Introduction

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CHAPTER 1

Introduction

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Contexts Matter: Africa's Early COVID-19 Responses

For Africa, the COVID-19 pandemic has compounded decades of cyclical socio-economic and health crises and changing policy frameworks and prescriptions. At the onset of the COVID-19 pandemic in the early 2020s, with growing global uncertainty and concern regarding the impact of COVID-19, many African governments acted quickly, both to prevent the spread of the virus and to mitigate its effects on their economies and citizens. They did this with various public

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health measures including (partial) lockdowns and mobilising healthcare resources, support programmes for businesses and social protection measures for households and certain categories of workers (Rafalimanana and Sherif (2021), INCLUDE (2021). There were, however, significant variations in the severity and type of measures taken, as well as their accessibility and impacts (see, e.g., Konte et al., 2022). In the design and implementation of these measures, equity—the situation in which everyone is treated fairly according to their needs—was not a given. Therefore, important questions were raised about who was affected most by public health measures, who was benefiting from the support measures, and who was left unprotected. In Africa, COVID-19 was described as the inequality pandemic (Qureishi (2020), Berkhout et al. (2021), Gopalakrishnan et al (2021)) and the unequal impacts of the pandemic have been and continue to be documented. National level inequalities are part of a larger set of global inequalities and power dynamics that (re) surfaced during the pandemic, characterised by Antonio Guterres, UN Secretary General, quite early in the pandemic:

> COVID-19 has been likened to an x-ray, revealing fractures in the fragile skeleton of the societies we have built. It is exposing fallacies and falsehoods everywhere: The lie that free markets can deliver healthcare for all; The fiction that unpaid care work is not work; The delusion that we live in a post-racist world; The myth that we are all in the same boat. While we are all floating on the same sea, it's clear that some are in super yachts, while others are clinging to the drifting debris.
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> –Antonio Guterres, UN Secretary General, 2020

The international development community responded to the pandemic by investing in strengthening country-level responses. In June 2021, G7 countries committed US$80 billion to support African countries to recover quickly from COVID-19. While this was a good example of

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solidarity, it fell far short of the demand for an effective and sustained anti-COVID-19 response. Reports of aid reduction decisions by certain bilateral donors, vaccine nationalism, point to the continuing economic and political inequalities and hierarchies in the global order (see also Sidibe (2022)) In the discussions about access to vaccines, Africa's aid dependence and the accompanying vulnerabilities, including the lack of policy autonomy, space to seize opportunities to build self-reliance and the compromised sustainability of innovations and inventions, have been topical.

Amidst this uncertainty in the early days of the pandemic in 2020, the knowledge platform on inclusive development policies (INCLUDE) initiated the research programme '*Equity in COVID-19*'. Focused on a critical examination of containment and mitigation responses to the pandemic and their impacts in 12 African countries, with special reference to marginalised, vulnerable and disadvantaged social groups, this project was one of several important efforts to respond to the imperative of research-based policy making, particularly on the issue of inequalities.

This edited volume presents the case studies that systematically reconstruct, document and analyse how national governments and other stakeholders have responded to the COVID-19 pandemic and if and to what extent governments have taken equity into account in COVID-19 policy responses. Based on a variety of empirical data and disciplinary perspectives, research teams from across the continent present evidence on the (non) inclusive nature of mitigation and policy responses. The book situates these findings on short-term interventions and impact in debates on the longer term implications of the COVID-19 on development on the continent.

This introduction to the edited volume provides a short description on the pandemics' trajectory in Africa, with a focus on the first wave in 2020, an elaboration of the research focus and approach, as well as a contextual description on the status of development in the country cases at the time the pandemic occurred.

Development of (the Narrative on) COVID-19 in Africa[1]

On 14 February 2020, the COVID-19 pandemic was confirmed to have spread to Africa, with the first case announced in Egypt (Egypt Today, 2020), followed by Nigeria at the end of February 2020 (BBC News, 2020). Within three months, the virus spread throughout the continent, with Lesotho being the last to report the first case on 13 May 2020.

