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Jens Herpolsheimer

**ECOWAS and the
Covid-19 Pandemic:
Regional Responses
and African Interregional
Cooperation**

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Introduction

Inspired by recent blog posts on the regional dimension of responses to the current pandemic of the Coronavirus disease (Covid-19), this paper echoes the warning against methodological nationalism and the neglecting of regional and interregional dimensions in the responses to the crisis.¹ This paper focuses on Economic Community of West African States (ECOWAS) as an example of one of the Regional Economic Communities (RECs) that have remained rather ignored by scholars compared to the attention paid to the African Union, especially with regard to the African Peace and Security Architecture (APSA) but also to other fields of cooperation, such as health.² Moreover, this paper centres on an issue that has only been mentioned in passing, namely intra- and interregional dynamics of competition and coordination, which become particularly visible from a sociospatial perspective.

In her post on the blog of the Peace Research Institute Frankfurt, Antonia Witt reconstructs the efforts by the African Union to fight Covid-19 by counterbalancing a strong (re)emerging focus on national responses, largely concentrating on isolation (e.g. closing borders and prohibiting travels). The blog particularly highlights the agency of the Africa Centres for Disease Control and Prevention (Africa CDC), launched in January 2017 in response to the Ebola epidemic in West Africa in 2014–2016 as an example of “internationalism”. A similar approach is taken by Ulf Engel,³ comparing approaches by the World Health Organization’s (WHO) Regional Office for Africa, the Africa CDC, and the Ethiopian government. On this basis, Engel argues that while representing a case of internationalism, regional, transregional, and interregional dimensions (i.e. different spatial scales) also play an important role in the efforts by different African actors, but in particular the African Union, to assume agency in international relations. Although Engel’s contribution explicitly refers to efforts by African RECs, and the required coordination efforts between them and the African Union (as well as other spatial scales), his analysis does not go into detail about the responses employed by those RECs and how they exactly connect (or do not connect) to efforts by the African Union and Africa CDC.⁴

Academic literature on the topic of West African regional responses to epidemics or pandemics, and regional health cooperation more generally, is rather limited. So far, only very few publications have touched upon the subject. The few exceptions in this respect include the following publications. Adopting an institutional-legal perspective, Onzivu considers four “regional integration schemes” – the African Union, the Association of Southeast Asian Nations (ASEAN), the Caribbean Community (CARICOM), and ECOWAS – to analyse the emergence and development of regional health policies out of regional economic cooperation efforts.⁵ Concerning ECOWAS, Onzivu provides a short overview of the founding protocol of the West African Health Organization (WAHO), established in 1987, and a brief analysis of regional capacities. Anaemene analyses the links between regional integration, security, develop-

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- 1 In particular A. Witt, “An Island of Internationalism: The African Union’s Fight Against Corona”, Peace Research Institute Frankfurt Blog, 7 April 2020, <https://blog.prif.org/2020/04/07/an-island-of-internationalism-the-african-unions-fight-against-corona/> (accessed 21 April 2020); U. Engel, “Public Health Policies beyond the State: A Socio-Spatial Analysis of Early Responses to Covid-19 in Africa”, ReCentGlobe Working Paper 41 https://www.recentglobe.uni-leipzig.de/fileadmin/Einrichtung_ReCentGlobe/WP41_EngelPublic_Health_Policies_beyond_the_State_200605.pdf (accessed 11 June 2020).
 - 2 Cf. B. U. Anaemene, “Health Diplomacy and Regional Integration in West Africa: The West African Health Organization’s Experience”, in: *Journal of International Studies* 9 (2013) 1, pp. 59–75, at 60–61.
 - 3 Engel, “Public Health Policies”.
 - 4 Moreover, a series of blog posts on the news, opinion, and research platform African Arguments (www.africanarguments.org) have grappled with the implications of the Covid-19 pandemic for Africa, for example reflecting upon related politics (A. De Waal, “Know your Epidemic, Act on its Politics”, African Arguments, 31 March 2020, <https://africanarguments.org/2020/03/31/covid-19-in-africa-know-your-epidemic-act-on-its-politics/> [accessed 21 April 2020]) and potential negative side effects in autocratic regimes (E. Seyhan, “Coronavirus: Beware the power grab”, African Arguments, 7 April 2020, <https://africanarguments.org/2020/04/07/coronavirus-beware-the-power-grab/> [accessed 21 April 2020]). However, the only contribution in this series focusing on crisis responses by African RECs, so far, has been the post by Cedric de Coning (C. De Coning, “COVID-19: The AU must adapt, not wait. It’s needed now more than ever”, African Arguments, 1 April 2020, available at <https://africanarguments.org/2020/04/01/covid-19-au-more-important-adapt/> [accessed 21 April 2020]), discussing some of the problems linked to AU organs, such as the Peace and Security Council suspending their work due to the need to adapt to the new situation.
 - 5 W. Onzivu, “Globalism, regionalism, or both: health policy and regional economic integration in developing countries, an evolution of a legal regime”, in: *Minnesota Journal of International Law* 15 (2006) 1, pp. 111–187.

ment, and health diplomacy.⁶ Focusing on WAHO, Anaemene provides a very brief overview and analysis of the organization's setup before reflecting upon its achievements and challenges. Three additional publications resulted from the experience of the West African responses to the Ebola epidemic in the region. In an academic commentary, Bappah argues that ECOWAS played a leading and proactive role in response to the Ebola outbreak in 2014–2016, but the organization initially depended too much on member states' institutions, which generally lacked the capacities for effective responses. Later, the process of regionalizing the response, most notably through the agency of WAHO, was too slow.⁷ A similar account is offered by Ojomo,⁸ in addition linking the dynamics to debates about regional governance more generally. Ifediora and Aning provide short overviews of the regional and international responses to the Ebola outbreak in West Africa, focusing in particular on the African Union, ECOWAS, and the WHO.⁹ The authors assess the respective approaches to the emergency, reflecting a general lack of adequate resources and preparedness at all levels, and the different degrees of "securitization" of the crisis.

While all of these publications provide valuable insights and good starting points, much more academic research and discussion on the subject are required. Knowledge about ECOWAS health cooperation more generally and WAHO in particular is still minimal. Furthermore, in recent years the institutional landscape has become more complex owing to the rise of a stronger regional actor at the continental scale in January 2017, the Africa CDC, as well as the creation of another specialized ECOWAS (sub)structure, the ECOWAS Regional Centre for Surveillance and Disease Control (RCSDC) in 2015/16. Therefore, in this paper, after providing some background information on WAHO and the RCSDC – the two main ECOWAS specialized agencies established to respond to pandemics – the responses by ECOWAS actors to the current Covid-19 pandemic are examined.¹⁰ In the last part, some tentative conclusions about regional and interregional cooperation dynamics are drawn while reflecting on how the current crisis foregrounds ongoing issues of space-making, in particular the continuous construction (and reconstruction) of different regional spaces and the organization of spatial order amongst them.

