acute food insecurity in Ethiopia, South Sudan, Somalia and Kenya.

The region has a large number of populations displaced from conflict, which includes 3 million refugees and over 6 million IDPs as of March 2020. These are among those facing acute food insecurity, are highly vulnerable to the pandemic due to their living conditions and limited or no livelihood alternatives and have to rely on humanitarian assistance for their survival.

The elderly and those who have pre-existing chronic health conditions, will be very vulnerable as the fatality rate from COVID-19 has been highest for this group in other parts of the world. The situation for such people will be particularly critical given the poor health facilities in the region

Millions of children are now out of school and thus deprived of their precious learning opportunities, and also the school meals. With the further spread of the outbreak, these children are likely to be seriously affected in terms of their learning, access to nutritious school meals and psychosocial impact. As of now, an estimated 4.8 million children are currently missing school meals in the 7 countries in this region where schools are closed. Among these one million children are WFP supported; 3.7 million are government supported; and 52,000 are supported by other partners.

People with low income living in dense urban areas depending on informal, casual work are highly vulnerable to risk the of COVID-19, as well as food insecurity due to likely loss of income and rise in price of food and other essential needs.

Among the rural populations, people with little income who depend on wage labour, with little or no land or livestock, and dependant on markets for their food needs could also be highly vulnerable, particularly if the outbreak also spreads to rural areas.

Things to monitor



The Covid-19 pandemic has shown widespread, unprecedented impact globally, and being a new phenomenon, it is not precisely clear how things will evolve in the weeks and months or year ahead. Therefore, it is important to monitor the situation closely. Following are the key issues that needs close monitoring: Unprecedented

- Spread of the pandemic in terms of geographic spread and populations affected
- Impact on trade: both international as well as domestic trade and supplies
- Markets and prices of food and other essential commodities
- Impact on livelihoods: any loss of employment or income opportunities, particularly for the urban poor.
- Agriculture and livestock as the cropping season approaches, it is important to monitor how the agriculture sector performs, and the livestock in terms of livestock health and trade
- Performance of the season for the approaching agricultural season
- Any further spread or containment of the Desert Locust
- National government and local government policies for trade and movement, economic and financial measures and policies in supporting the affected populations



For further information:

krishna.pahari@wfp.org
kennedy.nanga@wfp.org
zaccheus.ndirima@wfp.org
marianne.jensby@wfp.org