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The lessons of Ebola in Africa mean that businesses there have been better prepared than in many other areas

When it comes to coronavirus in Africa there's a straightforward enough calculation to be made in terms of the current severity of the spread: tourism.

The African country with the most cases is South Africa, far and away the most popular African tourist destination. Next is Egypt, and then comes Morocco.

South Africa has well over a thousand cases at the time of writing, and Morocco around 400. Incidence in other African countries then runs from the low hundreds - Burkina Faso - down through Mozambique, which has seven, and Liberia, which has three.

Understandably in that context the responses of governments around the region have been markedly different. South Africa went into lockdown on 26 March, and ordered all mining production to cease. The tourism industry too has come to a complete standstill. This deliberate collapsing of the local economy will have knock-on effects regionally, and Zimbabwe, as is so often the case, is now toeing South Africa's line and implementing its own lockdown.

But elsewhere, and particularly in West Africa businesses are continuing to operate - if not exactly as normal, then at least in some way approaching it.

Thus, for example, Endeavour Mining, which operates gold mines in several countries in West Africa, is continuing production, even as it's stepped up screening and other preventative measures.

In fact, one of Endeavour's workers has the virus, picked up on a trip in Europe. But that worker is now in quarantine, as are all those who came into contact with him.

Endeavour can be confident that it's measures are robust because it, and companies like it, have something of a head start when it comes to coronavirus. They operate in West Africa, a region which bore the brunt of the Ebola virus back in 2014.

Yes, West African healthcare systems are underfunded. But they have the jump on their counterparts in the west in one crucial area: the local population already has experience of pandemic procedures, of the edicts of healthcare officials and an understanding of the desirability of following their recommendations.

Handwashing on entering was mandatory on entering Endeavour's Agbaou mine back in 2014, as was temperature testing, because at that time the Ebola virus was still rampaging across Africa. And Endeavour's wasn't a haphazard or half-hearted process either, it was rigorously enforced.

Although no one can know for sure, it's conceivable that this history and experience may mitigate the effects of the virus in West Africa.

"The Ebola outbreak taught us a lot of lessons," the director of the Nigeria Centre for Disease Control, Chikwe Ihekweazu, wrote recently in an op-ed for The Conversation.

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The lessons learned from the Ebola crisis meant that Nigeria had taken on board certain lessons during what Ihekweazu referred to as "peace time" and used that time to prepare for any future outbreaks. Nigerian policy was such that in December 2019 the country had a rapid response team in place in all of its 36 states.

Indeed, across the wider region, many of the temperature screenings that have been conducted at airports across Africa over the past month were made possible because equipment from the Ebola epidemic was still available.

Ebola raged from 2014 to 2016, primarily in Guinea, Liberia and Sierra Leone, but also affected neighbouring countries. It claimed over 11,000 lives, so fewer overall than coronavirus, though it remains to be seen what the regional comparisons will be.

At the time of writing Liberia had three coronavirus cases, the first of which was confirmed on 16 March, while Guinea had eight and Sierra Leone had none. Nearby Nigeria had 97, Mali had 18, and the Democratic Republic of Congo had 65.

So, it's a mixed picture, but nothing yet on the scale of what's been seen in Europe and the US. True, a debate does rage in the local African press about the potential for under-reporting, given that the countries in question have a number of other major crises to contend with too

In the past, other major epidemics or pandemics with origins outside Africa have also seen significant delays in reaching the continent, and have reached in much smaller numbers compared to other regions.

For instance, in 2002-2003, SARS entered Africa five months after it first spread in China, with South Africa becoming the 17th country in the world to report. No other country on the continent reported a case thereafter.

In 2009, H1N1 reached 60 countries outside of Africa before Egypt reported its first case two months after its initial discovery in Mexico. H1N1 eventually spread to 41 African countries, with over 8,000 cases and 160 deaths on the continent. Overall, the deaths across Africa represented 1% of the total reported deaths worldwide.

The same patterns are apparently being repeated with the coronavirus.

Why? The answer to that question brings us back to tourism. Africa is simply less connected to the rest of the world, including China, especially in people-to-people flows. Africa gets approximately 5% of global tourism flows, and an even smaller 4% of China's tourists.

Separately, there are also flows of workers to Africa from all other areas of the world, including China, but these are also fairly insignificant.

Of the total Chinese workers that went abroad to deliver projects in 2017, only 16% went to Africa, and 23% of those went to one country - Algeria.

But before we get too optimistic, it's worth remembering the differences as well as the similarities. Ebola is hard to catch but easy to test for, and occurred in a region of the world with minimal air connectivity. Coronavirus appears easier to spread generally, and is already far more widespread. The disruptions will inevitably be significant and severe, but there remains the possibility that African will get off more lightly than other regions, and that it could be a bright spot in an otherwise fairly dark outlook.

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