6 Anaemene, "Health Diplomacy and Regional Integration".

7 H. Y. Bappah, "Human security in practice: securing people from the threat of epidemic – What can we learn from the ECOWAS Response to Ebola?", in: *Strategic Review for Southern Africa* 37 (2015) 1, pp. 190–199, at 191.

8 E. Ojomo, "Fostering Regional Health Governance in West Africa: The Role of the WAHO", in: L. Vierck, P. A. Villarreal, and K. A. Weilert (eds.), *The Governance of Disease Outbreaks: International Health Law: Lessons from the Ebola Crisis and Beyond*, Baden-Baden: Nomos, 2017, pp. 273–300.

9 O. F. Ifediora and K. Aning, "West Africa's Ebola pandemic: toward effective multilateral responses to health crises", in: *Global Governance: A Review of Multilateralism and International Organizations* 23 (2017) 2, pp. 225–244.

10 An overview of the responses by individual West African states is provided by the Sahel and West Africa Club of the Organisation for Economic Co-operation and Development (see <http://www.oecd.org/coronavirus/en/#country-tracker>, accessed 21 April 2020), in addition to a collection of up-to-date data, analyses, and media reports regarding the Covid-19 situation (see <http://www.oecd.org/swac/coronavirus-west-africa/>, accessed 21 April 2020).

ECOWAS, WAHO, and the RCSDC

Technically, WAHO has already existed for 33 years, originally created as the result of efforts to avoid competition between anglophone and francophone states in West Africa, merging the anglophone West African Health Community (WAHC, established in May 1972, based in Lagos, Nigeria) and the francophone Organization for Coordination and Cooperation in the Control of Major Endemic Diseases (Organisation de Coordination et de Cooperation pour la Lutte Contre les Grandes Endemies, OCCGE, established in 1963, based in Yaoundé, Cameroon).¹¹ In November 1984, at its 16th session in Lomé, the ECOWAS Council of Ministers decided to merge the two organizations following lengthy negotiations.¹² Three years later, in July, the ECOWAS Authority of Heads of State and Government signed the protocol to establish WAHO in Abuja, Nigeria, as a specialized institution of ECOWAS.¹³ The protocol entered into force in August 1989 and was subsequently revised only once, in January 2006 by a supplementary protocol.¹⁴ Following a proposition by the ECOWAS Assembly of Health Ministers at a meeting in Lomé in July 1998 and a request by the Burkinabe representative at a meeting in Abuja in October 1998 of the ECOWAS Council of Ministers¹⁵ to host the WAHO headquarters, the ECOWAS heads of state and government decided to establish it in Bobo-Dioulasso, Burkina Faso.¹⁶

However, WAHO only became fully operational and active in 2000,¹⁷ 13 years after its formal establishment, because negotiations between the WAHC and OCCGE representatives were still ongoing in 1998, and staff still had to be recruited.¹⁸ This process needs to be understood in the context of more general efforts during the 1980s and 1990s by ECOWAS actors to “rationalize” intergovernmental organization in the West African region. For these efforts, the merger between the WAHC and OCCGE became a key reference.¹⁹

The principal WAHO organs, unchanged since 1987, are the ECOWAS Assembly of Health Ministers, a Committee of Experts (assisting and advising the assembly), and the WAHO General Directorate, headed by a director general (DG), providing the main technical, administrative, and financial management.²⁰ In principal, WAHO has administrative and financial autonomy. However, the presentation of WAHO on the ECOWAS and WAHO websites stress the role of the ECOWAS Authority of Heads of State and Government as the supreme political decision-making body, supported by the ECOWAS Council of Ministers.²¹ Whereas the founding protocol mostly refers to the Council of Ministers when it comes to appointing the DG and the deputy DG as well as approving the WAHO budget – both on recommendation by the

11 Cf. ECOWAS Authority, “Protocol A/P.2/7/87 on the Establishment of a West African Health Organization”, 10th ordinary session, Abuja, 9 July 1987, Preamble and Art. II). Somehow, parallel efforts persist. The West African Economic and Monetary Union, although in a much less structured way than ECOWAS/WAHO, also convenes an assembly of its health ministers to develop regional strategies, for example on pharmaceutical regulations and the control of HIV/AIDS and sexually transmitted diseases (cf. Anaemene, “Health Diplomacy and Regional Integration”, 67–68).

12 Cf. ECOWAS Council of Ministers, “Decision C/DEC.1/11/84 Relating to the Creation of a Single Health Institution in West Africa”, 16th ordinary session, Lomé, 21 November 1984; “Final Report”, 16th ordinary session, Lomé, 19–21 November 1984, 7.

13 Cf. ECOWAS Authority, “Protocol A/P.2/7/87 on the Establishment of a West African Health Organization”, 10th ordinary session, Abuja, 9 July 1987.

14 ECOWAS Authority (2006). “Supplementary Protocol A/SP.1/01/06 Amending Articles VI-C, VI-I, IX- 8, XI-2 and XII of Protocol A/P.2/7/87 on the Establishment of the West African Health Organization (WAHO)”, 29th ordinary session, Niamey, 12 January 2006. Most importantly, the supplementary protocol reorganizes the specialized technical divisions of WAHO (Art. X.1–2) and changes the budgeting procedure (DG proposing to Assembly of Health Ministers, for approval by the Council of Ministers) (Art. XII).

15 Cf. ECOWAS Council of Ministers, “Recommendation C/REC.7/10/98 on the Request of Burkina Faso to Host the Headquarters of the West African Health Organization”, 43rd ordinary session, Abuja, 28 October 1998.

16 Cf. ECOWAS Authority, “Decision A/DEC.9/10/98 Approving the Request of Burkina Faso to Host the Headquarters of the West African Health Organization”, 21st ordinary session, Abuja, 31 October 1998.

17 See <https://www.ECOWAS.int/life-in-the-community/325-2/> [accessed 23 April 2020].

18 Cf. ECOWAS Council of Ministers, “Final Report”, 43rd ordinary session, Abuja, 23–28 October 1998, 19–20.

19 See, e.g. ECOWAS Authority, “Decision A/DEC./10/98 Relating to the Rationalisation of West African Intergovernmental Organisations”, 21st ordinary session, Abuja, 31 October 1998, Art. 2.

20 Cf. ECOWAS Authority, “Protocol A/P.2/7/87 on the Establishment of a West African Health Organization”, 10th ordinary session, Abuja, 9 July 1987, Arts. IV–IX).

21 See <https://www.ECOWAS.int/life-in-the-community/325-2/> and <https://www.WAHOoas.org/web-ooas/en/WHO-we-are> (both accessed 23 April 2020).