With uncertainties about the transmission and mutation of the virus at the onset of the pandemic, and with reference to the generally weak health systems as well as the high number of people with underlying risks such as HIV and malnutrition, concerns on how the virus would affect Africa grew (WHO, 2020). In some circles, these concerns were expressed in dramatic scenarios and dystopian visions of extremely high death rates and total societal breakdown. One of the more dramatic expressions of concern was the often cited statement by Melinda Gates, co-chair of the Bill & Melinda Gates Foundation, in April 2020, that 'unless the world acts fast, dead bodies will litter the streets of Africa'(CNN Business, 2020). The United Nations Commission for Africa projected that without aid and intervention, up to 1.2 billion of the 1.6 billion Africans would be infected and between 300,000 and 3.3 million would die of COVID-19 (UNECA, 2020). A group of African scholars presented a more realistic projection of 150,078 deaths by May 2021 and between 16 and 26% of Africa's population infected within the first year of the pandemic (Cabore et al., 2020).

While there remain question marks about Africa's infection and mortality statistics because of the generally poor medical data collection and management systems, low diagnostic and testing capabilities and rates of testing and surveillance, there is evidence to suggest that infections and related mortality numbers have been relatively low. As of 3rd September 2021, COVID-19 infection and mortality rates were modest when compared with what countries in the Americas (84,498,889 cases), Europe (65,697,497 cases), South-East Asia (41,504,688 cases), Eastern Mediterranean (14,776,814 cases), Western Pacific (6,778,828 cases) had experienced. Africa recorded the lowest numbers of infections with 5,689,356 cases.

[1] Atuire and Rutazibwa (2021) provide a more detailed discussion on the discourse on COVID-19 in Africa.

Similarly, the impacts of COVID-19 on access to health in African countries have not been as devastating as earlier predicted. Data from the COVID-19 Household Monitoring Survey showed that in Ghana, Kenya, and Mali, for example, 90 per cent of survey respondents in June 2020 reported having been able to access health care while the figure for Nigeria was 66%. In Uganda, while many respondents accessed health facilities, those who reported that they could not do so cited lack of money or transportation challenges rather than reduced access due to COVID-19 infections.

The fears about infection rates soon gave way to the search for explanations for Africa's relatively lower numbers of infections and deaths. Explanations that have been offered include the high malaria drug intake (Ahmed, 2020), early precautions taken by countries, the demographic profile, intra-continental and community resource and information sharing, and the deployment of infrastructure inherited from Ebola containment measures at borders and health facilities (Maffioli, 2020; Kelly et al., 2020).[2]

Much more troubling for Africa have been the socio-economic impacts of COVID-19, such as the macro-economic contractions, livelihood disruptions, food insecurity, school closures, and growing inequality. The African Development Bank (2021) described the levels of contraction of economies in Africa, 2.1%, as a recession. Annual GDP growth declined sharply from impressive 2019 figures for many countries—Kenya (−0.3%), Mali (−1.6%), Mozambique (−1.3%), Nigeria (−1.8%), Rwanda (−3.4%) and Tunisia (−8.6) recorded negative growth in 2020. Tsikata and Torvikey (2022) provide a review of studies documenting the socio-economic impact.

Research Focus: Thematic Approach and Countries

The Equity and COVID-19 programme was designed in the framework of INCLUDEs approach to inclusive development that posits that inclusive development is achieved when improvements are realised in the income and non-income dimensions of development and inequalities in these dimensions fall (Reinders et al, 2019). This approach emphasises dimensions of well-being beyond income and growth and a focus on the

[2] Other studies have documented the disconnect between Ebola and COVID-19 responses, see, for example, Konte et al. (2022) for Nigeria.

distribution of well-being in societies (Rauniyar & Kanbur, 2009) and advances equity as a lens to consider the redistribution of development gains. Equity has social and geographic dimensions. Social equity refers to inequalities in relation to vulnerable groups such as women, youth, the ultra-poor (the lowest 20% in the income distribution), disabled, and elderly. Spatial or geographical equity refers to regional differences, i.e. the extent to which there are differences in the distribution of well-being between neighbourhoods, urban and rural settings, or regions within a country (see also Awortwi & Dietz, 2019).

The 12 county case studies were guided by the following broad themes:

- Country socio-economic contexts that had a bearing on COVID-19 effects and responses.
- COVID-19 policy responses and measures in terms of their nature, purpose, who they are directed at, their inclusivity and effects on different socio-economic groups and geographies.
- The politics and implications of responses: including their origins and influences on measures; the role of state and non-state actors; the implications for structures and systems of power and governance and democratic consolidation; the implications for state citizen relations, trust, and civic space.
- Citizen responses to containment and mitigation measures—from compliance, protests to innovations and inventions.

