PUBLIC TRUST, CAPACITY AND COVID-19: EARLY LESSONS FROM AFRICA

By Hisham Aïdi
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Analysts are trying to understand why the COVID-19 pandemic is progressing in Africa at a much slower rate than expected. According to one report, the continent had by the beginning of May seen 37,000 infection cases and 1600 fatalities, compared to the rest of the world, which has 3.2 million cases and 228,000 deaths¹. Various explanations have been proffered to explain this disparity: Africa’s warm climate, the youthfulness of the continent’s population (60% of the population is under 25 years old), the relative economic isolation of many African countries². Yet, knowing that we are still in the early phase of the pandemic, credit should also be given to certain African states and to the African Union for their handling of this health crisis.

African states were among the earliest to implement lockdowns. South Africa put in place a sweeping lockdown before a single case of COVID-19 was confirmed within its borders. Nigeria began screening passengers at airports in February. Rwanda closed its borders in mid-March. People in Senegal and Uganda began wearing masks before the U.S. and European states, with their health ministries carrying out extensive contact tracing. Senegal pioneered a method of producing free masks using a 3D printing machine. In Ghana, the locally-produced ‘Veronica’ bucket, a plastic container with a tap, allows people to collect water to wash their hands in the absence of running water. It is now being used across West Africa. South Africa has managed to flatten its infection curve and is moving to relax lockdown restrictions, while the U.S. and United Kingdom are still struggling to contain surging infections.

The ongoing media commentary on Africa’s response to the COVID-19 pandemic seems to be splitting into two camps: the doomsayers who warn that the pandemic will devastate African economies and societies, given the weak public health systems and the collapse in oil prices, versus the optimists, who think that African states’ experiences with past pandemics have led to swift and effective interventions³. If it is too early to praise the response of African states to COVID-19—especially given increased security measures and the looming economic recession—analysts can still note how the discourse on African state failure and incapacity is of little help. As African states move to ease restrictions, while the U.S. and the UK are faltering, a more nuanced understanding of authority and state capacity is needed. As political theorist Sheri Berman wrote, during times of crises, a political system’s underlying strengths and weaknesses are exposed⁴.

One characteristic that is proving critical in predicting how a regime will fare during the coronavirus stress test is trust: trust in public institutions and between people has helped the Swedish government, for example, to act effectively, as opposed to the U.S., where

³. https://www.ft.com/content/124dd4f4-8a0b-11ea-9dcb-fe6871f4145a
low trust in government, diminishing since the Reagan era, has hampered government efforts5.

In Africa the pandemic crisis is producing we are seeing divergent outcomes. Thus far, it appears that states that enjoy higher trust and are engaging with local leaders are performing better than states that suffer from a trust deficit. The heavy-handed tactics used to enforce the lockdown in some Africa countries is troubling, as it could rapidly erode trust in government.

**Agenda 2063**

As African states moved to implement lockdowns, the African Union and the Africa Centers for Disease Control (Africa CDC) were tackling the pandemic at the continental level. The CDC—founded in April 2015—began its work in early 2017, planning to set up an early warning system for health crises, and promoting collaboration on health emergencies among member states. The Africa CDC is supported by the African Union6. The AU in 2015 formed a partnership with the World Health Organization, creating the African Medicines Agency, and in 2019 both international organizations signed an agreement to “reinvigorate, expand and deepen” their partnership, in an effort to improve public health across the continent in accordance with the African Union’s Agenda 20637.

The Africa CDC reacted early to the COVID-19 outbreak. In January 2020, it called on member states “to enhance their surveillance for severe acute respiratory infections (SARI)” and to be vigilant for any “unusual patterns” in pneumonia cases, and declared that it was working to identify facilities in member states that could receive and test specimens of the virus8. The South African Development Community’s (SADC) ministers of health also held an emergency meeting. (As of this writing, the African Union’s Commissioner Amira El Fadil is in negotiations with the government of Madagascar over the herbal remedy that its president has held up as a remedy for COVID-19, and which Tanzania is importing)9. On March 20, the AU and the Africa CDC issued the Africa Joint Continental Strategy for COVID-19 Outbreak. Despite these laudable efforts, the pandemic risks undermining the AU’s Agenda 2063’s main objectives of freedom of movement and economic integration10. The current closing of borders and moves to restrict migration could inflame xenophobic sentiment against foreigners and migrants (consider the forty kilometer fence that South Africa is building along the border with Zimbabwe)11. As other states—Ethiopia, Kenya, Nigeria, Sudan, Morocco, and Zimbabwe—close their borders to human traffic, this could stall future efforts at integration.