Assembly of Health Ministers – both sites underline that the assembly is basically limited to “matters of health, and more particularly to the technical aspects therein” but still sets general WAHO policies and makes “other appropriate decisions to promote or advance the objectives of the Organisation”.²² However, as the analysis below suggests, WAHO actors act relatively autonomously, in practice, and the WAHO DG, currently Prof Dr Stanley Okolo, from Nigeria,²³ has assumed a particularly prominent role, especially since the beginning of the Covid-19 pandemic.²⁴

WAHO’s main objective, the “attainment of the highest possible standard and protection of health of the peoples in the sub-region”, is to be achieved, according to the organization, through policy harmonization, the pooling of resources, and cooperation towards “collective and strategic combat against the health problems of the sub-region”.²⁵ Recognizing in 1987 “that diseases know no boundaries and unequal development in different countries in the promotion of health and control of disease pose a common problem”,²⁶ West African heads of state defined WAHO’s functions:

- (a) to study and promote research on the major endemic diseases of the subregion and undertake activities aimed at eradicating or controlling them;
- (b) to promote the training of post graduate health professionals and where necessary sponsor the training of undergraduates as well;
- (c) to serve as a forum for collecting and disseminating technical, epidemiological, research, training and other types of relevant health information among Member States; (d) to assist in the setting up of technical information centres in the Member States;
- (e) to promote and harmonise the establishment of the production of vaccines, manufacture of drugs, and quality control laboratories in the sub-region;
- (f) to encourage co-operation in combating and eradicating drug abuse and drug dependence in the sub-region;
- (g) to promote exchange of manpower and health technology among Member States; (h) to advise Member States on the health aspects of all development projects, if requested;
- (i) to assist in strengthening the Health Services and infrastructure of Member States where necessary;
- (j) to give active support to Member States in solving health problems in times of natural disasters or emergencies;
- (k) to collaborate with international, regional and sub-regional organisations with a view to solving health problems in the sub-region;
- (l) to promote co-operation among scientific and professional groups which contribute to the advancement of health;
- (m) to propose conventions, agreements and regulations and make recommendations with respect to sub-regional health matters and to perform such duties as may be assigned thereby to the Organisation and are consistent with its objectives; [and]
- (n) generally to take all necessary action to attain the objectives of the Health Organisation.²⁷

22 See <https://www.ECOWAS.int/life-in-the-community/325-2/> (accessed 23 April 2020). See also ECOWAS Authority, “Protocol A/P.2/7/87 on the Establishment of a West African Health Organization”, 10th ordinary session, Abuja, 9 July 1987, Art. VI.

23 Stanley Okolo holds a postgraduate degree in obstetrics and gynaecology from the UK. He has a PhD in endocrinology from the University College London. He also holds professorships at City University and Middlesex University, all in London, and is a fellow of both the West African College of Surgeons and the Royal College of Obstetricians and Gynaecologists in the UK (<https://WAHOoas.org/web-ooas/en/mediatheque/articles/handing-over-ceremony-professor-stanley-okolo-takes-office-WAHO-director>, accessed 23 April 2020).

24 Okolo took over from Dr Xavier Crespín (from Niger) in March 2018. Crespín had been in office since February 2014. Previous WAHO DGs were Dr Plácido Cardoso (2008–2013, from Guinea-Bissau) and Dr Kaba Joiner (2000–2007, from Nigeria). For more information about WAHO DGs, see <https://www.WAHOoas.org/web-ooas/en/a-propos/directeurs-generaux> (accessed 23 April 2020).

25 Cf. ECOWAS Authority, “Protocol A/P.2/7/87 on the Establishment of a West African Health Organization”, 10th ordinary session, Abuja, 9 July 1987, Art. III.1; see also Figure 1.

26 Cf. ECOWAS Authority, “Protocol A/P.2/7/87 on the Establishment of a West African Health Organization”, 10th ordinary session, Abuja, 9 July 1987, Preamble.

27 Cf. ECOWAS Authority, “Protocol A/P.2/7/87 on the Establishment of a West African Health Organization”, 10th ordinary session, Abuja, 9 July 1987, Art. III.2.

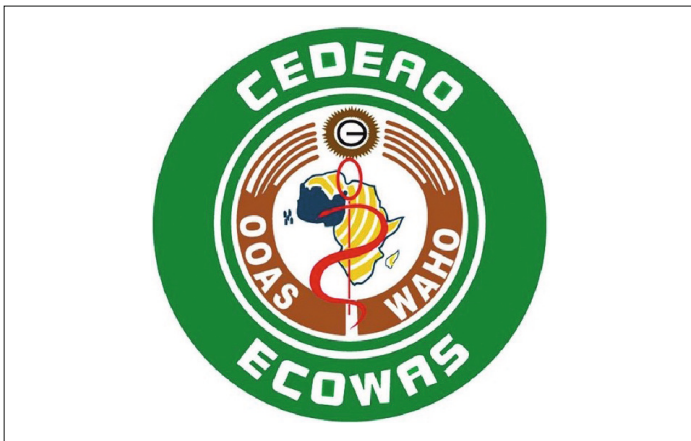


Fig. 1. WAHO logo

Source: West African Health Organization, "Home", <https://www.WAHOoas.org/web-ooas/en> (accessed 23 April 2020).

These objectives later translated into several programmes and projects, according to subsequent strategic plans (currently 2016–2020, with 13 programmes and 13 projects).²⁸ To perform these functions, WAHO partnered with various agencies, such as the WHO; the United States Agency for International Development (USAID); West African Regional; the German Development Agency (Deutsche Gesellschaft für Internationale Zusammenarbeit, GIZ); the Joint United Nations Programme on HIV/AIDS (UNAIDS); and the United Nations Children's Fund (UNICEF). Especially since the Ebola epidemic in 2014–2016, donors have significantly increased their support to WAHO, specifically with regard to responding to epidemics and pandemics in West Africa.²⁹

While it is beyond the scope of this paper to assess the work and effectiveness of WAHO,³⁰ the general criticism of the "weakness", "unpreparedness", etc. of West African actors to respond to the Ebola epidemic³¹ suggest significant shortcomings, at least in relation to emergency management. Responding to these shortcomings, and generously supported by donors, ECOWAS heads of state and government approved the establishment of the Regional Centre for Surveillance and Disease Control in May 2015 in Accra.³² This decision followed a recommendation by the ECOWAS Assembly of Health Ministers from March 2015 (meeting in Niamey, Niger) and recognized a call by the African Union for the RECs to create regional *centres* for disease control.³³ In December 2015, the ECOWAS Council of Ministers approved the regulations, adopted by the ECOWAS health ministers in Dakar, Senegal, the month prior. The regulations specified the setup and operation of the RCSDC, tasking the ECOWAS Commission and WAHO with mobilizing external funds amounting to USD 5 million, which was required for operating the centre to be set up in Abuja.³⁴

According to the RCSDC regulations,³⁵ the centre was established as a "regional structure, responsible for prevention and control of disease across the ECOWAS region" (Art. 2). According to its statute,

28 See <https://www.WAHOoas.org/web-ooas/en/programmes> (accessed 23 April 2020).

29 See, e.g., <https://www.giz.de/en/worldwide/62702.html> and https://eeas.europa.eu/headquarters/headquarters-homepage/57588/eu-ECOWAS-giz-launch-regional-support-improve-surveillance-and-response-networks-against_nb (both accessed 23 April 2020).