The selection of counties for the case studies, Benin, Burkina Faso, Ethiopia, Ghana, Kenya, Mali, Mozambique, Niger, Nigeria, Rwanda, Tunisia, and Uganda, was guided by the representation of a variety of contexts and aimed at a continent-wide relevant analysis including regional variation, variation in population size and geography, political context with elections or upheaval and economic status.

The country studies researchers had the freedom to decide how to approach the study. Most of them were based on secondary sources and limited key informant interviews, with a few undertaking surveys to collect quantitative data (Nigeria, Tunisia, and Benin). There is therefore some variability in what information is available in each chapter. Moreover, the country case studies took place during the first year of the

pandemic, capturing what took place in the first wave and parts of the second wave of the pandemic.

Contextualising the Country Case Studies at the Onset of the Pandemic

The responses of national governments and other stakeholders to the COVID-19 outbreak, as well as the impact of containment measures and other policy responses, have been shaped, in part, by pre-pandemic country socio-economic, geographical, and political contexts. This section briefly describes the variation in pre-pandemic country contexts for the cases included in this study. A more extensive discussion of context is provided by Tsikata and Torvikey (2022).

Geographical Contexts

The 12 case study countries are spread across Africa and have interesting similarities and differences. Half of the countries are in West Africa, four in East Africa, and one each in North Central and Southern Africa. There are several landlocked countries that are also vulnerable to severe episodes of drought (Burkina Faso, Ethiopia, Mali, and Niger).

Socio-economic Contexts

In terms of socio-economic contexts, eight of the study countries (Benin, Burkina Faso, Ethiopia, Mali, Mozambique, Rwanda, and Uganda) are both low income and LDCs,[3] while the other four (Ghana, Kenya, Nigeria, and Tunisia) are lower middle income. A common feature in the case studies is the composition of the economy in terms of economic sectors, with services sectors contributing the largest share of their GDP (Ghana, Kenya, Ethiopia, Nigeria, Rwanda, Tunisia, and Uganda). Even when it is not the most dominant, services are important for countries such as Mali and Niger. The size of the services sectors and their significance as a source of employment is a matter of concern because the services sectors in Africa are dominated by small precarious enterprises,

[3] LDC status denotes not just low per-capita income, but also significant social development deficits and environmental vulnerabilities.

which except for ICTs, were badly hit by the pandemic. Self-employment or informal employment is the dominant form of employment in the countries of study, except for Tunisia.

There were variations in income poverty levels, with national head-count levels before COVID-19 ranging from 15% for Tunisia, to 20–30% for Ethiopia, Ghana, Uganda, 31–40% for Benin, Kenya, Rwanda, between 41 and 50% for Burkina Faso, Mali, Niger, and Nigeria, and above 50% for Mozambique. Over the years, income inequalities in many African countries have become wider (see Tsikata & Torvikey, 2022).

Going by social development indicators, stunting in children under 5 years, is under 10% for Tunisia, under 20% for Ghana; between 20 and 29% for Burkina, Kenya, Mali, and Uganda; between 30 and 39% for Benin, Ethiopia, Nigeria, and Rwanda, and over 40% for Niger and Mozambique. Regarding literacy rates of persons 15 years and above, the countries with the lowest rates (between 30 and 39%) are Mali and Niger. Burkina Faso and Benin have between 40 and 49%, Nigeria, Ethiopia, and Mozambique have between 50 and 69%, while Ghana, Rwanda, Tunisia, Uganda, and Kenya have between 70 and 89%. The gender gap in literacy is up to 10% for Ghana, Kenya, and Rwanda; between 11 and 20% for Burkina Faso, Ethiopia, Mali, Niger, Nigeria, Tunisia, and Uganda; and above 20% for Benin and Mozambique. In terms of the pre-COVID-19 situation, reported cases of violence against women was under 10% for Burkina Faso, between 10 and 19% in Ethiopia, Mozambique, and Nigeria; between 20 and 29% in Ghana, Mali, Rwanda, and Uganda; and 40.7% in Kenya.

