 United Nations Department of Public Information

AfricaRenewal

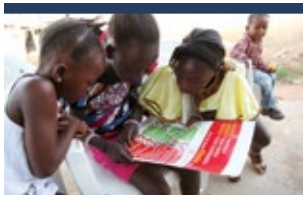
December 2014

www.un.org/africarenewal

**Improving maternal
health in Africa**

**Sustainable Development
Goals promise for Africa**

**SPECIAL COVERAGE ON EBOLA:
How people's lives are changing**



10 SPECIAL FEATURE

EBOLA

Ebola: A wake-up call for leaders

- 12 Ebola: Fighting a deadly virus
- 14 Liberians say 'no' to hugs and handshakes to keep Ebola at bay
- 15 Ebola disruption could spark new food crisis
- 16 Ebola Infographic: Facts & Figures
- 17 Ebola threatens economic gains in affected countries
- 18 Interview: David Nabarro, UN Special Envoy on Ebola

ALSO IN THIS ISSUE

- 5 Improving maternal health in Africa
- 6 Financing Africa's massive projects
- 8 West Africa: New railway network to boost inter-regional trade
- 22 AGOA: The US-Africa trade dilemma
- 24 African leaders laud Climate Summit
- 26 Sustainable Development Goals: New targets hold promise for Africa

DEPARTMENTS

- 3 Watch
- 29 Wired
- 30 Appointments
- 31 Books

Cover photo: *A baby and her mother in Niger.* UNICEF/Nyani Quarmyne

Africa Renewal is published in English and French by the Strategic Communications Division of the United Nations Department of Public Information. Its contents do not necessarily reflect the views of the United Nations or the publication's supporting

organizations. Articles from this magazine may be freely reprinted, with attribution to the author and to "United Nations Africa Renewal," and a copy of the reproduced article would be appreciated. Copyrighted photos may not be reproduced.



Secretary-General Ban Ki-moon attends High-Level meeting on Ebola at the World Bank. UNMEER

AfricaRenewal

Editor-in-Chief

Masimba Tafirenyika

Managing Editor

Zipporah Musau

Staff Writers

Kingsley Ighobor

Franck Kuwonu

Research & Media Liaison

Pavithra Rao

Design & Production

Paddy D. Ilos, II

Administration

Bo Li

Distribution

Atar Markman

Intern

Ying Zhao-Hiemann



Africa Renewal is published by the United Nations, New York, on recycled paper.

Address correspondence to:

The Editor, Africa Renewal
Room S-1032
United Nations, NY 10017-2513, USA,
Tel: (212) 963-6857, Fax: (212) 963-4556

E-mail: africarenewal@un.org

Subscribe to Africa Renewal

Africa Renewal offers free subscriptions to individual readers. Please send your request to Circulation at the address to the left or by e-mail to africarenewal@un.org. Institutional subscriptions are available for thirty-five US dollars, payable by international money order or a cheque in US dollars drawn on a US bank, to the "United Nations" and sent to Circulation at the address to the left.



www.un.org/africarenewal



facebook.com/africarenewal



twitter.com/africarenewal



A gas station in Brazzaville, Republic of Congo. © Alamy/MJ Photography

Encouraging signs for the Republic of Congo's economy

By Pavithra Rao

Despite a recent history of ethnic and political tensions, including a civil war over its highly-prized natural resources, the Republic of Congo's economy is set for impressive growth, according to economists. An economic forecast of 7.6% growth over the next three years will be propelled by abundant natural resources, including oil, natural gas and diamonds. Congo's growth is expected to help dent poverty in the country, which the World Bank says is about 70%.

The Republic of Congo is one of sub-Saharan Africa's top five major oil producers, according to the International Monetary Fund. Oil is the country's dominant income-generating source. In fact, in 2011, oil accounted for nearly 80% of the country's total revenue. It currently produces around 250,000 barrels of crude

per day, which is shipped to China, the European Union and the United States, according to the Global Trade Atlas, an online organization that provides information on trade statistics.

Over-reliance on a single commodity has its drawbacks, economists warn. Already, there is a decline in Congo's maturing oil fields, which will lead to a decrease in production for the short term. However, the government is moving fast to supplement this decrease by issuing new onshore and offshore exploitation licences. The U.S. Energy Information Administration states that 10 onshore and offshore oil blocks are being awarded this year. The recent drop in the international price of oil to below \$80 per barrel by last November is expected to impact negatively on Congo's oil.

In addition to the volatility in the oil industry, the World Bank says obstacles to Congo's growth include uneven distribution of resources between infrastructure and the social sectors, poor absorptive capacity in investment spending and a weak expenditure chain. Congo has also been criticised for earmarking \$60 million for the 2015 All Africa Games in Brazzaville, its capital city, despite its high poverty. The country must address these problems, first and foremost, before it can

begin to reach its potential, states the World Bank.

Even as it explores new oil sources, the World Bank also advises the Congolese government to invest heavily in infrastructure in order to boost the growth of non-extractive sectors. Overall, the bank believes the country could witness impressive economic growth in the years to come.

Stepping up efforts to end violence against women in Africa

By Ying M. Zhao-Hiemann

The International Day for the Elimination of Violence against Women observed on 25 November marks an important occasion to reflect on the current state of sexual violence in Africa.

Being one of the most severe forms of gender-based violence, sexual violence, which includes rape, gang rape and sexual slavery, is widespread in times of conflict, post-conflict and displacement.

"From Nigeria to Somalia to Mali, we are seeing a heightening of targeted violence against women, girls and their communities as extremists take control of territory," Ms. Phumzile Mlambo-Ngcuka, Executive Director of UN Women, recently told the UN Security Council.

In 2014 alone, several such incidents made international headlines. In April, 200 school girls from Chibok in northeast Nigeria were kidnapped by Boko Haram, a militant Islamist group, and have not been released to date. In November, more than 200 women and girls in Tabit, North Darfur in Sudan, were reported to have been mass raped, causing a new wave of international concern. The UN Security Council called for a thorough investigation into the incident.

"It is critical that in the process of verifying the facts that the safety of survivors is of paramount concern," said



Women in North Darfur, Sudan, march for "16 Days of Activism Against Gender-Based Violence".

UN Photo/Albert González Farran

Zainab Hawa Bangura, the UN Special Representative on Sexual Violence in Conflict.

During her earlier mission to South Sudan, Ms. Bangura was appalled by the extent of sexual violence in the country, where it is frequently used as a political tool and weapon of war.

"What I witnessed in Bentiu is the worst I have seen in my almost 30 years of dealing with this issue," said Ms. Bangura, commenting on an incident during which hundreds of civilians were massacred in April 2014 and many more were raped.

The UN has a series of initiatives to help address incidents of sexual violence in conflict, post-conflict and displacement situations, by increasing women's political participation and economic independence, as well as offering them victim counselling services.

To address the importance of gender perspectives in peace processes, UNAMID organized a Global Open Day in El Fasher on 20 November 2014. The forum brought together more than 140 women representatives from the five Darfur states to discuss the role of women in peace, urging all parties "to take special measures to protect women and girls from gender-based violence."

The women later marched to mark "16 Days of Activism against Gender-Based Violence", an annual campaign that starts on the International Day to End Violence Against Women (25 November) and ends

on Human Rights Day (1 December). The women were joined by staff members of the African Union, UNAMID and government officials.

Meanwhile, in East Africa, UN Women and the Kenya Red Cross are jointly implementing a livelihood project to help displaced Somali women in the Dadaab Refugee Camp in Kenya, helping them to earn a living through agriculture and fend for themselves. In addition, UN Women, the UN agency on gender issues, is also supporting a healing project run by the Somalia Youth Development Network to train community leaders to conduct healing forums for former rape victims in the Benadir Region.

UN Women partners with governments, UN agencies, civil society organizations and other institutions to advocate for ending violence, increase awareness of the causes and consequences of violence and build capacity of partners to prevent and respond to violence. The gender agency also supports expanding access to quality social services to survivors covering safety, shelter, health, justice and other essential services. Policy guidance helps to step up investments in prevention—the most cost-effective, long-term means to stop violence against women. ●

QUOTABLES



UN Photo/JC McIlwaine

Countries like Liberia need long-term investment to build up our health systems to prevent [Ebola] outbreaks of this scale from ever happening again. We owe it to the thousands of citizens and health workers who have so far lost their lives to be prepared.

Ellen Johnson Sirleaf, President of the Republic of Liberia

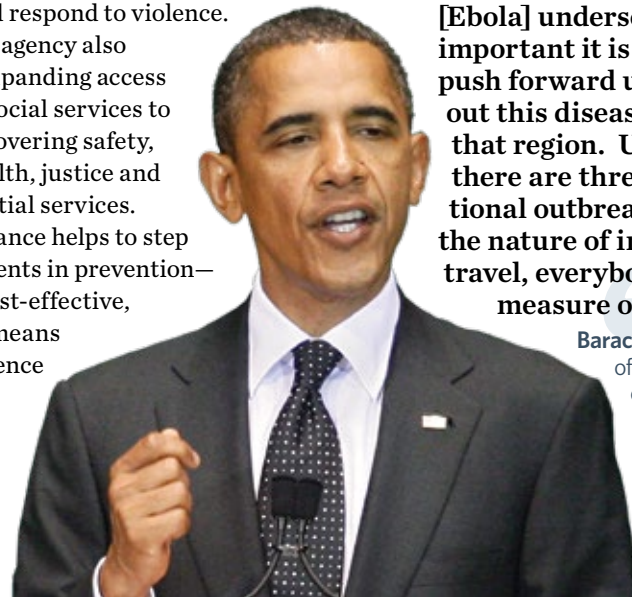
This is the beginning of the liberation of women in Kenya. It has started now and it will not stop. It must be respected. We should not be humiliated. My dress is my choice.

Diana Rose Okello, a key protester in the #MyDressMyChoice protests, held to challenge an attack on a woman wearing a miniskirt who was stripped naked in downtown Nairobi

[Ebola] underscores how important it is to continue to push forward until we stamp out this disease entirely in that region. Until we do, there are threats of additional outbreaks, and given the nature of international travel, everybody has some measure of risk."

Barack Obama, President of the United States of America

UN Photo/Ky Chung



Improving maternal health in Africa

Despite progress in some countries, many women and babies still die during childbirth in Africa

By Kingsley Ighobor



Trainee midwives demonstrating the childbirth process using a birth simulator in Kampala, Uganda.

UNFPA/Evelyn Kiapi

On 27 February 2013, four-year-old Charlotte Mmowa sued Limpopo Province health authorities in South Africa for 1.1 million rand (about \$100,000) for mishandling her own birth, during which her mother died. Months later the court agreed that the nurses and doctors who treated her mother had been negligent, and awarded Charlotte 547,000 rand (\$50,000) compensation.

In 2009, 24-year-old Matlou Mmowa delivered Charlotte without also delivering the placenta, which is abnormal. The placenta connects a foetus to the uterine wall and allows a baby in utero to feed off its mother. Ms. Mmowa bled profusely as doctors unsuccessfully tried to manually remove her placenta. The Limpopo court heard that health personnel ordered blood at 4 p.m. and that by 9 p.m., when she died, the blood had not arrived. She was badly treated, claimed Charlotte's custodian.

The bungling of Ms. Mmowa's childbirth, and the novelty of the court case,

drew attention and outrage from many South Africans. The Limpopo personnel claimed they had done their best with available resources — hinting that they might have saved the woman's life if it hadn't been necessary to drive a long distance for blood.

Poverty fuelling deaths

Africa accounts for a big chunk of global maternal deaths. In 2013 about 289,000 women worldwide died during pregnancy or childbirth, and of those deaths 62% occurred in sub-Saharan Africa, states the World Health Organization (WHO), the UN Population Fund (UNFPA), the World Bank, and the UN Population Division in their 2014 report, "Trends in Maternal Mortality: 1990 to 2013." The report adds that in 2013, the maternal mortality ratio in developing countries was 230 women per 100,000 births, versus 16 women per 100,000 in developed countries. Globally, 3 million newborns die each year and there are 2.6 million stillbirths, with

Africa accounting for more than half of both numbers.

Poverty fuels maternal mortality, experts say, which explains why death rates are higher in poor countries than in rich ones. "For mothers as well as for their infants, the risk of dying during or shortly after birth is 20% to 50% higher for the poorest...than for the richest quintile," states a report by UNICEF, the UN Children's Fund. To put this into perspective, in Chad, just 1% of the poorest pregnant women get antenatal care, compared with 48% of wealthy women.

Adolescent girls (ages 15–19) are at high risk of childbirth- and pregnancy-related complications, says WHO. "The probability that a 15-year-old woman will eventually die from a maternal cause is 1 in 3,700 in developed countries versus 1 in 160 in developing countries." For many women in many countries, no nurses and doctors are available to assist in childbirth.

A woman's pain

Ellen David, 17, of Monrovia, Liberia, did not have money for maternity bills last October when she went into labour late in the night; the clinics are not open at night, and the curfew imposed in the wake of the outbreak of the Ebola virus meant she could not have gone to any hospital even if she'd had the money. As a result, unskilled neighbours helped her to deliver in a bedroom very early in the morning. But her joy turned to sorrow when the child died hours later. By noon family members were by its grave, offering silent prayers as Ms. David sobbed uncontrollably.

"It was a harrowing experience," said Deddeh Howard, one of Ms. David's neighbours, in an interview with *Africa Renewal*. "I can only imagine how many babies and mothers we lose in this manner." Ms. Howard herself lost her baby just after giving birth in 2011. "It's an awful pain. You look to cuddle your bundle of joy and it dies. You want the ground to swallow you up." Ms. Howard is the corporate social responsibility manager for Chevron Corporation in Liberia, which is assisting Hope for Women, a local health nongovernmental organization, to provide antenatal care for adolescent girls.