30 For a brief assessment of achievements and challenges, see Anaemene, "Health Diplomacy and Regional Integration", 69 ff. A short overview about WAHO's strategic plan for the period between 2009 and 2013 is given by Ifediora and Aning, "West Africa's Ebola pandemic", 230.

31 See, e.g. Bappah, "Human security in practice"; Ifediora and Aning, "West Africa's Ebola pandemic".

32 ECOWAS Authority, "Final Communiqué", 47th ordinary session, Accra, 19 May 2015, Par. 15.

33 In fact, the need for such a centre was first suggested in July 2009 by the Assembly of Health Ministers in Yamoussoukro (Côte d'Ivoire) (ECOWAS Council of Ministers, "Regulations C/REG.11/12/15 Establishing and Stating Operating Procedures of the ECOWAS Regional Centre for Surveillance and Disease Control [ECOWAS-RCSDC]", 75th ordinary session, Abuja, 14 December 2015, 2). At the African Union level, the process developed more strongly in July 2013, at an African Union Special Summit on HIV, TB, and Malaria that took place in Abuja. However, it took until January 2016 for the AU Assembly to approve the statutes of the Africa CDC (cf. AU Assembly, "Statute of the Africa Centres for Disease Control and Prevention [Africa CDC]", 26th ordinary session, Addis Ababa, 31 January 2016, Preamble; see also Engel, "Public Health Policies").

34 Cf. ECOWAS Council of Ministers, "Regulations C/REG.11/12/15 Establishing and Stating Operating Procedures of the ECOWAS Regional Centre for Surveillance and Disease Control [ECOWAS-RCSDC]", 75th ordinary session, Abuja, 14 December 2015, 2; ECOWAS Council of Ministers, "Final Report", 75th ordinary session, Abuja, 13–14 December 2015, Par. 55–59.

35 ECOWAS Council of Ministers, "Regulations C/REG.11/12/15 Establishing and Stating Operating Procedures of the ECOWAS Regional Centre for Surveillance and Disease Control [ECOWAS-RCSDC]", 75th ordinary session, Abuja, 14 December 2015.

it is a specialized agency of ECOWAS with a legal personality and financial autonomy (Art. 3.1), however operating under the “supervision” of WAHO (Arts. 3.3 and 5.3). Such an arrangement has created a tension, which is present throughout the centre’s operation. Despite the more narrowly defined purview (i.e. disease control), the centre’s mandate reads a lot like the one of WAHO, which is more general (see the WAHO functions listed above). In addition to producing and distributing information, facilitating public communication, and building up regional capacities, the RCSDC is mandated, amongst other tasks, to operate a “dedicated regional surveillance network” (Par. 4a), to perform early warning, and to support the creation of national emergency operating centres (Art. 5). The RCSDC structure consists of the Governing Board, comprising the WAHO DG (as the chair); the WAHO director of the Department of Disease and Epidemics Control; one representative each for the ECOWAS Commission, the Regional Animal Health Centre, and the WHO; as well as six representatives for the national coordinating institutions of the member states (Art. 8). Under the oversight of the Governing Board is the Office of the Director (responsible for day-to-day operations, strategic planning, implementation, and evaluation), supported by the Technical Advisory Committee (composed of regional and international experts). The RCSDC executive director is appointed by the president of the ECOWAS Commission (Arts. 9–11).

In order to set up the RCSDC, the ECOWAS Council of Ministers tasked WAHO with collaborating with the Nigeria Centre for Disease Control and with proposing to the ECOWAS Commission president an acting executive director for the RCSDC.³⁶ In June 2016, the centre’s Governing Board held its inaugural meeting in Abuja. At the time, the Nigeria Centre for Disease Control was hosting the RCSDC in its own facilities, before it eventually moved to a separate office, starting operations with the first group of dedicated staff in February 2018.³⁷ The choice of having the headquarters of the RCSDC in Nigeria contrasts with WAHO, which is based in Burkina Faso. According to the Nigeria Centre for Disease Control, the “choice of Nigeria [as the headquarters] was based on the country’s successful Ebola response which evidently informed other West African states’ strategies towards the ultimate containment of the outbreak, the human capital base and most importantly leadership commitment”.³⁸ Nevertheless, the Nigerian offer to provide facilities, staff, and funding probably also played an important role. Since 2016, several chief executive officers of the Nigeria Centre for Disease Control have functioned for different durations as the acting executive director of the RCSDC.³⁹ All this suggests tension between the centre being imagined as a relatively autonomous structure – a specialized agency itself – and being under the “close supervision” of WAHO,⁴⁰ indeed rather a substructure of WAHO, which is another specialized ECOWAS agency.⁴¹

Staffing of the centre has been a challenge, particularly with regard to the executive director position. Since initial recruitment in early 2017, the job has been repeatedly posted as vacant on the ECOWAS website (in March 2018 and again in May 2019, the latter with an indicated salary that had almost doubled), which continues up until today.⁴²

What is more, despite some activity⁴³ and donor support, the available sources do not allow for an assessment of the centre’s actual state of operationalization.⁴⁴ WAHO continues to be the main actor,

36 ECOWAS Council of Ministers, “Regulations C/REG.11/12/15 Establishing and Stating Operating Procedures of the ECOWAS Regional Centre for Surveillance and Disease Control [ECOWAS-RCSDC]”, 75th ordinary session, Abuja, 14 December 2015, Arts. 15–16.

37 See <https://nigeriahealthwatch.com/ECOWAS-regional-centre-for-surveillance-and-disease-control-starts-operations/#.Xpgjzy-nnBI> (accessed 16 April 2020).

38 <https://nCDC.gov.ng/news/49/ECOWAS-regional-center-for-surveillance-and-disease-control-kicks-off-in-abuja,-nigeria> (accessed 23 April 2020).

39 In 2016, this was Dr Abdusalami Nasidi; in 2018, it was Dr Chikwe Ihekweazu.

40 ECOWAS Council of Ministers, “Regulations C/REG.11/12/15 Establishing and Stating Operating Procedures of the ECOWAS Regional Centre for Surveillance and Disease Control [ECOWAS-RCSDC]”, 75th ordinary session, Abuja, 14 December 2015, Art. 5; see also organizational chart under Art. 7.

41 For the WAHO organogram, see <https://www.WAHOoas.org/web-ooas/en/WAHO-organogram> (accessed 23 April 2020).

42 Phone Interview, ECOWAS Commission Staff, 24 April 2020; see also <https://www.ECOWAS.int/director-regional-centre-for-surveillance-disease-and-control-d1/>; <https://www.ECOWAS.int/executive-director-of-the-ECOWAS-regional-centre-for-disease-surveillance-and-control/>; and <https://www.ECOWAS.int/executive-director-of-the-ECOWAS-regional-centre-for-disease-surveillance-and-control/> (all accessed 23 April 2020).