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Securitization

The received wisdom is that states with greater capacity—put simply, greater wealth and capabilities—will weather the pandemic better. In a health crisis, state capacity can be understood as the ability to locate cases of infection, to enforce lockdowns, and to acquire and distribute testing equipment and medical supplies. Central to this capacity is the regime’s ability to credibly communicate its policies, and to counter fake news about the pandemic. Thus, higher-population states, such as Egypt, were slow to respond because of low capacity. Similarly, Nigeria and Algeria, facing the quick drop in oil prices, have also found themselves hampered. With limited resources and capacity, some states have opted for greater repression, using the health crisis as a pretext to shut down the ongoing protest movement—as has happened in Algeria, where activists are trying to maintain some momentum online.12

In the field of international relations, the theory of securitization was developed by Ole Waever, who is a central figure of the Copenhagen School of Security Studies. Waever and his associates maintain that security is a speech act: an issue becomes a threat whenever an actor declares it to be a matter of national security, therefore defining it as a supreme priority.13 As Buzman, Waever and De Wild wrote, “the special nature of security threat justifies the use of extraordinary measures to handle them” and a “suspension of normal politics.”14 There is a growing social science literature that analyzes the securitization of the Ebola and AIDS pandemics in Africa—and how regimes use health crises to grab more power.15

As African leaders have declared the coronavirus an invisible enemy, attempts to institute lockdowns have been triggered a wave of police brutality. Nigeria’s human rights commissioner reported in mid-April that police had killed 18 people.16 In Kenya, twelve people were shot dead for defying the curfew. President Kenyatta has since apologized for the police violence.17 On April 28, even the United Nations expressed concern over the spike in police brutality in the name of fighting COVID-19.18 Equally troubling is the de-liberalization that is happening in the name of lockdown. In Togo, President Gnassingbé in early April declared a state of emergency and a curfew, deploying 5000 soldiers to clear public markets. Togolese activists have expressed concern that the financial assistance that is to be delivered by the government through the Novissi program requires recipients to register with a voter ID, which could lead to retaliation by the regime against those who boycotted the 2018 legislative elections.19

In Ethiopia, the lockdown has led to the postponement of the national election scheduled for August 29, 2020, breaking a fundamental promise made by Prime Minister Abiy Ahmed. As the Ethiopian state banned gatherings and closed schools, with regional states restricting transportation and travel between regions, the Electoral Board announced the postponement. “Such actions have delayed pre-election tasks, including the training over 150,000 attendants, that were supposed to be finalized by now,” declared the Board—adding that it was unable to procure the printed material to conduct necessary pre-election polls. Opposition figures have warned that the postponement could worsen the political crisis. A spokesman for Tigray, one of Ethiopia's nine autonomous regions, warned that postponing the election—until the pandemic is brought under control, as the Board stated—poses a danger to the federation. Elsewhere, measures aimed at preparing for greater liberalization have been put on hold. In Zimbabwe, the partial crackdown has stalled preparations for the 2022 census, which would allow for electoral districting.

Public Trust

The success of government efforts to contain the pandemic depend on public trust. In one study examining twelve African countries implementing partial lockdowns, respondents were asked whether they strongly agreed or disagreed with the following statement: “My government has done enough to stop the spread of coronavirus”. The DRC and Zambia had the highest portions of respondents who disagreed with the claim that their government was doing enough (at 32% and 31%). Rwanda scored highest (with 81% strongly agreeing), followed by Mozambique at 59%.

African state elites are fully aware that a more responsive approach will generate more cooperation. The Malawian government, for instance, was handing out cash transfers to one million people and small businesses affected by the lockdown, when it was faced with a protest launched by informal traders. The government responded peacefully. When the Malawian Human Rights Defenders Coalition (HRDC) presented a petition calling for more consultation on COVID-19 policy, the High Court responded (on April 17) by temporarily stopping the government from implementing the lockdown, pending a judicial review within a week. A consultative approach can generate more trust and compliance. Recent research looking at Guinea during the Ebola outbreak for instance shows that governments and their international backers can gain higher levels of cooperation, if people—especially marginalized ethnic communities, such as the Peul in Guinea—hear health advisories from local instead of national authorities. Furthermore, international donors can find it more productive to partner with non-governmental authority figures, at the local and national level, to reach all citizens.

Recent commentary has argued that jihadi groups (such as Boko Haram) will exploit the pandemic, and has advised the Sahel states to act rapidly. The argument is that high-capacity states will step up counter-terrorism—which will in turn create resentment, and

drive up jihadi recruitment—whereas weak states face the possibility of simply being overwhelmed and collapsing. Scholars have questioned this line of reasoning, noting that militant groups could also be ravaged by the pandemic, and if COVID-19 spreads in territories under their rule, it could undermine their authority25. Thus states could use this health crisis as a chance to shore up their authority in peripheral zones. As one Sahel specialist observed, “states who move swiftly to offer services and manage lockdowns in non-repressive ways may even find that they can repair some of the trust deficits that have festered for years”26.