The medical director of Hope for Women, Dr. Wilhelmina Jallah, says that

see page 28



An artist's impression of the Grand Ethiopian Renaissance Dam. www.grandmillenniumdam.net

Financing Africa's massive projects

Innovative bankrolling gains popularity and raises high hopes among key countries

By Kingsley Ighobor and Busani Bafana

It is an audacious \$4.8 billion project undertaken by one of the world's poorest countries. At the construction site in the Benishangul region of Ethiopia near the Sudanese border, some 8,500 workers are labouring tirelessly every day to build the gigantic Grand Ethiopian Renaissance Dam. When completed in 2017, the dam will generate 6,000 megawatts of electricity for domestic consumption and export.

On the surface, the 558 ft tall dam — Africa's biggest hydropower project — belies Ethiopia's financial muscle. The GDP per capita in Ethiopia is only \$475. The late Prime Minister Meles Zenawi, who laid the foundation stone in 2011, said the dam would be built without begging for money from donors. Since then, construction has progressed steadily using money from local taxes, donations and government bonds. Ethiopians abroad and at

home contributed the first \$350 million, with government workers contributing amounts equivalent to a month of their salaries.

Semegnew Bekele, an Ethiopian construction engineer working on the dam, told *The Guardian*, a British newspaper: "Ordinary people are building an extraordinary project." Development experts now showcase the dam as proof of an innovative approach to project financing. "Approximately \$450 million has been raised from Ethiopians to help build the dam and I think the target is probably a billion dollars," says Zemedeneh Negatu, managing partner at Ernst & Young Ethiopia, a financial consulting firm.

Ethiopians, private companies and even other countries such as Djibouti are buying bonds. In addition, the Ethiopian Electric Power Corporation, a state-owned

utility, is investing its own revenue and the money it is borrowing from state-owned banks. Economists warn that using private sector finance to pay for the dam could slow Ethiopia's economic growth in the future. But the government counters that this will be offset by selling electricity to countries in East Africa, a region with improving economic growth.

Ethiopia's recipe for financing the dam from bonds and taxes is being touted as a model for other African countries. This East African country uses a computerised system to track and collect taxes, making evasion difficult. The government regularly carries out awareness campaigns to explain taxation and publicize what collected taxes are funding such as the dam.

Dismantling tax havens

Ethiopia's financing approach, including taxes, is just one of the emerging ways of funding projects in Africa. Other countries on the continent are working towards similar initiatives. Africa currently collects about 27% of its GDP in taxes, which is insufficient to fund infrastructure such as roads, bridges, schools and hospitals.

At the Ninth African Development Forum in Marrakesh, Morocco, last October, Prime Minister José Maria Pereira Neve of Cape Verde explained that Africa could receive more tax revenues with "good governance and transparency in the management of public finances." Many of the 700 delegates at the conference, which was organized by the UN Economic Commission for Africa (ECA), including some African heads of state, private sector and civil society representatives, discussed innovative ways of financing Africa's projects. They urged African governments to laser-focus on tax havens where some multinational companies keep their money.

Tax havens, which are places where taxes are markedly low, are a part of the broader problem of illicit financial flows (IFFs) from Africa, an issue that has lately drawn scrutiny. In 2013, for instance, ActionAid, an international non-government organization focusing on poverty, launched a global campaign to stop Barclays, a British bank, from promoting tax havens in Africa. By "helping your clients set up operations in tax havens like Mauritius, you are part of a system that

is draining vital public funds out of the continent each year,” ActionAid warned the bank. Barclays denied it encourages business set-ups in tax havens.

Magnets for investors

Africa loses between \$50 billion and \$148 billion annually to IFFs, according to a 2013 ECA report titled: *The State of Governance in Africa: The Dimension of Illicit Financial Flows as a Governance Challenge*. Tracking and stopping “illicit financial flows is not just a moral imperative, it is a good input for transformative policies,” said Carlos Lopes, ECA’s executive secretary, in an interview with *Africa Renewal* held at the conference. IFFs include under-invoicing, over-pricing, double duties, disguised profits and the use of tax havens.

In tones that were at times urgent and angry, some speakers at the Marrakesh conference maintained that while Africa could still accept aid and encourage foreign direct investments, these should not be the main sources of finance. Africa’s vast natural resources such as gold, platinum, diamonds, chromite, copper, coal, cobalt, iron ore and uranium — 12% of the world’s oil reserves and arable land and forests — will continue to be magnets for investors. The rate of return on investment in Africa today, even adjusting for real and perceived risks, is higher than in any other developing region, according to an ECA report.

Private equity firms forage

Mr. Lopes is optimistic about Africa’s private sector investment prospects. “Africa might have finally found a way to whet the appetite of private equity investors,” he says, adding: “The reality is that Africa cannot rely on development aid for its transformation agenda, so its appetite is moving towards private investment and domestic resource mobilization.” The message sounds good except that, again, tax loopholes are spanners in the works. In response, Mr. Lopes is arguing for an African common market to harmonize disparate regulatory systems and discourage companies from exploiting both the loopholes and the tax havens.

Private equity funding, which is when rich individuals or institutions inject capital into a company and acquire equity ownership, can be lifelines for companies gasping for cash. Yet, ten years ago, it wasn’t

even well known in Africa, according to the ECA. But in the second quarter of 2013 alone, 164 firms secured \$124 billion private equity capital, according to Preqin, a firm that tracks private equity trends.

The African Development Bank (AfDB) states that between 2010 and 2011, investment deals in Africa increased from \$890 million to \$3 billion. In 2012, institutional investors injected \$1.14 billion in Africa-focused private equity funds, according to African Private Equity and Venture Capital Association, an organization that promotes private investments in Africa. For example, Ethos Private Equity, a South African firm, alone received \$900 million from equity funds.

The AfDB has also jumped on the private equity bandwagon, launching a pan-African facility to support the development of women fund managers. Geraldine Fraser-Moleketi, the bank’s special envoy on gender, told *Africa Renewal* that the idea is about looking at “innovative policies because current models are not inclusive.” Africa’s approximately one billion population and a combined consumer spending power that will rise to over \$1.3 trillion by 2020, according to McKinsey, a global management consulting firm, makes the continent a tantalizing prospect for private equity funders.

Pension funds pool money from workers to be paid upon retirement and are particularly useful for long-term investments. During tough financial times, pension funds can be handy to augment infrastructure expenditure, financial experts believe. David Ashiagbor, a consultant with the AfDB’s “Making Finance Work for Africa” project, says Africa’s pension funds currently hold \$380 billion in assets, thanks to a decade

of economic growth. Even then, only very few countries, including South Africa, have pension systems that are broad-based, relatively transparent and protect beneficiary rights. Another problem is that many pension funds lack credibility due to poor services to beneficiaries and mismanagement of funds, according to 27four, a South African firm that consults on managing retirement funds. Consequently, not every African country can rely on pension funds for projects.

Growing investments at home

Despite Africa’s socioeconomic challenges, Mr. Lopes remains optimistic. “I am also a realist,” he says, identifying three megatrends in Africa’s favour. “The first is the demographic one. It is true the rest of the world is aging and Africa is getting younger. The second is the hard commodities in Africa once you take out oil and gas. The third is Africa’s reservoir of productivity through unused arable land.”

Cristina Duarte, Cape Verde’s finance and planning minister, who has announced her candidacy for the AfDB’s presidency, says Africa must keep trying to grow investment at home, adding: “How can we convince others to invest in our continent and in our development if we are not doing the same to the full extent of our ability?” Still, the current project financing picture in Africa is mixed: Ethiopia’s fast-moving dam construction is a success story compared with a trans-West African highway that is yet to be completed 40 years after it was conceived. At the Marrakesh Development Forum, however, the palpable feeling was that Africa is entering a new dawn of innovative financing. 🇳🇵

THE GRAND ETHIOPIAN RENAISSANCE DAM

Africa’s biggest hydropower project



**US4.8
Billion**

the cost of the dam



**85,000
Workers**

building the dam



**6,000
Megawatts**

power to be generated

West Africa: New railway network aims to boost inter-regional trade

Rail to link Benin, Burkina Faso, Côte d'Ivoire, Ghana, Niger, Nigeria and Togo

By Franck Kuwonu

On the dual carriageway linking the main airport to downtown Niamey, the capital of Niger, workers are busy digging trenches in the middle of the island separating the lanes, and laying tracks where rows of lampposts once stood. They are racing against the clock to build a thousand-kilometre stretch of a regional network that will connect Niamey to the West African seaport of Cotonou, Benin. The project is expected to be completed by the end of 2015.

"We've waited so long for the train to arrive," quipped Nigerien president Mohamadou Issoufou as he ushered his counterparts from Benin and Togo into a brand-new carriage on a muggy day in April 2014. The symbolic ride lasted for only a few minutes. "History is in the making," said President Issoufou.

Building a railroad network along the West African coast from Abidjan in Côte d'Ivoire to Lomé in Togo has been talked about for years. The network is expected to boost trade among Benin, Burkina Faso, Côte d'Ivoire, Niger and Togo. After several delays, the project is now firmly back on track following the decision by the exclusively francophone Conseil de l'Entente (Council of Accord), the oldest West African subregional cooperation forum, to start construction. Niger and Benin started working on their stretch of the project in April, to be followed by Burkina Faso and Togo shortly thereafter.

Surface transport slow

Landlocked Niger depends on its neighbours' seaports and road infrastructure to move its exports and imports. Much of its international trade is conducted through Cotonou and Lomé seaports.

Until recently, road transit across the region has been unreliable. The situation, however, is improving gradually as international trade corridors are being rehabilitated and many police checkpoints



Workers lay rails at a train station outside Niamey, Niger. © Ado Youssouf

that were slowing down traffic and being used to solicit bribes have been removed. Yet even in those improved conditions, a private car could take up to 18 hours to travel the 1,050-km trip from Niamey to Cotonou. For freight transport, travel times are even longer; drivers could spend up to three or four days on the road.

A 2011 study of infrastructure within the Economic Community of West African States (ECOWAS) region found that road freight across the West African region moves at an average of 9.6 km per hour, almost half the average velocity in southern Africa. The study, which was done by the World Bank's Africa Infrastructure Country Diagnostic (AICD), a project that examines physical infrastructure in Africa, also found surface transport to be more expensive than in the rest of Africa and other developing countries. It costs US\$0.08 per kilometre to move one tonne of freight, twice the average cost in the rest of the developing world.

The projected regional railroad network is expected to speed up transit times for freight and reduce the prices of consumer goods for landlocked Sahelian countries such as Burkina Faso and Niger because most imported goods will be shipped by train. Those countries are also expecting the regional railroad network to boost their exports of natural resources.

Network to speed up transit time

Niger's mineral resources contribute a very small amount to its gross domestic product (GDP), although they represent more than three-quarters of its total exports. According to Oxfam International, a UK-based charity, Niger's uranium exports, which constituted 71% of the country's total exports in 2010, contributed a paltry 5.8% to its GDP.

Over the next decade, however, the government hopes to quadruple the revenue from uranium. Authorities recognize that reducing production costs is key to maximising profits and tax advantages.

This will entail shifting to moving uranium ore to the Cotonou seaport by rail wagons, rather than trucking it over the 2,000 km from the Northern Agadez region.

A 2013 study by Conseil de l'Entente projects mineral exports for the entire region will rise from 109,200 tonnes per year over the 2012–2020 period to 3.4 million tonnes per year over the 2020–2030 period. Since shipping goods to and receiving them from Niger and Nigeria accounts for 90% of the Cotonou seaport's activities, Benin stands to gain from improved transportation infrastructure.

Not everybody in Niamey is convinced that building the transport network should be a priority. Representatives from civil society organizations went on the airwaves in May 2014 to voice their opposition to the project, arguing that Niger should spend its resources on guaranteeing food security and lifting its people out of poverty. The country is ranked last on the latest UN Development Programme Human Development Index. The government, however, has the support of the coalition of opposition parties.

"We are convinced that a rail network is very important for a landlocked country like ours. But rushing it over the first 140 km...is very surprising," said Seini Oumarou, the leader of the coalition.

Niger's general elections are scheduled to be held in early 2016. Mr. Oumarou suspects authorities of being influenced by "political expediency," as President

Issoufou has vowed to ride the train to the events commemorating Nigerien independence on 18 December.

Exploring innovative financing

The new tracks being laid from Niamey will connect to an existing sub-network in neighbouring Benin. That segment is part of a bigger West African rail track project that will loop back to Abidjan with the addition of a coastal rail line running through Cotonou (Benin), Badagry (Nigeria), Lomé (Togo) and Accra (Ghana).

Experts estimate that the Niger-Benin section will cost \$1.6 billion, a sum that has long deterred investors. Governments

“We’ve waited for so long for the train to arrive. History is in the making.”

have now started exploring innovative financing alternatives. Because of the economic potential of these projects and Africa's expected growth over the coming years, regional authorities are eager to let private investors take control of the "strategic infrastructure" for as long as necessary to recoup their initial investments and make profits. They are inviting the private sector to invest under build, operate and transfer (BOT) arrangements. Under such an arrangement, private companies build and initially operate the infrastructure, then hand over operations and ownership to the government.


Bolloré Africa Logistics (BAL), the French company that has been awarded the Niger-Benin contract, currently operates public service concessions in Côte d'Ivoire and Burkina Faso through a subsidiary, the Société Internationale de Transport Africain par Rail.