43 For a list of “achievements”, see <https://frontview.com.ng/WAHO-d-g-others-list-achievements-of-ECOWAS-RCSDC-as-governing-board-meets-in-abuja/> (accessed 24 April 2020).

44 At least in February 2019, WAHO DG Okolo still spoke about the need to “expedite” the Center’s operationalization (https://eeas.europa.eu/headquarters/headquarters-Homepage/57588/eu-ECOWAS-giz-launch-regional-support-improve-surveillance-and-response-networks-against_nb, accessed 23 April 2020).

in particular through the current DG, Stanley Okolo, and his public visibility (see below). This point is also supported by observing the social media posts of WAHO⁴⁵ and the RCSDC.⁴⁶ Whereas the content of the latter primarily, and almost exclusively, refers to WAHO, WAHO's social media posts do not refer to the centre at all (at least not during the last six months).⁴⁷ Interestingly, for example, the European Union provided EUR 5 million as support "to the ECOWAS RCSDC" – implemented by the GIZ and the French Development Agency (Agence Française de Développement) – which mostly goes directly towards capacity-building in West African member states, instead of being directed to the centre.⁴⁸

ECOWAS / WAHO Responses to the Covid-19 Pandemic

In response to the Covid-19 outbreak in China, WAHO already started to prepare for potential consequences in West Africa in January 2020. Since 13 January, WAHO has prepared and distributed a weekly "Epidemiological Bulletin", including information on the Covid-19 outbreak, to regional health ministries, directors of national public health institutes, and partners. In addition, WAHO staff began holding weekly online meetings with these directors as well as directors of national laboratory services to discuss situation updates, challenges, and country needs. WAHO also put the Regional Rapid Response Team on standby in case of the need for active communication and "real-time collaboration".⁴⁹ On 27 January, WAHO issued its first public statement on the "Outbreak of Novel Coronavirus in China" to "inform the general public of ongoing measures to protect the region and what people should do to protect themselves".⁵⁰ The statement made a reference to the WHO risk assessment for regions outside China, which are labelled as "moderate", encompassing West Africa, and highlighted the initial efforts by WAHO to promote regional coordination towards the timely sharing of information, to strengthen surveillance capacities in members states, and to increase networking between laboratories to allow all West African states to have access to testing. At the time, only one suspected case (fever detected at Abidjan airport, promptly isolated, and later tested negatively) existed in the ECOWAS region.⁵¹

Throughout February 2020, WAHO issued several public statements (1, 13, and 28 February), and the WAHO DG held a joint press briefing (17 February) with the Nigerian minister of state for health, Adeleke Olurunimbe Mamora, as well as convened an emergency meeting of the Assembly of Health Ministers (14 February). On 1 February, WAHO reported that the WHO had declared the Covid-19 outbreak a "public health emergency of international concern", updating the WHO risk assessment outside China to "high" (being "very high" in China). WAHO staff continued to work with member states towards strengthening airport surveillance, especially with regard to direct flights from and to China. Moreover, together with the Africa CDC, it began to support the increase of "regional reference laboratories" dedicated to testing for Covid-19 from two to five.⁵² On 14 February, in Bamako, Mali, WAHO convened a "high-level regional coordination meeting" for the Assembly of Health Ministers to urgently discuss, coordinate, and harmonize regional preparations and responses, especially "in terms of surveillance, case management, infection prevention and control, laboratory and risk communication". Based on joint assessments of needs

45 @ooasWAHO, active since February 2016.

46 @ECOWAS_CDC, active since May 2018.

47 See https://twitter.com/ECOWAS_CDC?lang=de and <https://twitter.com/ooasWAHO>, as well as <https://www.facebook.com/pg/ooasWAHO/posts/>.

48 Cf. European Union External Action Service (2017). "Action document for Support to the Regional Centre for Disease Surveillance and Control in the ECOWAS (ECOWAS-RCSDC) Zone", Available at <https://www.gtai.de/resource/blob/36874/e88a8dd0143a24eae752d6bb7c1e385f/pro201712045009-data.pdf> (accessed 24 April 2020).

49 Cf. "ECOWAS Provides Support to Member States in the Fight Against the Spread of Coronavirus Disease 2019 (Covid-19) Pandemic", Statement, Abuja, 21 March 2020, 1–2.

50 "WAHO Statement on the Outbreak of Novel Coronavirus in China", Press release, Bobo-Dioulasso, 27 January 2020, 1.

51 Ibid.

52 "WAHO Statement 2 on the Outbreak of novel Coronavirus in China", Press release, Bobo-Dioulasso, 1 February 2020.

and challenges, WAHO staff was tasked with working towards developing common regional guidelines⁵³ as well as a strategic costed regional preparedness plan (based on member states' priorities) for governments, partners, and the private sector to support.⁵⁴

In an effort to popularize the results of the ministerial emergency meeting, Okolo and Mamora held a joint press briefing on 17 February 2020, calling for collective action in West Africa. Referring to the first confirmed case in Africa, reported on 14 February in Egypt, Okolo argued to draw on lessons learned during the Ebola outbreak. He stated that testing was now available in Côte d'Ivoire, Ghana, Nigeria, Senegal, and Sierra Leone.⁵⁵ With the confirmed arrival of the virus in Africa and subsequently in West Africa on 28 February, with a first confirmed case reported in Nigeria,⁵⁶ WAHO dropped the reference "in China" from subsequent statements. Also in February, WAHO staff organized diagnosis training for laboratory personnel from Côte d'Ivoire, Gambia, Ghana, and Nigeria, in collaboration with the Pasteur Institute in Dakar,⁵⁷ providing the participants with 100 test kits each (only Nigeria receiving 200).⁵⁸ Moreover, throughout the month, WAHO staff also engaged in several (previously scheduled) activities more or less explicitly involving Covid-19 (amongst other diseases). For example, it organized a 12-week epidemiology training course, starting in Gambia on 11 February.⁵⁹ Between 12 and 14 February, the staff held a workshop in Liberia, supporting the establishment of medical emergency teams (though this one was not specifically on Covid-19).⁶⁰

During March 2020, WAHO staff sought to further strengthen the individual capacities of member states to prepare themselves and respond to the pandemic. WAHO organized a simulation exercise in Abuja on 5 March and rehearsed and practiced the deployment of the ECOWAS Regional Rapid Response Teams. It increased the procurement of critical supplies, such as diagnosis kits, specimen transportation kits, and personal protective equipment (PPEs). The ECOWAS Commission provided additional funds for an "emergency basis" of 50,000 test kits and equipment for member states.⁶¹ On 16 March, a technical working group of reference laboratories, on response to the Covid-19 outbreak, met with the Africa Task Force for Novel Coronavirus (AFCOR), an effort by actors at the Africa CDC to coordinate support for laboratory testing and supply chains in member states.⁶²