Oil and Recession

The economic recession that will come on the heels of this pandemic is a great concern; it will disproportionately hurt the poor, informal workers, and women27. It is difficult to implement the proposed practices of social distancing, handwashing, and stockpiling in the slums and shantytowns of African cities. A large segment of the African labor force works in the informal sector, which will bear the brunt of the lockdown; street vendors and market sellers cannot be told to work from home, and often do not have a tax ID through which to receive government subsidies or payments28.

In early March, the World Bank predicted that the pandemic would drive sub-Saharan Africa into its first recession in twenty-five years29. This was before the sudden collapse in oil prices, which drastically reduced the earnings of oil producers including Nigeria and Angola. Nigeria is projected to grow at only 2.5% in 202030. Oil makes up 90% of Nigeria’s exports and the decline in demand has led the government to cut planned expenditures and to request a $6.9 billion loan from the International Monetary Fund31. As a result of this economic crisis, the G20 in mid-April agreed to suspend bilateral debt service repayment until the end of 2020 for the 76 low-income countries eligible for World Bank lending via the International Development Association32. The IMF also approved six months of debt service relief for nineteen African states.

Numerous scholars have noted that the pandemic is having a disproportionate impact on women and girls.33 As primary caregivers, women face greater risk of infection. As providers of domestic labor and childcare in schools and nurseries, which have now closed, women bear the economic brunt of the lockdown. Yet women’s rights organizations are also at the forefront of the societal effort to contain the pandemic.

In Kenya and Uganda, women’s organizations are translating information, making face masks, distributing food packages and hygiene packets—including ‘dignity kits’ (that include sanitary pads, soap, toothbrush, toothpaste, disinfectant, isoprophyl alcohol)\(^{34}\). And given the increase in domestic violence, these groups are also lending support to women in abusive relationships. But they need more state support and more access to decision-making circles.

A recent report on Nigeria, describing how gender must be integrated into the COVID-19 response, has implications for other African states. Given the rise in violence and how food insecurity—caused by the disruption of transportation routes and closure of public markets—will affect homemakers, it is essential that women be included in COVID-19 decision-making process. The report also stated that women make up the majority of informal-sector workers, and will be strongly affected by the closures, and called on community leaders to ensure women’s access to healthcare\(^{35}\).

**Early Lessons**

In conclusion, some African states should be lauded for their response to the pandemic; for moving quickly, for using best practices learned from past health crises, and for deploying scientifically-based solutions—all while Western leaders dithered. Ahmed Ogwell Ouma, deputy director of the Africa CDC, observed in late April that the rapid reaction explains the slow infection rate across the continent: “This is a lesson we learned from the Ebola crisis in West Africa. We intervened quickly, with the means, knowledge and proven social partners in the communities”\(^{36}\). Social distancing and infection control were used in earlier efforts to contain tuberculosis and Ebola. Analysts note that even educational pamphlets on tuberculosis and HIV have been, with some changes, repurposed to educate the public about COVID-19.\(^{37}\) Early assessments also underline that during this first phase of the pandemic, it is local civic groups, community organizations, and village leaders who enjoy the trust of the population, who are leading the effort to contain the pandemic. African commentators are understandably still very apprehensive. The Senegalese daily 24 Heures recently ran a headline “La grande inquietude” (The Great Worry)\(^{38}\), but it is also heartening to see African states with limited resources tap local knowledge and leadership in a time of crisis, showing that the continent is not simply a passive victim.

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Hisham Aïdi focuses on cultural globalization and the political economy of race and social movements. He received his Ph.D. in political science from Columbia University and has taught at Columbia University’s School of International and Public Affairs (SIPA), and at the Driskell Center for the Study of the African Diaspora at the University of Maryland, College Park. He is the author of Redeploying the State (Palgrave, 2008) a comparative study of neo-liberalism and labor movements in Latin America; and co-editor, with Manning Marable, of Black Routes to Islam (Palgrave, 2009).

In 2002–2003, Aïdi was a consultant for UNDP’s Human Development Report. From 2000 to 2003, he was part of Harvard University’s Encarta Africana project, and worked as a cultural reporter, covering youth culture and immigration in Harlem and the Bronx, for Africana, The New African and ColorLines. More recently, his work has appeared in The Atlantic, Foreign Affairs, The New Yorker and Salon. Since 2007, he has been a contributing editor of Souls: A Critical Journal of Black Culture, Politics and Society. Aïdi is the author most recently of Rebel Music: Race, Empire and the New Muslim Youth Culture (Pantheon, 2014), a study of American cultural diplomacy. Aïdi teaches the SIPA MIA survey course Conceptual Foundations of International Politics and seminars in SIPA’s summer program.

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