Once the coastal rail line is completed, the whole network will be 3,000 km with 1,200 km of new track, in addition to the existing 1,800, which are to be rehabilitated. Other countries in the region are looking at similar BOT arrangements. Leaders from Benin, Côte d'Ivoire, Ghana, Nigeria, and Togo recently called on both BAL and Pan-African Minerals, a UK-based mining company, to finance the coastal rail line linking Côte d'Ivoire to Nigeria. The projected cost for this rail project is about \$58.9 billion.

Since 2009, ECOWAS has been pushing for interconnection of the rail networks that exist in 11 of its 15 member states. But unlike in Southern Africa, where intra-regional rail networks are well developed and integrated, in West Africa the rail systems are mostly fragmented and operate on three different rail gauges (widths). Most francophone countries' rails are 1,000 mm wide, but Ghanaian and Nigerian rails are 1,067 mm wide, while Guinea and Liberia use the standard 1,435 mm width. The coastal rail line project carries hope for the entire region, in part because its completion would demonstrate that once-insurmountable technical challenges can be overcome. 🇳🇬





THE PROPOSED RAILROAD IN WEST AFRICA

Cost of network to link Benin, Burkina Faso, Côte d'Ivoire, Ghana, Niger, Nigeria and Togo

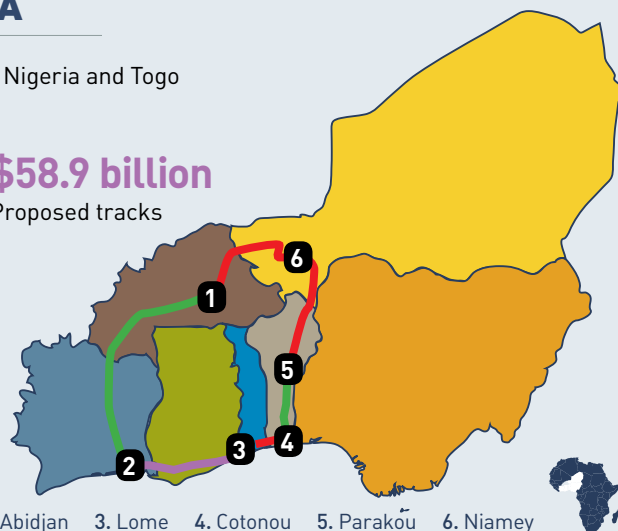
 **\$1.6 billion**
New tracks

 **\$0**
Existing tracks

 **\$58.9 billion**
Proposed tracks

-  Ghana
-  Côte d'Ivoire
-  Benin
-  Burkina Faso
-  Nigeria
-  Togo
-  Niger

 **3,000**
Kilometres
Total length of tracks



1. Ouagadougou 2. Abidjan 3. Lome 4. Cotonou 5. Parakou 6. Niamey

The outbreak of Ebola, one of the most feared diseases in recent times, in Liberia, Guinea and Sierra Leone caught the world completely unprepared. The pandemic has killed thousands of people, with implications far beyond the borders of the affected countries.



EBOLA

Girls in Voinjama, Liberia, look at a poster that displays information on Ebola. © UNICEF/Liberia/Jallanzo

Ebola: A wake-up call for leaders

Disease exposes the weaknesses of neglected healthcare systems

By Masimba Tafirenyika

The recent outbreak of the Ebola virus epidemic in Guinea, Liberia and Sierra Leone has exposed the underbelly of many of Africa's healthcare systems. They are often poorly funded, severely neglected and in some cases virtually nonexistent. The disease's virulence has overwhelmed health systems that even before Ebola lacked basic equipment and facilities, medical staff and supporting infrastructure.

Ebola has shaken and awakened decision-makers in a way that malaria, tuberculosis and other epidemic diseases that claim millions of lives in Africa each year have failed to do, with the possible exception of HIV/AIDS.

As fate would have it, the epicenter of the virus is in countries that are among the world's poorest, although in 2013 Sierra Leone and Liberia ranked second and sixth among the top 10 countries with the highest economic growth rates in the world, according to The Brookings Institution, a US think tank. As reported by *The New York Times*, "The disintegration of the health care systems in the affected countries is already having a profound impact on the populations' health beyond Ebola, as clinics close or become overwhelmed or nonfunctional." To exacerbate the situation, these health systems, including the general infrastructure, were wrecked by internal conflicts and civil wars to the point where

they now struggle to provide basic health care to citizens.

A wake-up call

Although the years of conflicts in West Africa are still being felt, this does not solely explain the devastation brought by the Ebola virus. Graça Machel, the widow of former South African President Nelson Mandela, said the Ebola outbreak should be a wake-up call for African leaders. "Ebola has exposed the extreme weaknesses of our institutions as governments, countries which are affected were found totally unprepared," she told African business leaders in November 2014 at a meeting in South Africa.

The prognosis for the affected countries, which now include Mali, is even more dire. In an editorial in *The New England Journal of Medicine*, Dr. Jeremy J. Farrar of the Wellcome Trust, a charity that funds research in health, and Dr. Peter Piot of the London School of Hygiene and Tropical Medicine, who helped discover the Ebola virus in 1976, write: “West Africa will see much more suffering and many more deaths during childbirth and from malaria, tuberculosis, HIV/AIDS, enteric and respiratory illnesses, diabetes, cancer, cardiovascular disease, and mental health during and after the Ebola epidemic.” They warn of “a very real danger of a complete breakdown in civic society, as desperate communities understandably lose faith in the established systems,” adding that “without a more effective, all-out effort, Ebola could become endemic in West Africa, which could, in turn, become a reservoir for the virus’s spread to other parts of Africa and beyond.”

Back in 2001, African health ministers signed on to the Abuja Declaration pledging to allocate at least 15% of their national budgets towards improving their health systems. According to the World Health Organization (WHO), a decade after the declaration was signed, 27 countries had increased the proportion of their total government expenditures allocated to health, but only Rwanda and South Africa had achieved the 15% target. More depressingly, seven countries had actually reduced their health budget over the same period, and 12 had not made any progress. A different scorecard

developed by the Africa Health, Human & Social Development Information Services (Afri-Dev.Info), a research coalition, showed that by 2010, the top five countries who had met the target were Rwanda (23.3%), Malawi (18.5%), Zambia (16%), Burkina Faso (15.7) and Togo (15.4%).

In 2013, Africa had an estimated deficit of 1.8 million health workers. Perhaps not surprising is the state of the health systems in the affected countries. According to Afri-Dev.Info, in 2014, with a population of 4.2 million, Liberia had only 51 doctors, 269 pharmacists, 978 nurses and midwives, while Sierra Leone, with 6 million people, had 136 doctors, 114 pharmacists and 1,017 nurses and midwives.

Slow global response

Regrettably, Ebola struck at countries whose health systems were already on their knees. This has not stopped analysts from acknowledging that the response to the outbreak was indeed weak. *Politico*, a US publication, wrote: “The response to the Ebola outbreak in West Africa will never be remembered as an example of good leadership. Not by the governments of the countries involved, not by other nations, and not by the international health organization that says it’s there to deal with public health emergencies.”

True, the world was found wanting in its response to the Ebola epidemic, but it has been the World Health Organization, the main UN health arm, that has borne the brunt of the criticism. It was faulted for taking too long to declare the outbreak

an international emergency. Indeed, it was not until August that it declared Ebola an emergency, and by that time the disease was already ravaging the affected areas. “Hindsight is always better,” said Dr. Margaret Chan, the head of WHO. “All the agencies I talked to – including the governments – all of us underestimated this unprecedented, unusual outbreak.”

To be fair, WHO has suffered from severe funding cuts in recent years. Its two-year budget for 2014-2015 is about \$4 billion, having been cut by \$1 billion in 2011, according to reports. This has crippled its effectiveness in handling global health emergencies. *The New York Times* reported that WHO’s “outbreak and emergency response units have been slashed, veterans who led previous fights against Ebola and other diseases have left, and scores of positions have been eliminated – precisely the kind of people and efforts that might have helped blunt the outbreak in West Africa before it ballooned into the worst Ebola epidemic ever recorded.” Notwithstanding, global health experts say that even if WHO had had better funding, it is neither an emergency-response network nor a direct provider of health care services, but a technical agency that provides advice and support.

The affected countries too have to shoulder some of the criticism. They waited until it was too late to request international aid. When governments are reluctant to ask for help, Sophie Delaunay, the executive

see page 20

Country Status	Country	Population (Millions) ¹	Density of Doctors ²	*Absolute No of Doctors	Density of Nurses & Midwives ²	*Absolute No of Nurses & Midwives	Density of Pharmacists ²	*Absolute No of Pharmacists
Ebola Affected Country	Liberia	4,190,000	0.1	51	2.7	978	0.8	269
Comparison Country	Croatia	4,307,000	28.4	12,490	58.0	25,485	7.0	2,972
Ebola Affected Country	Sierra Leone	5,979,000	0.2	136	1.7	1,017	0.2	114
Comparison Country	Denmark	5,598,000	34.2	18,797	160.9	88,335	NA	NA
Ebola Affected Country	Guinea	11,451,000	NA	940	NA	4,408	NA	190
Comparison Country	Cuba	11,271,000	67.2	76,506	90.5	103,014	NA	NA

¹For roughly equivalent period of data ²(Per 10,000) 2006-2013;

* (For latest year absolute figures are available - To provide context only); Figures from UNFPA, WHS 2014, and Global Health Observatory; Table by Afri-Dev.Info 2014

Ebola: Fighting a deadly virus

Weak national healthcare systems and few medical staff struggle to cope

By Sulaiman Momodu



EBOLA

A volunteer disinfecting the hospital of Tahouay in Conakry, Guinea. Afreecom/Idrissa Soumaré

The sight of an Ebola patient is frightening. Sharon Washington, an employee of Liberia's foreign ministry, got married in January this year at a colourful ceremony in the capital Monrovia. This writer attended the wedding. Later on, Mrs. Washington nursed her sister who was ill with what started as a mild fever until she got weak and started having severe muscle pain, chronic headache and sore throat. Thereafter, it was vomiting, diarrhoea, rash, impaired kidney and liver function, internal and external bleeding from all openings of the body — the eyes, mouth, and ears and finally, death. It was Ebola. Next, Mrs. Washington tested positive for the virus and, tragically, within a few days, she too passed away.

Long before the current Ebola virus outbreak, affluent citizens of the three most affected countries of Sierra Leone, Liberia and Guinea often sought medical attention abroad. While some visited premier medical facilities in Africa such as the Korle Bu Teaching Hospital in Ghana and others

in Senegal and South Africa, the wealthy travelled to Europe or the US where hospitals are even better equipped.

Because of severe shortages of doctors, nurses, other health workers, medical facilities and equipment, many people in Africa do not trust their countries' health systems. For example, with a population of about 4.2 million, Liberia has one doctor per 100,000 people, while Sierra Leone, with six million people, has two doctors per 100,000, according to the World Health Organization (WHO).

Africa's healthcare systems

To put this into perspective, consider that Cuba, with a population of about 11 million, has about 600 doctors per every 100,000 people. The dire constraints of Africa's healthcare systems coupled with crowded urban centres, explain why the Ebola virus disease, which first broke out in Guinea's Guéckédou area in March 2014, quickly spread to Liberia and Sierra Leone.

According to the WHO, the mortality rate of the current Ebola outbreak is 55% and by early November 2014, more than 5,000 had died of the virus. Ebola is spread through human-to-human transmission via direct contact (through broken skin or mucous membranes) with the blood, secretions, organs or other bodily fluids of infected people, and with surfaces and materials (e.g. bedding, clothing) contaminated with these fluids. The incubation period for the virus from infection to the onset of symptoms is 2 to 21 days. Humans are not infectious until they develop symptoms. Patients can die within days or after a few weeks of symptoms.

In the three countries severely hit by Ebola, masked health workers in biohazard suits can be seen everywhere. Ambulance sirens blare through the main streets, carrying critically ill Ebola patients; newspapers carry banner headlines on Ebola daily; radio and television stations and social media focus on the disease. Billboards carry messages such as "Ebola is real," "Don't eat bush meat," "Don't touch the sick," "Don't

touch the dead.” Nobody trusts anybody. No more handshakes, hugs or kisses — even on the cheek. People are now getting accustomed to the ritual of hand washing in chlorine-treated water. Most offices use thermometers to check workers’ and customers’ body temperatures for fever. And fever these days — any fever — is considered Ebola-related.

Why it spread so fast

“The health systems in our countries are very weak,” admitted Tolbert G. Nyenswah, Liberia’s Assistant Minister for Preventive Services, in an interview with *Africa Renewal*. Mr. Nyenswah chairs the National Ebola Incident Management System, established by the government to tackle the disease. Across the border in Sierra Leone, things are the same.

Ebola exposed the inadequacies of the region’s health systems. Medical services in Sierra Leone and Liberia lack good laboratory facilities and cannot detect some medical conditions in their early stages. Often times, diagnosis is done when it is too late for treatment, say medical authorities. “This dreadful virus has overtaken our public health facilities and capabilities,” said Liberian President Ellen Johnson Sirleaf. Good Governance Initiative, an NGO headed by former British Prime Minister Tony Blair, reported in November that 12 persons were dying from the disease every day in the affected countries.

Sierra Leone and Liberia fought brutal civil wars, which ended in 2002 and 2003 respectively, while Guinea has struggled with security issues, including military coups. The wars and insecurities decimated social infrastructure in these countries. Sierra Leonean Minister of Health Abubakarr Fofana acknowledges that the region’s health systems need total rehabilitation.

Acute shortage of personal protective equipment and little or no incentives for frontline health workers did not help matters initially. Dozens of health workers died after contracting the virus while treating patients. Some infected foreign doctors and other humanitarian workers were flown back to their countries for better treatment. Government took a few missteps such as quarantining the densely populated West Point neighbourhood in Monrovia, a move protested by angry residents.