Also on 16 March 2020, through its president, Jean-Claude Kassi Brou, the ECOWAS Commission issued its first statement on "measures to prevent and contain the spread" of Covid-19.⁶³ Advised by WAHO, the Commission president instructed the commission to approve only critical missions and requested 14 days of self-isolation for staff that had travelled to "any high burden country or country with local transmissions" within the last 2 weeks as well as a voluntary home office for commission staff. Furthermore, all meetings requiring international air travel were suspended and local meetings of more than 50 people "discouraged" while requesting social distancing and using communication technologies. Brou also provided information about the establishment of a Committee on Corona Virus Management (a help desk basically) at the ECOWAS Commission and tasked all other ECOWAS institutions and agencies with doing the same. In addition, he instructed WAHO to continue to provide advice and guidance as well as regular updates on the management of Covid-19 in the region. All measures were put

53 Cf. „Novel Coronavirus (Covid-19), ECOWAS Ministers of Health in Emergency Meeting in Bamako." Press release, Abuja, 13 February 2020.

54 Cf. ECOWAS Health Ministers, "Final Communiqué", Emergency meeting, Bamako, 14 February 2020.

55 ECOWAS Commission, "Covid-19 Virus: WAHO, Regional Health Ministers Call for Collective Response", Press release, Abuja, 17 February 2020.

56 Cf. "ECOWAS Provides Support to Member States in the Fight Against the Spread of Coronavirus Disease 2019 (Covid-19) Pandemic", Statement, Abuja, 21 March 2020, 2.

57 Cf. "Novel Coronavirus (Covid-19), ECOWAS Ministers of Health in Emergency Meeting in Bamako", Press release, Abuja, 13 February 2020.

58 Cf. "ECOWAS Provides Support to Member States in the Fight Against the Spread of Coronavirus Disease 2019 (Covid-19) Pandemic", Statement, Abuja, 21 March 2020, 2.

59 See <https://www.WAHOoas.org/web-oas/en/actualites/gambia/WAHO-afenet-and-gambian-ministry-health-are-strengthening-field-epidemiology> (accessed 17 April 2020).

60 See <https://www.WAHOoas.org/web-oas/en/actualites/liberia/west-african-health-organization-WAHO-supports-liberia-towards-establishment> (accessed 17 April 2020).

61 "ECOWAS Provides Support to Member States in the Fight Against the Spread of Coronavirus Disease 2019 (Covid-19) Pandemic", Statement, Abuja, 21 March 2020, 2.

62 Ibid.

63 At this point, only 38 cases (and 0 deaths) had been reported across West Africa according to the WHO, 26 of which were in Senegal, with a "hotspot" of "local transmissions" in Touba ("ECOWAS Measures to Prevent and Contain the Spread of Corona Virus Disease 2019 [Covid-19]", Statement, Abuja, 16 March 2020, 1).

in place initially for 4 weeks⁶⁴ but prolonged and updated subsequently on 22 March and 14 April,⁶⁵ referring ECOWAS staff to advise on risk communication as well as material prepared by WAHO,⁶⁶ strongly encouraging home office for staff potentially at risk, and further reducing the allowed maximum number of participants for local / internal meetings to 25 (with mandatory attendance lists). All private visits to ECOWAS institutions and agencies were prohibited for the 2 weeks following, except security personnel, with staff being reduced to a bare minimum.⁶⁷

Following Brou's request, on 18 March WAHO began publishing regular situation reports. However, the last report available online dates from 29 March.⁶⁸ Since then, updates by WAHO have been posted primarily on its social media channels on Twitter and Facebook, limited to a table stating the current numbers of confirmed cases, deaths, and recovered (see figure 2 below).⁶⁹ On 21 March, in a first statement directed towards the broader public, followed by another "message" on 23 March,⁷⁰ Brou highlighted the efforts of the ECOWAS Commission and WAHO so far. He stressed that they had been "very active in ensuring that the region is epidemic-free",⁷¹ working together with member states and partners – at this point mentioning only the WHO. In the meantime, the Assembly of Health Ministers had adopted a "Regional Strategic Plan for Preparedness and Response to Pandemics" – calculated to cost about USD 51 million, with resources being mobilized from partners⁷² – as well as a "Strategic Plan for Institutional Communication" and manuals on procedures. Through regular support and evaluations, WAHO staff managed to set up national coordination institutions in all 15 member states, initiating a weekly communication process amongst them.⁷³

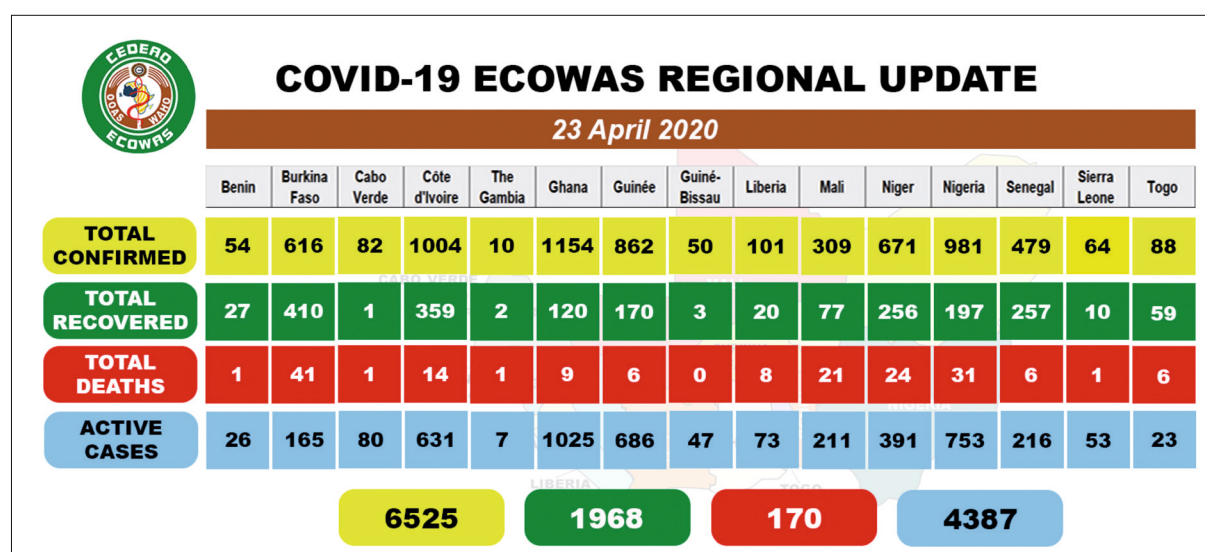


Fig. 2. ECOWAS regional update on Covid-19

Source: Twitter, "WAHO | OAS", <https://twitter.com/ooasWAHO> (accessed 24 April 2020).