More generally, in terms of inequalities, all countries identified gender and rural–urban inequalities as important. In addition, Ethiopia, Ghana, Mozambique, and Nigeria identified geographical or regional inequalities.

Political Contexts

All the case study countries were identified as multi-party constitutional democracies with ruling and opposition parties. However, for many of the countries, COVID-19 represented a crisis within a crisis. Niger, Burkina Faso, and Mozambique were facing Islamic insurgencies of different degrees of severity, which had generated feelings of insecurity among the population. In the case of Burkina Faso, this had been compounded by the closure of 7.2% of health facilities in 2020 affecting 1.08 million people (OCHA, 2020). Ethiopia was on the brink of civil war and the

decision to postpone elections to contain COVID-19 has deepened instability and tension in the country. Tunisia has been in the throes of political instability, unsettled since the Arab Spring. In Mali, a long-standing political crisis has resulted in coups d'état in August 2020 and May 2021. In Nigeria, the crisis has been manifested by a generalised breakdown of security, police/armed forces brutality, and mistrust of government, which at the height of COVID-19 boiled over into the End-SARS campaign. Kenya was facing a crisis of terror attacks and police brutality, while Rwanda's main political stressor was its closed political system, government intolerance of criticisms, and compliant CSOs. In Ghana, Uganda, Benin, and Niger, elections heightened political tensions, partisanship, and distrust for government, with citizens expressing suspicion of government intentions and about the seriousness of the pandemic in equal measure.

Pandemic Vulnerability

Since the outbreak of COVID-19, there have been efforts to classify countries according to their vulnerability to the pandemic.[4] The COVID-19 Community Vulnerability Index (CCVI) which measures the vulnerability context of countries using their age structure, epidemiological context, fragility, health system, population density, socio-economic structure and transportation and housing systems is one such effort. The index finds, based on all seven indicators, that of the country case studies covered in this book, Ghana is the least vulnerable while Ethiopia is the most vulnerable.[5] Other countries with high vulnerability scores are Niger, Mozambique, Mali, Burkina Faso, and Benin. An examination of each indicator separately shows that on age vulnerability (number of people aged 65 years and above), Ghana is the most vulnerable while Rwanda is the least vulnerable. On epidemiological vulnerability, Nigeria is the least vulnerable, while Kenya is the most vulnerable. On the fragility measure, which looks at civil unrest and food security, Ghana is the least vulnerable while Mali is the most vulnerable. With respect to health

[4] Similarly, there have been several initiatives to map sub-national differences in vulnerability to the pandemic, focusing on regional and demographic differences. For an example using the Oxford Policy Human Development Index (OPHI) in Nigeria, see Konte et al. (2022).

[5] Tunisia is missing from the CCVI.

systems vulnerability, Ethiopia is the most vulnerable while Uganda is the least vulnerable. Ghana is the least socio-economically vulnerable, while Niger is the most vulnerable. For transportation and housing, Ethiopia is the most vulnerable while Ghana is the least vulnerable. In terms of population density, Rwanda is the most vulnerable and Mozambique is the least vulnerable. It is instructive that the most vulnerable countries are all LDCS, and except for Mozambique, landlocked, and with high levels of social tension. While useful in flagging stressors that need attention, differences within countries are not reflected in the measurement. Thus, for example, Ghana's relatively high score on average conceals the regional, rural–urban, class, and gender differences in the vulnerability context (see also Konte et al., 2022 for an emphasis on regional differences in vulnerability based on a different index in Nigeria).

The country case studies in this volume document the economic factors that generate social issues in pandemic contexts, with agrarian and primary export commodity-dependent countries being exposed to global trade disruptions and countries with substantial informal economies seeing increased precariousness of work. Similarly, the effectiveness of national level responses was shaped by institutional capacities, the availability of timely data and existing targeting systems as well as the lack of or varying degree of involvement of citizens in formulating and shaping pandemic responses.

Organisation of the Book

The book is organised in 12 country case study chapters, followed by a conclusion and reflection. The country case studies are organised in three broad regional sections covering West Africa (Benin, Burkina Faso, Ghana, Mali, Niger, and Nigeria), East and Southern Africa (Ethiopia, Kenya, Mozambique, Rwanda, Uganda), and North Africa (Tunisia).

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