Lack of basic information about the virus and prevention methods contributed to its spread. From the outset, Guineans doubted that the virus existed and even attacked Médecins Sans Frontières (MSF) workers, accusing the humanitarian health aid organization of bringing a strange disease to their country. In September, Guineans killed eight journalists and aid workers in a village school near Nzérékoré, south-eastern Guinea, and dumped their bodies in a septic tank.

In Liberia, angry youths looted an Ebola centre in August in Monrovia’s West Point, carting away items including blood-stained mattresses. With the virus breaking in Kailahun, in eastern Sierra Leone that is also an opposition stronghold, Sierra Leoneans initially accused the ruling party of attempting to decimate the opposition. Also, fear of stigmatization dissuades many from going to hospitals and they are also afraid they might contract the virus there.

4.2mn population

Liberia has one doctor per 100,000 people

While previous outbreaks in the Democratic Republic of the Congo and Uganda were in rural areas, the current outbreak in West Africa found its way into populated urban communities. Traditional practices such as burial rituals and caring for the sick at home contributed to its spread.

Stemming the outbreak

For their part, the three most stricken countries are making frantic efforts to contain the virus. They have declared states of emergency, quarantined towns and villages and imposed curfews. “Anything and everything is being done to halt the spread of the virus,” says Liberia’s Information Minister Lewis Brown. Sierra Leone’s President Ernest Bai Koroma adds, “These are extraordinary times, and extraordinary times require extraordinary measures.”

International response has also been gaining strength. The UN established an Ebola Emergency Response Mission based Accra, Ghana, in late September – the first such for any disease by the global body. WHO director Margaret Chan appealed for

greater international aid, including US\$1 billion to limit its spread. While WHO estimates that the outbreak could potentially infect more than 20,000 people, the US Centers for Disease Control and Prevention warned of a nightmare scenario that could result in up to 1.4 million infections by January 2015. “This is an epidemic that is not just a threat to regional security, it’s a potential threat to global security,” said US President Barack Obama.

How Nigeria tamed the virus

Nevertheless, there have been some victories in the Ebola battle. Nigeria and Senegal have contained the virus. The *Washington Post*, a US newspaper, referred to Nigeria’s efforts as “an example of hope.”

How did Nigeria do it? Once Patrick Sawyer, a visiting Liberian-American diplomat, was confirmed as having the Ebola virus in Lagos, Nigeria’s city of 17 million people, the diagnosing doctor kept him in the hospital despite his protests and that of his government. Officials tracked the 281 persons with whom he might have had contact.

The diagnosing doctor, Ameyo Adadevoh, later died of the disease herself. Airport staff was unprepared and the government had not set up any hospital isolation unit, so he was able to infect several people, including health workers in the hospital where he was taken, some of whom had to restrain him to keep him there. Even when the virus found its way to the oil hub of Port Harcourt in the southeast, authorities were able to quickly contain it, an example WHO said others should be able to follow.

Health authorities in Nigeria saturated the media with information on Ebola. The country employed a ‘whole community approach,’ in which everyone, from military personnel to church leaders — who had received detailed briefing from health officials — educated grassroots Nigerians on the virus. Nigerians also actively used social media to disseminate Ebola-related messages. Another key strategy was that authorities and citizens celebrated the doctors, nurses and others who gave their lives to the struggle

As the Ebola virus continues to spark fears globally, the world is hoping for a vaccine and for aggressive, concerted efforts to contain the virus’ spread, as well as improved health systems in Africa. 🦋

Liberians say 'no' to big hugs and handshakes to keep Ebola at bay



Liberia's President Ellen Johnson Sirleaf, right, and U.S. Ambassador to the United Nations Samantha Power give each other the 'Ebola handshake' at a news conference in Monrovia. AP/Abbas Dulleh

By **Franck Kuwonu** and **Lisa White***

At the entrances to private and public buildings in Monrovia, Liberia's capital, a new custom has emerged since the outbreak of the Ebola virus: visitors wash their hands upon entering and exiting. Tap buckets conveniently placed in hallways dispense a mixture of water and chlorine or bleach from which people wash their hands.

Gone are some of Liberians' endearing social rituals such as a kiss on the cheek, friendly hugs or handshakes, or warm embraces between parents and children. Since the Ebola outbreak, authorities have been advising the public to be more hygienic, including frequent washing of

hands and avoiding physical contact with bodily fluids from the sick or dead bodies.

Traditional family care practices and burial rituals that involve close contact with an infected body have contributed to the rapid spread of the disease. Customarily, Liberians wash, clean and dress the remains of their loved ones before interment.

People have also been warned against eating game meat, what Liberians call bush meat. In rural areas, bush meat is an important source of protein and income for hunters. Communities are being compelled to change their diets. Experts believe fruit bats are the carriers of the virus.

Ebola has changed the way people relate to each other at home and at work. ●

*Lisa White works for the UN Mission in Liberia.

Various strains of Ebola virus

By **Yemisi Akinbobola**

The first case of Ebola was reported in August 1976 in the Yambuku District of Zaire, now the Democratic Republic of the

Congo (DRC), by Dr. Peter Piot, a Belgian microbiologist, who currently heads the London School of Hygiene and Tropical Medicine, and a team of infectious disease experts. The outbreak occurred near the Ebola River, earning the virus its name.

A second outbreak, called Sudan ebolavirus, occurred in Sudan between June and November 1976. While the spread of the earlier virus was contained within a 70km radius of

Yambuku, the Sudan ebolavirus spread across four towns – Nzara and Maridi, which saw the most cases, and Tembura and Juba.

A 1978 report by the World Health Organisation (WHO) states that the 1976 Zaire ebolavirus, in which 318 people were infected and 280 died, began at the Yakubu Mission Hospital after a patient was treated for what was then thought to be malaria. Eleven out of the 17 hospital staff died in that outbreak.

Though the Ebola virus strains in the DRC and Sudan are the most common, there are three others: Reston virus (which is not infectious to humans), Tai Forest virus and Bundibugyo virus. The Zaire strain, which has up to 90% fatality rate, is the one currently ravaging Guinea, Liberia and Sierra Leone, where more than 6,000 people have died, as of December 2014.

In November, there was another unrelated Ebola outbreak in the DRC, where a pregnant woman was infected after eating bush meat. About 67 cases and 49 deaths were reported in the DRC as of November 2014. The death toll in the DRC from all prior outbreaks combined stands at more than 1,590. ●

SARS: Lessons from another deadly virus

By **Bo Li**

The first case of the Severe Acute Respiratory Syndrome was reported in mid-December 2002 in Foshan, Guangdong Province. At the time, the World Health Organization described it as the first severe transmissible disease of the 21st century and its origin, symptoms, effects and treatment were hardly understood. Within a short period, SARS spread rapidly to densely populated areas in mainland China, Hong Kong, Hanoi in Vietnam, Singapore and Toronto, Canada.

Initially, there was a perception that China was unprepared to cope with a serious public health threat such as SARS. The virus was being spread from person to person, primarily from respiratory droplets produced when an infected person coughs or sneezes. As a result, schools, shops, restaurants and other public places were closed.

China's handling of the SARS outbreak holds lessons for the Ebola epidemic in Africa. After some initial problems in handling the disease, China's health ministry later made fighting SARS a priority. The government instituted a centralized emergency response system led by the Beijing municipal government. The unified system significantly improved efficiency of data collection and communication among hospitals. Provincial governments were requested to ensure accuracy of information reported and timely implementation of detection, isolation, contact tracing and surveillance measures.

Some hospitals were designated exclusive centres for treating SARS patients. Other hospitals had isolated areas for suspected patients. Once a case was detected, quarantine and contact tracing were immediately instituted. Hospitals were directed not to turn away any SARS patients. Top Chinese scientists, epidemiologists and clinicians were recruited to study and treat the disease and to design educational materials for the general public.

The public had unrestricted access to SARS-related information, which helped reduce panic. SARS was categorized as a reportable disease, meaning that all provinces were obligated to report new infections and deaths with "no delay, cover-up or missing cases." Health officials released timely and accurate information during televised press conferences. The government, medical experts and the media joined forces to educate the public on the symptoms of SARS, its preventive methods and reporting channels. Eventually, the battle against SARS was won. ●

“SARS was categorized as a reportable disease, meaning that all provinces were obligated to report new infections and deaths with no delay, cover-up or missing cases.”



EBOLA

Women harvesting rice in Carysburg, Liberia. © Panos/Aubrey Wade

Ebola disruption could spark fresh food crisis

Food prices skyrocket as farmers abandon farms

By Franck Kuwonu

As Guinea, Liberia and Sierra Leone battle the deadly Ebola virus outbreak and the world mobilizes to contain it, high food prices have been reported as farmers abandon their fields in the affected countries.

The International Fund for Agriculture Development (IFAD), a UN body that finances agriculture in poor countries, has warned that this could lead to a food crisis if adequate measures are not taken quickly to safeguard agricultural production.

As early as September 2014, the Liberian government reported that large parts of the rice crop could not be harvested in the central, northern and western parts of the country because of shortages of labour. Yet, local communities were not allowing farm workers to be hired from outside the country for fear they would bring the Ebola virus.

“In Sierra Leone, we have information that up to 40% of farms in the hardest-hit

areas have been abandoned,” IFAD President Kanayo F. Nwanze told *Africa Renewal*. In Guinea, similar disruptions in population movements have had “devastating effects on food production and exports”. In the Fouta Jalon region of Guinea, for example, Mr. Nwanze pointed out that potato exports to Senegal dropped to 22 tonnes from 250 tonnes the previous year.

As a result of these disruptions, including restrictions of movements in food production areas, wholesale prices on distribution markets have plummeted while retail prices have skyrocketed on local markets. “In August, the wholesale price of a kilogramme of potatoes fell from 3,500 to 200 Guinean francs,” Mr. Nwanze said.

In Liberia, wholesale food prices started falling in mid-September in major markets in the capital Monrovia, according to the

see page 21

EBOLA: FACTS & FIGURES

Ebola virus disease (formerly known as Ebola haemorrhagic fever) is a severe, often fatal illness, with a death rate of up to 90%. The illness affects humans and nonhuman primates (monkeys, gorillas, and chimpanzees). Ebola first appeared in 1976 in two simultaneous outbreaks, one in a village near the Ebola River in the Democratic Republic of the Congo, and the other in a remote area of Sudan. The origin of the virus is unknown but fruit bats (Pteropodidae) are considered the likely host of the Ebola virus, based on available evidence.

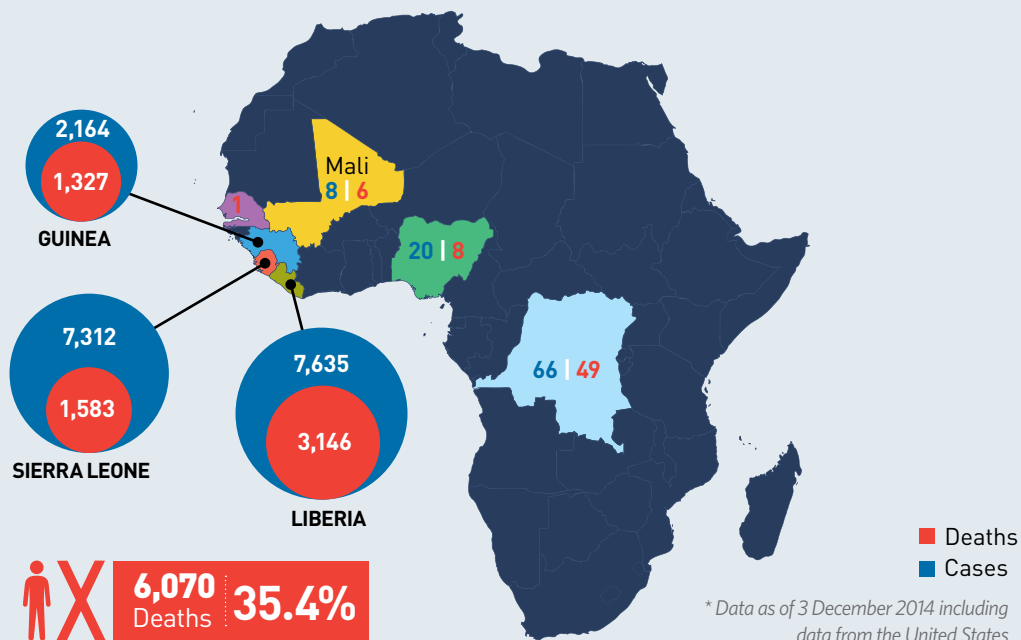
17,145*

is the number of reported confirmed, probable and suspected cases of the Ebola virus disease.

OTHER COUNTRIES

These countries have been declared Ebola-free

- Congo
- Nigeria
- Senegal



SYMPTOMS



Fever, weakness, muscle pain, headache, and sore throat; followed by vomiting, diarrhoea, and bleeding



+ 30°C 100.4°F



HOW IT SPREADS

Direct physical contact with body fluids of an infected person (including dead bodies) - most infectious: blood, faeces, vomit



HOW TO PREVENT

Isolate yourself and get medical care



Who?
If you have been in an affected country
+
have had contact with a sick person
+
you began to have symptoms



Wash your hands with soap and water frequently

Handrub with alcohol-based hand sanitizer

EBOLA IS NOT AIRBORNE

Unlike influenza or tuberculosis, Ebola does not spread through the air




PEOPLE CAN SURVIVE EBOLA

Although Ebola is a severe, often fatal illness, getting medical care early can increase the chance of survival





EBOLA

Vendors struggle with plummeting sales and rising cost of transporting goods to the market in West Point in Monrovia, Liberia, after the Ebola outbreak and quarantine took effect in the country.  UNDP/ Morgana Wingard

Ebola threatens economic gains in affected countries

Foreign workers return home, citing contagion fears

By Kingsley Ighobor

The economic impact of the Ebola virus outbreak in the most affected countries – Guinea, Liberia and Sierra Leone – is still unravelling. Figures are being collected and it is still unclear when the deadly virus will be contained. Even the most optimistic projections paint an uncertain economic future for those countries.