64 ECOWAS Commission, "ECOWAS Measures to Prevent and Contain the Spread of Corona Virus Disease 2019 (Covid-19)", Statement, Abuja, 16 March 2020.

65 Cf. "COVID-19 Lockdown: ECOWAS Extends Closure of Offices; Staff to Continue working from Home", Press release, Abuja, 14 April 2020.

66 See <https://www.WAHOoas.org/web-ooas/en/actualites/benin-burkina-faso-cabo-verde-cote-divoire-gambia-ghana-guinee-guinee-bissau-liberia-24> (accessed 24 April 2020).

67 Cf. "Update on ECOWAS Measures to Prevent and Contain the Spread of Corona Virus Disease 2019 (Covid-19)", Statement, Abuja, 22 March 2020.

68 See <https://www.WAHOoas.org/web-ooas/en/actualites/benin-burkina-faso-cabo-verde-cote-divoire-gambia-ghana-guinee-guinee-bissau-liberia-28> (accessed 16 April 2020).

69 See Twitter (<https://twitter.com/ooasWAHO>) and Facebook (www.facebook.com/ooasWAHO/) respectively.

70 See <https://www.ECOWAS.int/message-by-the-president-of-the-ECOWAS-commission-on-the-coronavirus-outbreak/> (accessed 16 April 2020).

71 "ECOWAS Provides Support to Member States in the Fight Against the Spread of Coronavirus Disease 2019 (Covid-19) Pandemic", Statement, Abuja, 21 March 2020, 1.

72 Ibid., 2.

73 Ibid.

On 1 April 2020, WAHO DG Okolo held an online press conference and issued another press release, reflecting upon the current situation in the ECOWAS region, across all 15 member states, with 1,077 confirmed cases and 31 deaths (as of 31 March). WAHO staff continued to distribute essential materials, including 30,000 test kits (for most member states the first they had received), 50,000 specimen transportation kits, 10,000 PPEs, and some medication, about 740,000 prescription tablets of Chloroquine and Azithromycin.⁷⁴ Additional orders had been placed and were expected to arrive over the following two weeks, and “sourcing” for ventilators was ongoing.⁷⁵ All these efforts were in addition to those employed by individual member states as well as to potential supply shortages addressed through partnerships with other agencies – though no agencies were mentioned specifically. Finally, WAHO staff were still in the process of developing instructional operation guides and preparing online training for healthcare workers, scheduled for 6–12 April 2020.⁷⁶

In the second communiqué, on 6 April 2020, taking stock of efforts employed by ECOWAS so far, Brou declared that, in addition to the materials already delivered by WAHO to Benin, Burkina Faso, Cabo Verde, Gambia, Ghana, Guinea, Sierra Leone, and Togo, 240,000 test kits; 240,000 extraction kits; 250,000 viral sample transport kits; 285,100 PPEs; 268,100 masks for medical personnel; 120 ventilators; and several thousand liters of disinfectants had been ordered. Grateful for financial and technical support by partners – though again none of the partners were exactly mentioned – the Commission and WAHO continued to mobilize resources “internally” and “externally”. Moreover, they started working on a “Short and Medium Term State Assistance Plan”, including humanitarian assistance and economic recovery support, to complement current interventions.⁷⁷ The assistance plan – which added a new dimension to the regional response to the Covid-19 pandemic – had already been introduced by WAHO DG Okolo in a TV interview, referring to WAHO support for member states in preparing strategies, transitioning after measures are ended, and alleviating socioeconomic damage.⁷⁸

A response driven more directly by state actors within ECOWAS emerged only on 21 and 23 April. Following a meeting by the ECOWAS ministers in charge of finance and governors of central banks on 21 April 2020,⁷⁹ the ECOWAS Authority of Heads of State and Government convened a virtual extraordinary summit on 23 April 2020, the first to touch upon the issue of Covid-19 in West Africa.⁸⁰ At the summit, mainly concerned with the socioeconomic impact of the crisis, ECOWAS heads of state and government decided on several initiatives towards “stabilization and economic recovery”, putting President Muhammadu Buhari of Nigeria in charge (as “Champion”) of coordinating regional efforts to contain the pandemic and to supervise newly established ministerial committees on health, finance, and transport.⁸¹

74 Cf. “ECOWAS Communiqué No. 2 of 6 April on the Fight Against the Coronavirus Disease”, Statement, Abuja, 6 April 2020.

75 “WAHO Providing Financial and Material Support to ECOWAS Member States to fight Covid-19”, Press release, Bobo-Dioulasso, 1 April 2020.

76 Ibid.

77 “ECOWAS Communiqué No. 2 of 6 April on the Fight Against the Coronavirus Disease”, Statement, Abuja, 6 April 2020, 2.

78 See Okolo interview on TVC News, 4 April 2020, https://www.youtube.com/watch?v=OaMkqWHHY58&feature=emb_logo (accessed 16 April 2020).

79 Cf. “ECOWAS Leaders hold Extraordinary Summit Virtually to Combat COVID-19 in the Region”, Press release, Abuja, 22 April 2020.

80 Cf. ECOWAS Authority, “Final Communiqué”, Extraordinary session, Video conference, 23 April 2020.

81 Ibid., 5–6.

ECOWAS / WAHO and Continental Coordination and Ordering Efforts

The details provided so far – which focus on the creation and functioning of WAHO and the RCSDC as well as the tangible efforts employed by ECOWAS actors in response to the Covid-19 pandemic – allow for several interesting observations to be made regarding regional and interregional coordination, pointing to more general dynamics of efforts and aims to organize space and potentially construct spatial order in Africa.

First, in response to the crisis on behalf of ECOWAS, agency has been most visible in the personality of the WAHO DG, Stanley Okolo, and his staff as well as to a lesser extent in the actions of the ECOWAS Commission president, Jean-Claude Kassai Brou. At least publicly, these two figures have become the faces of regional responses to the Covid-19 pandemic, delivering public messages as well as providing answers at press conferences and in TV and newspaper interviews.⁸² In this, although in principal an ECOWAS institution, it appears that WAHO actors – specifically the DG and the Assembly of Health Ministers – have developed significant initiative and autonomy in their approach towards the Covid-19 pandemic. Actors at the Commission have mainly sought to closely associate themselves with actions taken by WAHO.⁸³ Assessing to what extent other actors at the Commission, such as the Early Warning Department (recently moved to the Office of the Deputy Commission President to develop a broader outlook beyond conventional notions of “security”), have been active and involved in formulating and implementing responses will have to be the subject of further research. This picture may begin to change, however, in the aftermath of the extraordinary session of the ECOWAS Authority of Heads of State and Government on 23 April 2020, the first to deal with the Covid-19 pandemic.