Even before the Ebola outbreak, these three West African countries were among the world's poorest. The 2014 UN Development Programme's Human Development Index, which ranks countries based on income, life expectancy, education and quality of life, placed Sierra Leone 183 out of 187 countries, Guinea at 179 and Liberia at 175. The fear is that Ebola could eat away at the slim improvements that new investments have produced.

A World Bank study on the economic impact of the Ebola epidemic in 2014 identified two possible scenarios. The first scenario is "Low Ebola" – when the disease

is contained by early 2015, cases stay around 20,000 and economic activity gradually increases; the second scenario is "High Ebola" – when the disease is contained more slowly, cases reach up to 200,000 people and the outbreak worsens significantly into 2015. The bank observes that in the "High Ebola" scenario, West Africa's gross domestic product (GDP) could suffer a \$32 billion loss by 2015; in the "Low Ebola" scenario, GDP loss for the region could be about \$4 billion.

In a "Low Ebola," Guinea's GDP would contract to 2.4% from 4.5%; Liberia to 2.5% from 5.9%; and Sierra Leone to 8% from 11.3%. Clearly, the wheels are coming off these economies. "The Sierra Leonean economy has been deflated by 30% because of Ebola," Joseph Sesay, the country's agriculture minister, told the BBC.

A UNDP report, "The Economic and Social Impact of Ebola Virus Disease in Sierra Leone", warns that Ebola could wipe out post-war economic gains in the country.

Currently, there are food shortages even as the local currency, the leone, is depreciating at a fast pace.

In Liberia, the price for a bag of rice, the staple food, increased from \$28 to \$35 since the epidemic began. The price of fish also increased following the government's warning against eating "bush meat", a local favourite. Sanitary products such as plastic buckets and chlorine are now more expensive than before the Ebola outbreak.

Foreign investors are withdrawing in droves from worst-hit countries. ArcelorMittal, the world's leading steel-maker, recently moved its expatriate staff out of Liberia. London Mining, a British company, also removed staff from Sierra Leone. Without iron ore, Sierra Leone's growth output, which was 20% in 2013, will fall to 5.5%, according to the International Monetary Fund (IMF), stressing how critical the iron ore sector is to the country's

see page 20

EBOLA: This catastrophe must never be allowed to happen again

— David Nabarro

Following the Ebola virus outbreak, the United Nations set up its first-ever public health mission — the UN Mission for Ebola Emergency Response (UNMEER) — to deal with the pandemic. In this interview with Newton Kanhema for *Africa Renewal*, David Nabarro, the UN Secretary-General's Special Envoy on Ebola, discusses the UN's efforts to bring the virus under control.



David Nabarro, Special Envoy of the UN Secretary-General on Ebola.  UN Photo/Eskinder Debebe

Africa Renewal: Can you tell us the status of the UN response to the Ebola outbreak?

David Nabarro: The outbreak is a completely unprecedented situation. We have had outbreaks of Ebola over the last 40 years, but we've never had one on this scale. That's why the global community decided to mount an extraordinary response. The UN is supporting the efforts of governments, non-governmental partners and other international donors. We are bringing together all the different parts of the UN under UNMEER. We anticipate that 70% of people infected with Ebola will be under treatment by the end of November and that at least 70% of all burials will be safe and dignified.

We also anticipate that the disease spread would begin to diminish in the speed it was accelerating and that the outbreak curve would start bending downwards by

the beginning of January 2015. There is still a long way to go in terms of people coming under treatment, but the burials are safer and more dignified and in some parts of the region the outbreak curve is beginning to bend. But I want to stress that we are still a long way from the outbreak being under control and ending.

We have seen more than 5,000 fatalities in the three most-affected countries of Liberia, Sierra Leone and Guinea. Is the situation stabilizing?

Well, the situation is varied across the affected countries. In some counties in Liberia, there are reports that the acceleration rate is slowing down. In other areas, particularly some of the urban communities and particularly in parts of Sierra Leone, it's still expanding at a rapid rate. We don't have the full data. It is uneven but it's what

we expected: as the response intensifies we begin to see improvements in some areas.

How far do you think we are from seeing the end of this pandemic?

I can see a light at the end of the tunnel, but it's quite a long way away. I'm not sure what lies between now and the end of the tunnel. The difficulty with an outbreak like this is that it is unpredictable and can take a sudden turn for the worse at any time. There can be new chains of transmission and we might find that fatalities have shot up more than two or three weeks ago. I'm really wary about making predictions, either how long it's going to take or how bad it will be before we get it under control. If I put a date on it, then I will almost certainly end up being wrong.

Is the current virus strain in West Africa more virulent than the strain we have seen in Central Africa?

There are no differences in the spread pattern. What really matters here is that everybody should know that if people come under treatment early, then there's a good chance that they're going to survive.

About \$1 billion is needed to control the spread of the disease. How far have we gone towards that target?

In September 2014 the UN appealed for nearly \$1 billion. As of now, we have received nearly \$800 million. However, because the disease has spread further since the appeal, we have revised it upward to \$1.5 billion so as to attend to the 70% of the cases under treatment and 70% safe burials up to March 2015. There may be a need for more resources after the end of March.

There have been complaints that some countries are giving less than what is expected of them. How would you characterize the international response so far?

Well, in general, governments, the wider public, and businesses have been incredibly generous. What has happened is that sometimes they've gone back to national treasuries and asked them to re-examine the amounts they were putting up and to perhaps come up with further contributions. One country has had four tranches of assistance.

Several other countries have provided further bursts of assistance, hence I am not keen to criticise any country. We've also seen incredible generosity from foundations. For example, the Paul G. Allen Family Foundation put in \$100 million, the Bill & Melinda Gates Foundation gave \$50 million, and the Children's Investment Fund Foundation gave \$20 million. Individual members of the public are putting money into charity appeals. Business people from all over the world have also been generous.

What is your assessment of contributions by African countries?

I've talked a lot with African leaders, with the African Union, ECOWAS [Economic Community of West African States], the East African Community, and also with African business people and civil society. Africans are extremely

concerned about this outbreak and are doing their share.

We also hear some pledges have not been met. Is this true?

Most of the countries that pledged have actually remitted or committed their funds extremely quickly. I know of no country or organization that pledged and has not made the funds available. If there are any issues, they may be the normal administrative bottlenecks that sometimes occur with this kind of assistance.

In that case, the \$800 million pledged has been delivered?

Not all the money is in bank accounts, but there's a term called "commitment," which has legal value because it means that the money will come, and we can afford, therefore, to spend against that money. It is only a pledge that must be received before being spent. The \$800 million reflects commitments. It's been a very extraordinary response.

What is the UN doing to avoid delays, if there are any, in terms of the money coming in?

What I have been doing, for example, on the trust fund that the Secretary-General has set up and I am responsible for, is to establish a system so that we have a seven-day cycle. When the money comes in, we get proposals of how that money will be spent within those seven days.

Do you think this outbreak could have been avoided?

My role is to focus on where we are now. I'm sure that at some point there will be a need to do a historical analysis – what we call in medicine a "post-mortem." That is not for me to do; it is not my area of expertise.

When SARS hit Asia, you were playing the same role as now. Can you tell us what is different this time round?

This outbreak is in a part of the world where health systems are not the strongest. It's also a virus with high death rates. It requires very close contact tracing. We have seen that countries that are able to act fast can get it under control, especially when they are prepared: Nigeria and Senegal are examples, Mali is also reacting quickly. We've also seen that in certain counties and districts in the affected countries where the response has been robust and intense, the virus' acceleration has been reduced. So you need a high degree of organization and discipline. This means preparedness.

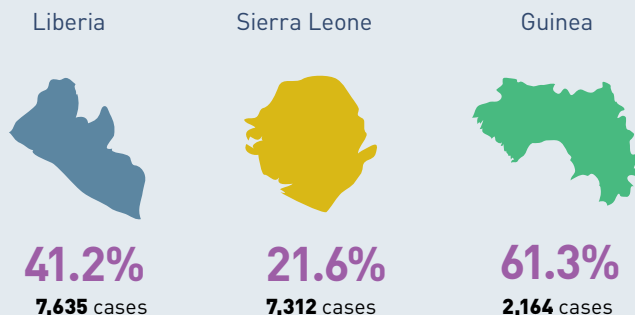
Going forward, what have we learnt?

Three words: preparedness, vigilance and solidarity. Being ready, being alert and working together, because diseases don't respect borders. We must remember what this disease has done and put up defences so that this kind of suffering and misery doesn't happen again. 🦋

FIGHTING EBOLA

\$1.5 billion is needed to control the spread of the Ebola disease by March 2015. The United Nations made an initial appeal for \$1 billion in September 2014 and later revised it to \$1.5 billion.

The worst-hit countries that have cases of Ebola
(rate of deaths as a percentage of the number of cases)



- the percentage of people infected with Ebola that the UN aims to put under treatment.
- The percentage of safer and dignified burials by March 2015



the percentage of the amount received. This equals to \$800 million in commitments as of November 2014.

Data as of 3 December 2014

Ebola threatens economic gains from page 17

economy. Fearing for staff safety, a number of international non-governmental organizations in Liberia have also closed their operations.

There is no confirmed Ebola case in Ghana but that hasn't stopped mining firms from evacuating foreign staff and slowing down their operations. Business Day, a Ghanaian publication, reports that top hotels in Accra, the capital city, which are usually almost full, now have just a 30% occupancy rate. Ghana and Côte d'Ivoire produce 60% of the world's cocoa, a sector also threatened by Ebola. There are fears that Ebola could spread into these countries. "Any threat of that virus disrupting the flow of harvested cocoa beans out of the producing regions could threaten to increase cocoa prices once again," says research analyst Nitesh Shah of ETF Securities, a London-based investment firm. By mid-October 2014, due to a drop in production caused by Ebola, international cocoa prices had surged by 18.5%.

The Ebola virus has also affected infrastructure projects. For example, a

highly anticipated World Bank-funded road project linking Liberia and Guinea was suspended and the contractor, China Henan International Cooperation Group, pulled out its workers.

In addition, with border closures and travel bans around the region, intra-sub-regional trade, already at an abysmal 12%, is likely to get worse. "We used to import goods from Nigeria to sell here [Sierra Leone], now we cannot do that because there are no flights," says Chris Eyen, a Freetown-based businessman. In addition to flight cancellations, most shipping lines are no longer berthing in Liberia.

Other countries in the region are experiencing a ripple effect. The Gambia, which derives 16% of its GDP from tourism, is seeing up to a 65% decline in tourism receipts, according to Benjamin Thomas,

60%

of the world's cocoa is produced
by Ghana and Côte d'Ivoire,
which is threatened by Ebola

the country's tourism minister. And in Senegal, with fewer tourists, its GDP could contract by 1%, notes the World Bank.

Economists may be ringing the alarm bells, but many development experts say there's no need to press the panic button. The World Bank is calling for a swift national and international response to mitigate Ebola's economic impact. Already, the IMF is providing \$130 million emergency relief to Ebola-hit countries even as the US wants the fund to augment that amount with a \$100 million debt relief.

At the last G20 meeting in Brisbane, Australia, held in mid-November 2014, leaders of the world's leading economies backed the IMF relief fund. Donors are scaling up their support, says World Bank President Jim Yong Kim. The UN initially appealed for one billion dollars to fight Ebola of which \$800 million had been received by mid-November, according to David Nabarro, the UN system coordinator for Ebola virus disease (See page 18). Dr. Nabarro said that up to \$1.5 billion was now needed. There is a sense of urgency in global efforts to contain the virus, but there is also an understanding that revamping economies devastated by Ebola could prove challenging. 🇳🇬

Ebola: A wake-up call for Leaders from page 11

director of Doctors Without Borders, told *Politico*, "they become responsible when the situation deteriorates." There are, however, reasons why countries are not quick to request help or try to suppress bad news. In many cases these have to do with national pride and the fear of scaring away tourists and investors. And these fears are not unfounded. African tourism has borne the brunt of the Ebola fear factor. Francisco Ferreira, the World Bank's chief economist for Africa, said the Ebola "fear factor" prevents tourists from visiting even countries such as Kenya and South Africa where there had been no cases of the virus.

Stigmatization

In addition to the economic, social and political impact of Ebola is the stigma attached to it. Nigeria's finance minister, Ngozi Okonjo-Iweala, cautioned against

lumping all African countries together to avoid hurting the economies of non-Ebola countries. "If you scare away investors by lumping the continent into one big mass, what good does it do? It will take another decade to recover."

Politicians around the world have sounded the same warning, worried that Ebola was creating a contagion effect on African economies. "We have to isolate the disease, not the countries affected," said UN Secretary-General Ban Ki-moon.

Vaccines and profits

The absence of any drugs or vaccines against the scourge of Ebola has been the main source of fear among the public. According to *Time*, a US weekly magazine, the scarcity of drugs and vaccines is not due to a lack of innovation. "Drugs have been in development for years, but since pharmaceutical companies have had no financial incentive to fund them, researchers have hit walls."

Dr. Chan makes the same point, adding that the drug industry's drive for profit was

one of the reasons there has been no cure yet for Ebola. "A profit-driven industry does not invest in products for markets that cannot pay," she told delegates at a conference in Cotonou, Benin. Testing on healthy volunteers in the US and some African countries has started on experimental vaccines and results are expected during the first quarter of 2015.

The time will come when the decision-makers will take stock of the state of healthcare systems in many African countries, how the outbreak unravelled and the effectiveness of the global response. Nevertheless, even as the epidemic is stabilizing in some parts of the affected countries, it's spreading in others, especially Sierra Leone, and to a lesser extent Mali. "Now is no time to let down our guard," warned the UN Secretary-General. "A gap anywhere in the response leaves space for the virus to spread disease, kill people, destroy families and threaten the world...We must keep fighting the fire until the last ember is out." 🇳🇬

Agency unveils early detection kit for Ebola

Current testing methods take days to produce results

By Pavithra Rao



A pharmacist checking boxes containing the Ebola vaccine. Inset: Early detection kit

WHO/Mathilde Missioneiro

The International Atomic Energy Agency (IAEA) has thrown a lifeline to contain the Ebola epidemic that has killed more than 6,000 persons in West Africa. Director General Yukiya Amano announced in November

2014 that Liberia, Guinea and Sierra Leone, the countries most affected by Ebola, will each receive a nuclear-derived technology that can detect the deadly virus within a few hours. The IAEA will hand over the device to Sierra Leone

Ebola disruption could spark crisis from page 15

agriculture ministry, because farmers were concerned about produce spoilages from produce delays at checkpoints along the road to the city.

At the same time, the Food and Agricultural Organization (FAO) reported that initial results from quick assessments showed prices of commodities, including food, increased on average from 30% to 75% just over one month in Lofa County, the most affected rural county in Liberia.

Empirical observation at the Red Light Market, one of the biggest market places in Monrovia, also revealed huge increases in the price of staple food and

commodities such as cassava by (150%); palm oil (53%), gari (obtained from grated cassava) (100%), fresh pepper (133%)

40%

of farms in the hardest-hit areas of Sierra Leone have been abandoned

and plantains (66%) over a period of two weeks in August 2014.

Agriculture, including small-scale farming, contributes to between 20%

in late 2014 and to Liberia and Guinea in early 2015.

Known as Reverse Transcriptase Polymerase Chain Reaction (RT-PCR), the technology allows enzymes to be added to blood samples in order to convert the blood's ribonucleic acid (RNA) into deoxyribonucleic acid (DNA), according to US-based *Newsweek* magazine. After this is done, a primer, which can identify unique strings of genetic code that relate to the Ebola virus, is added. Finally, the mixture of blood samples, enzymes and primer is run through PCR equipment, in which the strand of Ebola genetic code is copied several times. A patient tests positive for Ebola if a reaction occurs at this stage. If there is no reaction, it indicates that the patient has tested negative for the virus.

The disease incubates in the human body from two to 21 days after which infectious symptoms such as fever, muscle pain, diarrhoea and internal and external bleeding begin to show. Doctors have stressed that early detection of the virus is key to containing the epidemic.

Currently, standard methods of detection (through analysing cell cultures) take several days to produce results. "Early diagnosis of EVD (Ebola Virus Disease), if combined with appropriate medical care, increases the victims' chance of survival and helps curtail the spread of the disease by making it possible to isolate and treat the patients earlier," said Mr. Amano.

and 40% of the gross domestic product of the affected countries, according to Mr. Nwanze. The IFAD head is calling for contingency measures such as building food stockpiles in the affected countries or at the regional level "to be able to provide massive food assistance where and when needed." If possible, he said, countries should intensify food production in non-affected areas.

About \$30 million would be needed to respond to those in need, including food relief for about 90,000 households in the three countries, says the FAO. A Regional Response Programme for West Africa, to be implemented by the FAO in Guinea, Liberia and Sierra Leone, will aim to boost income and agricultural production.



The Shining Century Textile company in Maseru, Lesotho. © World Bank/John Hogg

AGOA: The US-Africa trade dilemma

Has the Africa Growth and Opportunity Act run its course?

By John Njiraini

It may seem counter-intuitive to imagine that Africa could make contractual demands on the United States. Yet, there is evidence that in recent times Africa has become more assertive with a newfound confidence. In fact, it appears the continent is at a point in history where it no longer needs the begging bowl whenever its leaders visit Western capitals.

This sense of confidence was on full display when Africa's leaders converged on Washington DC for the US-Africa Leaders' Summit in August 2014. Kenya's President Uhuru Kenyatta, representing the views of the 50 African leaders, clearly projected the new face of Africa's diplomatic acumen by asserting that "it is good to see the US is waking up to the realities of the potentials of Africa just as China did a long time ago."

Unlike in the past when such a summit would have provided a forum for lectures to Africa on democracy and human rights, this time around it was about mutual partnerships, deals, trade and investments. "We want to build genuine partnerships that create jobs and opportunities for all our peoples and that unleash the next era of African growth," President Barack Obama said.

For the US, creating "genuine partnerships" with Africa is coming rather late. In fact, according to

analysts, the US is now in a sprint to catch up to others exploiting Africa's economic potential. With China deeply entrenched in the continent, Europe trying to safeguard its interests and India and Japan making major inroads, the US stands to be an outsider in a continent poised to become one of the leaders in global economic growth in the coming years. Already Africa is home to most of the world's fastest growing economies.

"Africa offers immense opportunities in terms of abundant natural resources, new technologies, investments, access to potential markets, and new types of consumers. Although the US has been relatively slow to react to these dynamics, hosting the summit was a sign that it can no longer stay on the sidelines," said Emmanuel Nnadozie, the Executive Secretary of the African Capacity Building Foundation based in Harare, Zimbabwe.

One way the US is seeking to deepen its interests in Africa is by encouraging its multi-billion dollar companies to invest in the continent. Indeed, during the summit, new deals worth \$14 billion in areas like clean energy, aviation, banking and construction were signed between various African nations and US multinationals. The US government also committed to providing \$7

\$7bn

amount committed by the US government in new financing to promote trade and investment with Africa.



billion in new financing to promote trade and investment with the continent.

The American deals, however, offer little cheer to a continent that seeks immediate impact in job creation, poverty eradication, markets for its produce and direct contribution to the economy. This is because it will take years for the benefits of the deals to be felt. On this basis, some African leaders contend that the Africa Growth and Opportunity Act (AGOA – a US law enacted in 2000 under which Africa can export certain goods to the US duty-free) is the best option in deepening trade between the continent and the US.

America Promise

The problem, however, is that Africa abhors the uncertainties of the treaty, and its limiting structures. “We want to deepen our engagement with AGOA but this can only be achieved if we eliminate the uncertainties and if it is broadened,” observed Kenya’s Industrialisation Cabinet Secretary Adan Mohammed.

The need to eliminate uncertainties and enhance the treaty was one of the key demands African leaders tabled at the summit. Though AGOA has been described as the cornerstone of US trade policy with Africa – increasing non-oil exports from Africa to \$53.8 billion from US \$8.1 billion over 10 years – its impact and benefits

have been minimal. Apart from oil, textiles, manufacturing and artifacts, very few other sectors have benefited from the treaty that allows duty-free entry into the US market for some 6,000 products.

Worse still, just a handful of countries dominate trade under AGOA. In 2011, for instance, all exports from Africa to the US totalled \$79 billion. Notably, almost 80% came from just three countries – Nigeria (47%), Angola (19%) and South Africa (13%). US exports were similarly concentrated, with those same three countries receiving 68% of the \$20.3 billion that came into the continent in 2011. “The utilization of AGOA privileges has been sub-optimal, with only seven out of 39 African countries being able to meaningfully take advantage of the opportunity availed by the treaty,” noted Erastus Mwencha, deputy chairperson of the African Union Commission.

US Trade Representative Michael Froman admitted that the discrepancies have not sufficiently projected US commitment to a trade partnership with Africa. “Despite the concrete benefits that AGOA has brought to both of our continents, it is clear that more can and must be done,” Mr. Froman observed. For instance, the insignificant non-oil AGOA trade that increased marginally from \$1.4 billion in 2001 to \$5 billion in 2013 is a justification that the treaty requires structural adjustments. “While we are seeing countries starting to branch out and use AGOA for more products, there is still much room to grow in non-oil, manufactured and value-added products,” he added.

For this to happen, President Obama and the US Congress must be willing to bite the bullet. First, the US government has few options but to extend the AGOA treaty when it expires in September 2015. More importantly, African leaders are calling for a long-term extension to eliminate the uncertainties that shroud the treaty. They argue that it is only by extending the treaty by a minimum of 15 years that investors will feel comfortable investing in the continent because they will have ample time to recoup their investments.

The AGOA Dilemma

According to Heman Boodia, vice president of New Wide Garments Ethiopia, the kneejerk extension of AGOA for only five years has made it nearly impossible for investors to plan for the long term. “It

takes at least two years for investors in the textile industry to get returns. That is why we need the AGOA extended for at least 15 years,” he said, adding that failure by the US Congress to extend the treaty could be catastrophic to the continent in terms of job losses. New Wide, which has operations in Lesotho and Kenya, employs about 13,000 people.

In 2012, apparel accounted for 17% of non-oil AGOA exports. It is also the most diversified sector in terms of the number of beneficiary countries. In Kenya alone, the garment and apparel industry within the export processing zones employs about 40,000 people.

While extending the treaty will safeguard these jobs and create many more, there is a feeling in the continent that AGOA requires significant changes to open up the US market to more non-oil and non-apparel exports.

One sector that is in desperate need of new markets is the food and agriculture sector. But accessing the US agriculture market under AGOA is extremely difficult. Apart from the issue of standards, the US is determined to protect its farmers through subsidies. Currently, the value of agricultural exports to the US stands at \$520.8 million. According to Mr. Mwencha, the US can help Africa’s agricultural sector by allowing duty-free access of produce currently excluded from AGOA, such as sugar, tobacco and cotton. 🐾

By the numbers

\$53.8bn

amount of non-oil exports from Africa to US over 10 years

80%

percentage of all exports from Africa to the US in 2011 that came from just three countries - Nigeria, Angola and South Africa

7 countries

the number of African countries out of 39 that have been able to meaningfully take advantage of AGOA since it was unveiled

African leaders laud Climate Summit

New initiatives to address agriculture and renewable energy agreed upon

By Daniel Shepard

African leaders have welcomed the Climate Summit held at the United Nations in New York in September 2014, and say it increases the likelihood that a meaningful global climate agreement will be reached in Paris in 2015. The summit was hosted by UN Secretary-General Ban Ki-moon to mobilize support for a strong climate agreement and to catalyse climate action.

Announced at the summit were a range of new initiatives regarding agriculture, renewable energy, forests, and South-South cooperation in Africa. The spokesperson for the African Group negotiators who represent African countries at the UN, Seyni Nafo, said the summit sent a strong political message – that a global climate agreement was needed. It allowed

consequences of a situation it did not create, they were committed to taking action that will set the continent on a sustainable course. But they stressed that greater international cooperation is necessary, including more financing and technology sharing.

Significant announcements

Most importantly, the summit was the platform for a number of significant new announcements, including the introduction of the Africa Clean Energy Corridor (ACEC), a regional initiative to transform Africa's energy mix through the development of renewable resources and the creation of a clean 5,000-mile electricity transmission grid from Egypt to South Africa.

“Low-carbon economic development powered by renewable energy can help meet the challenge that climate change presents while improving the livelihoods and economic well-being of people all over Africa.

leaders to come together to express their commitment to an agreement in Paris.

“This is very important to us. The last time world leaders came together to discuss climate change was in 2009 in Copenhagen, which did not produce the best souvenir,” said Mr. Nafo.

Tanzanian President Jakaya Mrisho Kikwete, speaking for the African Group, said the summit “afforded us with a unique opportunity to put our minds together and deliberate on the way to save this planet from disaster and advance on green pathways. It was very opportune.”

Many African leaders emphasized that while Africa is suffering from the

The aim is to support the sustainable growth of Africa's energy needs. Endorsed by the countries of the Eastern Africa Power Pool and the Southern African Power Pool, the ACEC will accelerate the expansion of renewable energy by using a coordinated, regional approach to energy planning and development.

Cooperation on renewable energy deployment in the region could reduce generation costs by 4% and nearly triple electricity supply, transforming the current energy mix of a large portion of the African continent.

“Africa's surging economic growth can be fuelled by an energy mix that



A woman drawing water from a man-made pond in drought-

emphasizes the development of its vast renewable energy resources,” said Nkosazana Dlamini-Zuma, the chairperson of the African Union. “Low-carbon economic development powered by renewable energy can help meet the challenge that climate change presents while improving the livelihoods and economic well-being of people all over Africa.”

About 80% of all electricity in Eastern and Southern Africa is currently generated from fossil fuels like gas, oil and coal. Regional demand for electricity



Stricken Somalia. © UNDP Somalia

is expected to at least double over the next 25 years.

New climate-smart agriculture

Another initiative launched at the summit, the Africa Climate-Smart Agriculture Alliance, will help about 25 million farming households across Africa to practice climate-smart agriculture by 2025. Set up by the African Union, the New Partnership for Africa's Development (NEPAD) and five nongovernmental organizations (World Vision,

Oxfam, CARE International, Concern Worldwide and Catholic Relief Services), the alliance demonstrates how governments and civil society can work together towards a common goal.

The initiative is part of a larger global effort to protect 500 million farmers from the effects of climate change, while increasing agricultural productivity. More than 20 governments and over 30 organizations and companies announced they would join the newly launched Global Alliance for Climate-Smart Agriculture.

These countries represent millions of farmers, at least a quarter of the world's cereal production, 43 million undernourished people and 16% of total agricultural greenhouse gas emissions.