Second, the RCSDC, established specifically for the purpose of responding to situations like the current Covid-19 outbreak in West Africa, is nowhere mentioned in the available material documenting the ECOWAS responses. If active at all in response to Covid-19, its actions have been completely subsumed under the WAHO efforts, at least more generally. Incipient research suggests that rather than becoming a more autonomous specialized agency of ECOWAS, the centre has become absorbed into the organizational structure of WAHO. Lacking visibility and leadership of the RCSDC may be explained by the executive director post remaining vacant, which can partly be explained by a slow recruiting process at the Commission. However, it may also be explained by a lack of interest by the WAHO DG to see a stronger and more autonomous disease control centre emerging, even if ultimately remaining under the formal authority of the WAHO DG.⁸⁴ Another explanation may relate to efforts aiming to avoid institutional proliferation,⁸⁵ which had also been at the heart of the creation of WAHO about 33 years ago. Further research in this direction might reveal interesting insights into dynamics among different West African regional actors.

82 See, e.g., <https://www.ECOWAS.int/covid-19/> and <https://www.WAHOoas.org/web-ooas/en/actualites> (both accessed 17 April 2020).

83 For example, on 8 April 2020, a post on the main ECOWAS website re-introduced general information about WAHO (cf. <https://www.ECOWAS.int/covid-19/west-african-health-organization/>). The statement of the ECOWAS Commission of 21 March 2020, stresses that the 28 February WAHO statement was delivered in „clos[e] collaboration with ECOWAS Commission”, and that the accelerated procurement of critical supplies was done by the ECOWAS Commission “through WAHO” accelerated (cf. “ECOWAS Provides Support to Member States in the Fight Against the Spread of Coronavirus Disease 2019 [Covid-19] Pandemic”, Statement, Abuja, 21 March 2020, 2).

84 Phone Interview, ECOWAS Commission Staff, 24 April 2020.

85 Cf. Anaemene, “Health Diplomacy and Regional Integration”, 70.

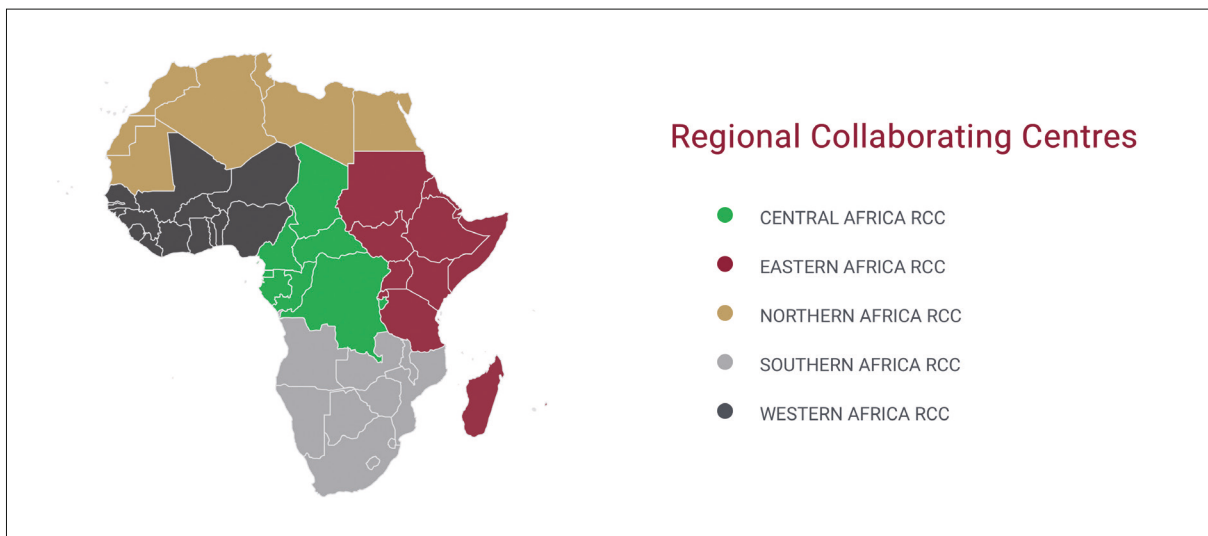


Fig. 3. Regional Collaborating Centres (RCC) of the Africa CDC

Source: Africa CDC, "Homepage", <https://africacdc.org> (accessed 16 April 2020).

Third, and closely related, the unclear state of operationalization of the RCSDC also raises questions concerning the interregional coordination and cooperation of West African regional health actors and the Africa CDC. As explained above, the RCSDC emerged in direct relation to the African Union's initiative to establish regional branches of the Africa CDC (see figure 3). Therefore, another (admittedly speculative) possibility is that West African actors (in health or otherwise) are not too interested in empowering an institution somehow subordinate to its African Union counterpart, even less so with a similar agency – that is to say, WAHO – already existing for a much longer time. In any case, with the RCSDC apparently out of the picture, the question arises concerning the actual extent of coordination and cooperation between the Africa CDC and ECOWAS / WAHO. In the available material, there are only very few references hinting at a high degree of interaction in that regard.⁸⁶ Conversely, documentation on the website of the Africa CDC refers to cooperation with ECOWAS and WAHO only in three cases, two before the Covid-19 outbreak (in May and June 2019 respectively) and one with respect to the simulation exercise referred to above.⁸⁷ Acknowledging that lack of cooperation, at their extraordinary summit on 23 April 2020, ECOWAS heads of state and government have called for the strengthening of cooperation between the Africa CDC and WAHO.⁸⁸ If this call will be followed by action remains to be seen.

Placing these observations into a larger context, they seem to reveal more general dynamics of (lacking) cooperation as well as contestation between the African Union and the RECs, as observed, for example, concerning their interactions in response to conflicts on the continent.⁸⁹ Therefore, clarifying the relationship between the Africa CDC and its West African counterpart requires further research, with the promise to better understand efforts and aims to order relations amongst different spaces in and beyond Africa.

86 On (non-)congruence of the regional RCCs with existing regional divisions in the context of the African Peace and Security Architecture, see Engel, "Public Health Policies".

87 See <https://africacdc.org/?s=WAHO> and <https://africacdc.org/?s=ECOWAS> (accessed 23 April 2020).

88 ECOWAS Authority, "Final Communiqué", Extraordinary session, Video conference, 23 April 2020, 4. Differences between the approaches of ECOWAS and the African Union are observable in the (non)securitization of the current pandemic, something already observed during the Ebola epidemic (cf. Anaemene, "Health Diplomacy and Regional Integration", 62; see also Ifediora and Aning, "West Africa's Ebola pandemic"). Whereas, the AU Peace and Security Council has concerned itself with Covid-19 (cf. Engel, "Public Health Policies"), the ECOWAS Mediation and Security Council has not.

89 See, e.g., K. P. W. Döring and J. Herpolsheimer, "The Spaces of Intervention for Mali and Guinea-Bissau", in: *South African Journal of International Affairs* 25 (2018) 1, pp. 61–82.

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Universität Leipzig
SFB 1199

E-Mail: sfb1199@uni-leipzig.de

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