At the summit, China announced that it would contribute US\$6 million for South-South cooperation on climate action.

Saving forests

A number of African countries, including Liberia, the Democratic Republic of the Congo, Ethiopia and Uganda, signed on to the New York Declaration on Forests, which calls for slashing the rate of natural forest loss by half by 2020, and totally eliminating it by 2030. More than 105 major companies also joined the initiative, promising to sustainably source products from forest regions.

Liberian foreign affairs minister Augustine Kpehe Ngafaun said the summit elicited "concrete commitments from the global community on reducing greenhouse gas emissions and other measures aimed at achieving sustainable development." 🌍

By the numbers

80%

of all electricity in Eastern and Southern Africa is currently generated from fossil fuels like gas, oil and coal

25mn

farming households across Africa will practice climate-smart agriculture by 2025

500mn

farmers will be protected from the effects of climate change through the Africa Climate-Smart Agriculture Alliance initiative

\$6mn

would be contributed by China for the South-South cooperation on climate action

Sustainable Development Goals: New targets hold promise for Africa

MDGs come to an end in 2015 as the new goals come into effect

By Tim Wall



Young female student in Monrovia, Liberia. © UNMIL/Christopher Herwig

15%
percentage of decrease in official bilateral aid to Africa in 2012 and 2013

MDGs



The first draft of the world's new development agenda – the Sustainable Development Goals – takes into account Africa's interests, but not in the same way as the expiring Millennium Development Goals (MDGs) once did.

The Sustainable Development Goals (SDGs) are expected to shape the global agenda on economic, social and environmental development for the next 15 years. They are to replace the MDGs, which reach their deadline in 2015. Based on comparison with a key African Union position paper, Africa is getting what it asked for from the UN General Assembly document that proposes the new set of global goals.

Africa's 'special needs' were addressed in the year 2000 Millennium Declaration, from which the MDGs were drawn. Even though the eight MDGs do not mention Africa, their emphasis on eliminating extreme poverty rates, reducing child mortality, promoting gender equality, halting the spread of HIV/AIDS, malaria and other diseases, and providing universal primary education by 2015 means that they target the world's poorest – many of whom are in Africa.

In their current form, the SDGs are more focused on building productive capacity and give more weight to economic and environmental factors, which are also key features of the 'Common African Position (CAP)

on the post-2015 development agenda'. The CAP was the consensus of African leaders, civil society and the private sector.

The congruence between African recommendations for the post-MDGs era and the framework accepted by the UN General Assembly as the basis for 2015 negotiations on the final shape of the SDGs may be an indication that the rest of the world, especially other developing countries, shares the same concerns as Africa.

It may also mean influence. With a population of more than a billion and a new venue as a sought-after investment destination with economic growth rates rivaling those of any other continent, Africa may be moving from a familiar position of receiving advice to one of dispensing it.

Speaking in New York in October, the head of the New Partnership for African Development (NEPAD), Ibrahim Mayaki, checked off some of the features of the CAP that also appear in the draft SDGs and on which Africa will need to rely: capacity development enhanced; gender issues tackled, including empowering the small-scale farmers who are women to ensure food security; jobs and a sense of social ownership found for youth; greater investment in research and technology.

"We should think about the private sector, including small and medium-size firms, where innovation is taking place," Dr. Mayaki said.

Africa's common position

In early 2014, around the time the CAP was drawn up, a working group of the UN General Assembly was starting on a draft to fulfill objectives set at the 2012 Rio+20 summit on sustainable development.

The Rio text advocated for a continuation of the MDGs, to sustain progress on living standards and to catch up where achievements had fallen short. But given the 'sustainable development' mantra of the goals and deep concern about eco-systems and climate change, it was certain that environment would figure more prominently in the SDGs. Concerns over climate, drought and land use feature prominently in Africa's position paper as well. What stands out in both the African position and the General Assembly working group is the emphasis on the economy and empowerment.

“The CAP provides important input for the next stage of the intergovernmental process,” as the UN seeks to finalize the SDGs by September 2015, UN Under-Secretary-General for Economic and Social Affairs Wu Hongbo said in an interview with *Africa Renewal*.

Both the SDGs and MDGs place poverty eradication at the top of the agenda. This was considered by Africa and the developing world in general to be a bedrock requirement, at least in part to ensure that the strengthening of environmental considerations does not signal a retreat from poverty eradication.

In fact, Mr. Wu says, the balanced SDG package is effective in that it addresses poverty in terms of vulnerability of the poor to environmental degradation and through inclusiveness and social justice, as well as through economic advance. “I would say the African countries especially will benefit,” he added.

Peace, security and governance

Another feature of the plan for the SDGs as distinct from the MDGs is the grouping of peace and security issues under the development banner. The reasoning is that conflict impacts whether countries advance in their development or not. For Africa, putting peace and security into the SDGs directs attention to conflict-preventing factors such as equity, inclusiveness and rule of law.

Finance matters

As opposed to the North-to-South direction of the global partnership laid out in the MDGs, the SDGs will apply equally to all countries. One question is whether Africa, which has long been an area of concentration for official development assistance (ODA), will see less incoming aid.

But Africa’s position as privileged beneficiary of aid may already be slipping. According to the Organization for Economic Co-operation and Development (OECD),

official bilateral aid to Africa fell by 10 % in real terms in 2012, and by about 5% in 2013, despite an increase in ODA to all developing countries for an all-time-high in the latter year. In Africa, incoming foreign direct investment now surpasses ODA.

A simple substitution of private resources for public funds may not be the best way to characterize African options. The Common African Position takes into account a blend of finance sources. These include improving traditionally low domestic tax collection rates, staunching the flow of illicit flight capital and recovering stolen assets, tapping global financial markets, stepping up intra-African trade, South-South cooperation and public-private partnerships.

As the debate over the post-2015 development agenda continues, further preparatory work on implementing the SDGs will be held in July 2015 in Addis Ababa, Ethiopia, at the third international conference on financing for development. 🌍

PROPOSED SUSTAINABLE DEVELOPMENT GOALS (SDGs)

- | | | |
|--|--|--|
| <p>1 End poverty in all its forms everywhere</p> <p>2 End hunger, achieve food security and improved nutrition, and promote sustainable agriculture</p> <p>3 Ensure healthy lives and promote well-being for all at all ages</p> <p>4 Ensure inclusive and equitable quality education and promote life-long learning opportunities for all</p> <p>5 Achieve gender equality and empower all women and girls</p> <p>6 Ensure availability and sustainable management of water and sanitation for all</p> <p>7 Ensure access to affordable, reliable, sustainable, and modern energy for all</p> | <p>8 Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</p> <p>9 Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation</p> <p>10 Reduce inequality within and among countries</p> <p>11 Make cities and human settlements inclusive, safe, resilient and sustainable</p> <p>12 Ensure sustainable consumption and production patterns</p> <p>13 Take urgent action to address climate change and its impacts</p> | <p>14 Conserve and sustainably use the oceans, seas and marine resources for sustainable development</p> <p>15 Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, halt and reverse land degradation and halt biodiversity loss</p> <p>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</p> <p>17 Strengthen the means of implementation and revitalize the global partnership for sustainable development</p> |
|--|--|--|

COMMON AFRICAN POSITION pillars

- | | | |
|--|--|---|
| <p>1 Structural economic transformation and inclusive growth</p> <p>2 Science, technology and innovation</p> | <p>3 People-centred development</p> <p>4 Environmental sustainability, natural resources management and disaster risk management</p> | <p>5 Peace and security</p> <p>6 Finance and partnerships</p> |
|--|--|---|

Improving maternal health from page 5

Chevron's support is significant but hardly enough. "Many, many young girls try to deliver at home; some of them may require Caesarean operations and it gets really complicated for them," she told *Africa Renewal* in an interview.

Babies giving birth to babies

With 225 adolescents in every 1,000 cases of pregnancy, the Democratic Republic of the Congo has the world's highest rate, followed by Liberia (221) and Niger (204). In fact, 75% of girls in Niger are married before the age of 18, the world's highest percentage. Dr. Geeta Rao Gupta, UNICEF's deputy executive director, warned that, "A 15-year-old girl living in sub-Saharan Africa faces about a 1 in 40 risk of dying during pregnancy and childbirth during her lifetime," whereas in Europe the ratio is 1 in 3,300. "Babies giving birth to babies," was how Ms. Howard described the adolescent pregnancy phenomenon in Liberia.

Also, younger girls are at high risk of developing obstetric fistula, a potentially serious medical condition in which a hole

289,000

Women died in 2013 during pregnancy or childbirth

develops between the vagina and rectum or the urinary bladder. Tens of young fistula patients are hospitalised in Liberia.

According to WHO, the main causes of maternal deaths are severe bleeding after birth, post-childbirth infections, high blood pressure during pregnancy, unsafe abortion and diseases such as malaria and HIV/AIDS. "Many hospitals in my country don't even have incubators for premature babies or doses of oxytocin to stop bleeding," says Ms. Howard. In 2013, of the 7,500 AIDS-related maternal deaths worldwide, 6,800 (91%) were in sub-Saharan Africa. South Africa alone accounted for 41.4% of global HIV-related maternal deaths, states WHO.

It gets complicated when women cannot even make decisions about their own health. In Mali, Burkina Faso and Nigeria, 70% of

women surveyed by UNICEF said they had no influence over such decisions. In general,

Maternal Mortality



75%

Target Reduction

Countries that have made progress and those that have not.

Country	PMDR*
Equatorial Guinea	81%
Cape Verde	77%
Eritrea	77%
Rwanda	76%
Ethiopia	69%
Angola	68%
Mozambique	64%
Namibia	58%
Sierra Leone	54%
Botswana	52%
Zambia	51%
Swaziland	44%
Chad	41%
Burundi	41%

26 of the 46 sub-Saharan African countries are at 40%

Congo	39%
Somalia	34%
Lesotho	32%
CAR	27%
Zimbabwe	10%
South Africa	9%

*Percentage in Maternity Death Reduction
Source: UN Population Fund (UNFPA)

adds a report by the UN Population Fund (UNFPA), 95% of married girls under the age of 19 in sub-Saharan Africa "have no say over whether to access or use contraceptives."

Progress is being made

Preventing maternal deaths is not complicated, some experts say. "All women need access to antenatal care during pregnancy, skilled care during childbirth, and care and support after childbirth," states UNICEF. That may sound simple, but it's not. For example, due to distance, poverty and a lack of information, women in remote parts of Africa have no access to health care. A study by Jose Luis Alvarez, Ruth Gil, Valentine Hernandez and Angel Gil for *BMC Public Health*, an online health journal, found that illiteracy, poverty and weak health care systems hamper progress in maternal health.

To be fair, African leaders have placed maternal health on the front burner. They are committed to Millennium Development Goal (MDG) 5, which envisions a 75% reduction in maternal mortality by 2015. A recent report by UNFPA shows some progress, though hardly enough for a victory lap. Equatorial Guinea has achieved MDG 5, having reduced maternal deaths by 81%. With an annual average reduction of 6.2%, Eritrea has met the goal with a 77% reduction in maternal deaths. Ethiopia has achieved 69% reduction, Rwanda 76%, Angola 68%, Mozambique 64% and Cape Verde 77%. Twenty-six of the 46 sub-Saharan African countries are at the 40% mark, and that includes Nigeria, which accounts for 14% of global maternal deaths.

African First Ladies are spearheading advocacy efforts on maternal policy and investments in the sector. At the UN General Assembly debate last September, the First Ladies said they were "alarmed" at child wives, early pregnancy, unsafe abortions and the risk of HIV. "The current situation [of Ebola] in West Africa shows that we cannot shorthand progress on health," admonished Ban Soon-taek, wife of UN Secretary-General Ban Ki-moon, at a forum attended by the First Ladies. "We have a long way to go post-2015, so we need each other...[to] deliver for women and girls in Africa," added Roman Tesfaye, Ethiopia's First Lady. In other words, women needn't die or lose their babies in childbirth. The hard work is to make this dream a reality. 🌱

Africa embraces mobile app health revolution

By Ying M. Zhao-Hiemann

The application of mobile technologies in Africa's healthcare system, popularly known as mHealth, has gained momentum in recent months. Nigeria, the region's most populous country, for example, managed to contain the deadly Ebola virus in October 2014 partly due to the application of mHealth. Nigerian health officials attribute the success to fast communication and instant tracking made possible by the proactive use of mobile phone technology.

How did Nigeria do it?

Health workers deployed mHealth app-loaded mobile phones provided by eHealth & Information Systems Nigeria, a non-profit research company with operations in Nigeria and the United States.

The app helped to significantly reduce reporting time of Ebola cases from 12 hours to six hours initially, and eventually reports were made in real time, according to Daniel Tom-Aba, the senior data manager at the Ebola Emergency Operation Centre in Lagos.

Nigerian contact tracers also used mobile phones equipped with GPS tracking, which allowed authorities to verify the tracers' locations while they visited individuals suspected of being exposed to the virus. These tracers visited 18,500 homes across the country during the Ebola campaign. The same mHealth tools are also being applied in the Ebola fight in other countries.

In September 2014, UNICEF launched RapidPro, which is a free, open-source platform hosting multiple apps developed jointly



by UNICEF Innovation Labs and Nyuruka - a Rwandan software firm. mHero (Mobile Health Worker Ebola Response and Outreach), one of the apps on RapidPro, is currently being used in Liberia in support of local efforts to combat Ebola. The app reports on new cases, broadcasts messages about care and prevention and shares training information, thereby allowing real-time coordination between the health ministry and frontline health workers.

"Emerging technologies can facilitate early warning systems, outbreak response, and communication between healthcare providers, wildlife veterinarians and other animal health professionals, local and national health authorities, and international health agencies," wrote Rashid Ansumana, Jesse Bonwitt, David A. Stenger and Kathryn H. Jacobsen, four Sierra Leone-based researchers in the medical journal *The Lancet*.

While the application of mobile technologies in Ebola response is currently in the spotlight, mHealth apps could also potentially address other important public health issues, such as HIV/AIDS, tuberculosis, malaria and maternal health, according to a study by the World Health Organization.

In Zambia, for instance, U-Report, another UNICEF mHealth tool, uses simple text messages and basic mobile phones to link people to the resources of the National AIDS Council. UNICEF and the health ministry rely on the SMS tool to spread messages about HIV/AIDS. Since its initial launch in 2012, over 50,000 young people



Young Zambians can now receive and share information on HIV/AIDS and other STIs through their mobile phones. © UNICEF Zambia/2013/Maseko

have been referred to anonymous counselling services, and voluntary testing among U-reporters has reached 40%, which is significantly higher than the 24% national average, according to UNICEF.

The private sector in Africa is also getting involved in mHealth. As a follow-up to its Pan African mHealth Initiative, GSMA, an association of mobile phone operators and related companies,

introduced the ambitious mHealth Ecosystem Partnership in June 2014, which aims to link mobile phone and healthcare industries to jointly deliver mHealth services to pregnant women and mothers

across sub-Saharan Africa, for a potential annual market of 15.5 million users. Currently, the new partnership consists of eight companies: Gemalto, Hello Doctor, Lifesaver, Mobenzi, Mobilium,

MTN, Omega Diagnostics and Samsung.

The partnership rolled out services in Côte d'Ivoire, Ghana, Nigeria, Rwanda, South Africa, Uganda and Zambia in September 2014. Using discounted Samsung smartphones and tablet devices,

tuberculosis and malaria, along with approved symptom checkers for each disease. Mobilium, Smart Health's developer, confirmed that the next versions of the app will include information on nutrition as well as prenatal and postnatal mother and newborn care.

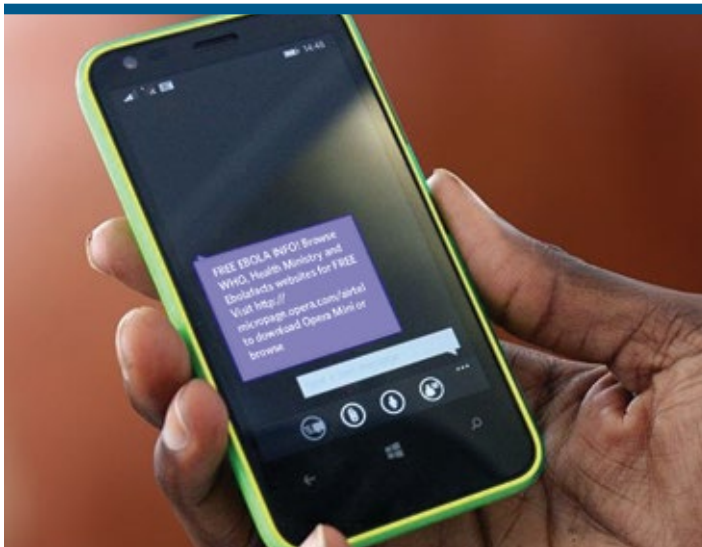
According to Devex, a social enterprise for the global development community, there will be an estimated one billion mobile phone accounts in Africa by the end of 2015 – one for nearly every person on the continent.

In the meantime, in the past year alone, more and more low-cost smartphones, such as the US\$45 Steppa from MTN and the US\$50 Smart Kicka from Vodacom, are becoming affordable. Both in terms of hardware and software, Africa is ready to embrace the mHealth revolution. ●

Emerging technologies can facilitate early warning systems, outbreak response.

consumers in these countries can now gain free access to health content, health registration and data collection via the pre-embedded Smart Health app.

Smart Health is a free, Africa-specific app that provides accurate, real-time information on HIV/AIDS,



APPOINTMENTS

UN Photo/Silke Brockhausen



Amadu Kamara of the United States has been appointed as the Ebola Crisis Manager for Sierra Leone. The Ebola crisis managers will work with their host governments and key stakeholders in ensuring a rapid and effective international response to the Ebola crisis.

Mr. Kamara has served the UN in various senior management functions and brings with him a diverse portfolio spanning the African continent in international affairs.

Ediciones El País



Cristina Gallach of Spain has been appointed as the UN's new under-secretary-general for communications and public information. Ms. Gallach brings to the position a wealth of experience in communication, information, public diplomacy, international affairs and security policy.

Since July 2010, she has been the head of the public relations unit in the Council of the European Union, Directorate General for Information and Communication based in Brussels.

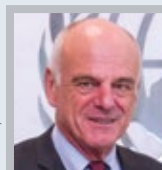
UNMEER/Simon Ruf



Peter Jan Graaff of the Netherlands has been appointed the Ebola Crisis Manager for Liberia. He will work with the Liberian government and other key stakeholders in ensuring a rapid and effective international response to the Ebola crisis.

Mr. Graaff has served extensively with the World Health Organization (WHO) and the United Nations Assistance Mission in Afghanistan (UNAMA).

UN Photo/Mark Garten



United Nations Secretary-General Ban Ki-moon has appointed **David Nabarro** as the Senior UN System Coordinator for the Ebola virus disease. He will be responsible for ensuring that the UN makes an effective and coordinated contribution to the global effort to control the outbreak of Ebola.

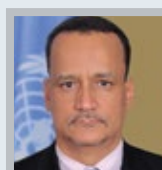
Dr. Nabarro will also continue to serve as the UN Special Representative for Food Security and Nutrition and as Co-ordinator of the Movement for Scaling Up Nutrition.

UNMEER



Abdou Dieng of Senegal has been appointed as the Ebola Crisis Manager for Guinea, as part of the United Nations Mission for Ebola Emergency response. In his role, Mr. Dieng will succeed the late Mr. Marcel Rudasingwa of Rwanda. Mr. Dieng most recently served as Senior Humanitarian Coordinator in the Central African Republic from December 2013 until May 2014. He also worked with the World Food Programme (WFP).

UNSMIL



Ismail Ould Cheikh Ahmed of Mauritania has been appointed as the UN Special Representative and Head of the UN Mission for Ebola Emergency Response. He has more than 28 years of development and humanitarian assistance experience with the UN in Africa, the Middle East and Eastern Europe. Among others assignments, he was the Deputy Special Representative of the Secretary-General and Deputy Head of the UN Support Mission in Libya.

AFRICA BOOKS

Africa's World Trade: Informal Economies and Globalization from Below (Africa Now) by Margaret C. Lee (Zed Books, London, UK; 192pp; pb \$34.95)

AIDS, Politics, and Music in South Africa (The International African Library) by Fraser G. McNeill (Cambridge University Press, New York City, USA; 208pp; pb \$29.99)

Contemporary Africa: Challenges and Opportunities (African Histories and Modernities) by Toyin Falola and Emmanuel M. Mbah (Palgrave Macmillan, Hampshire, UK; 280pp; hb \$100)

Diasporas, Development and Peace-making in the Horn of Africa (Africa Now) by Petri Hautaniemi and Liisa Laakso (Zed Books, London, UK; 240pp; pb \$34.95)

Ethnic Diversity and Economic Instability in Africa: Interdisciplinary Perspectives by Hiroyuki Hino, John Lonsdale, Gustav Ranis and Frances Stewart (Cambridge University Press, New York City, USA; 354pp; pb \$36.99)

From Apartheid to Democracy: Deliberating Truth and Reconciliation in South Africa (Rhetoric and Democratic Deliberation) by Katherine Elizabeth Mack (Penn State University Press, Abington, USA; 160pp; hb \$64.95)

Making Modern Girls: A History of Girlhood, Labour, and Social Development in Colonial Lagos (New African Histories) by Abosede A. George (Ohio University Press, Athens, USA; 296pp; pb \$32.95)

Race, Nation, and Citizenship in Post-Colonial Africa: The Case of Tanzania (Cambridge Studies in Contentious Politics) by Ronald Aminzade (Cambridge University Press, New York City, USA; 446pp; pb \$32.99)

Reach Out Africa: Studies in Community Empowerment, Sustainable Development, and Cross-Cultural Engagement by Dorothy H. Ettling and Kevin B. Vichcales (Archway Publishing, Bloomington, USA; 343pp; pb \$21.99)

Zambia: Building Prosperity from Resource Wealth (Africa: Policies for Prosperity) by Christopher Adam, Paul Collier and Michael Gondwe (OUP Oxford, Oxford, UK; 448 pp; \$110.00)

Africa39: New Writing from Africa south of the Sahara by Ellah Wakatama Allfrey and Wole Soyinka (Bloomsbury, New York City, USA; 384 pp; pb \$17.00)

Incentives and Agriculture in East Africa by Mats Lundahl (Routledge, London, UK; 238pp; hb \$130.00)

Building Colonialism: Archaeology and Urban Space in East Africa (Debates in Archaeology) by Daniel T. Rhodes (Bloomsbury Academic, New York City, USA; 192 pp; hb \$78.00)

BOOK REVIEW

Ebola: The Natural and Human History of a Deadly Virus

by David Quammen

W. W. Norton & Company, New York, NY, USA, 2014; 128 pp; pb \$11.15

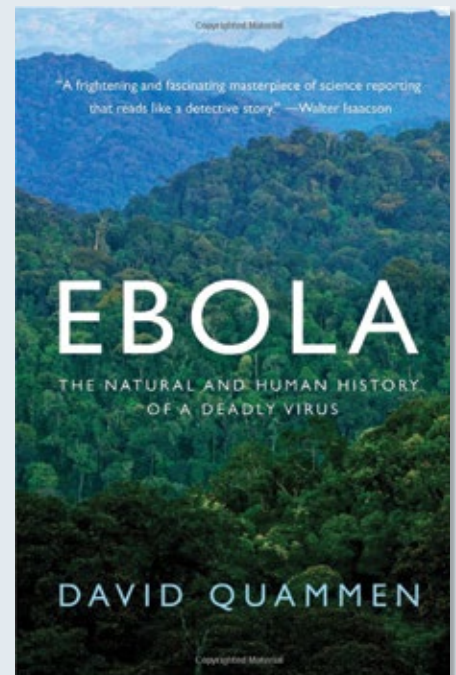
Almost as if from nowhere, the Ebola virus outbreak has become one of the most-talked about diseases in recent times. The current outbreak has so far led to more than 5,500 deaths, according to the World Health Organization.

Statistics provided by the US Centers for Disease Control and Prevention show that the situation may become more disastrous in the coming months – a worst case scenario could see more than 1.4 million people affected by early 2015.

Author and science writer David Quammen explores the epidemic and the new fears that have arisen around the virus in his latest book, *Ebola: The Natural and Human History of a Deadly Virus*. With a jittery global audience watching the precarious story unfold in the three most-affected West African countries of Liberia, Sierra Leone and Guinea, panic levels are rising.

Mr. Quammen traces the story of the categorically zoonotic disease. Zoonotic disease, he explains, is an animal infection that can be transmitted to humans. He sheds light on how the virus emerged close to 50 years ago in the forests of Congo and how it has affected, is affecting and could affect the world at large.

The book provides answers to questions such as what brings about a mysterious pandemic such as Ebola after years of dormancy in a mere matter of months and



how such a lethal disease is so volatile and elusive.

Many medically oriented books are often difficult to read because of the heavy use of jargon. But Mr. Quammen's 128-page book stands out for its easy-to-read tone. It also has a gripping presentation of the mysteries behind the virus which the author calls 'hellaciously destructive' and the reasons it is causing so much panic on a global scale. 🦋

— Pavithra Rao

Historical Archaeology in South Africa: Material Culture of the Dutch East India Company at the Cape by Carmel Schrire (Left Coast Press, Walnut Creek, USA; 288 pp; hb \$89.00)

Professional Social Work in East Africa. Towards Social Development, Poverty Reduction and Gender Equality by Helmut Spitzer, Janestic M. Twikirize and Gidraph G. Wairire (Fountain Publishers, Kampala, Uganda; 418 pp; pb \$39.95)

Routledge Library Editions: The Economy of the Middle East: North Africa (RLE Economy of the Middle East): Contemporary Politics and Economic Development by Allan Findlay and Richard I Lawless (Routledge, New York City, USA; 302 pp; hb \$120.00)

The African Union's Africa: New Pan-African Initiatives in Global Governance (Ruth Simms Hamilton African Diaspora) by Rita Kiki Edozie and Keith Gottschalk (Michigan State University Press, East Lansing, USA; 314pp; pb \$29.95)

Sovereignty and Struggle: Africa and Africans in the Era of the Cold War, 1945-1994 (African World Histories) by Jonathan T. Reynolds (Oxford University Press, New York City, USA; 152 pp; pb \$16.95)

The Emerging Middle Class in Africa by Mthuli Ncube and Charles Leyeka Lufumpa (Routledge, New York, USA; 240; pb \$50.95)

The History of Africa: The Quest for Eternal Harmony by Molefi Kete Asante (Routledge, New York City, USA, 418 pp; pb \$49.95)



AfricaRenewal ^{ONLINE}

 www.un.org/africarenewal

 facebook.com/africarenewal  twitter.com/africarenewal



**Your one-stop source for news
and information about Africa and the UN.**

Now available on smartphones, tablets and eReaders.

Africa is changing and so is Africa Renewal, with a new website, new features and a new commitment to supporting the partnership between Africa and the United Nations.

Africa Renewal Online. It's a new Africa. It's a new Africa Renewal.