



KNOWLEDGE PLATFORM ON INCLUSIVE DEVELOPMENT POLICIES

Africa's COVID-19 Responses

*Proactivity, Hits and Misses and Deepening
Inequalities*

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1. Introduction

This note is a preliminary synthesis of the findings of studies of the COVID-19 experiences of 12 African countries- Benin, Burkina Faso, Ethiopia, Ghana, Kenya, Mali, Mozambique, Niger, Nigeria, Rwanda, Tunisia. and Uganda. Commissioned by the Knowledge Platform on Inclusive Development Policies (INCLUDE), the studies have sought to examine the implications of COVID-19 and state responses for livelihoods and structural inequalities in Africa. In this note, we discuss some of the findings under the following headings: a) the importance of context and pre-existing conditions; b) commonalities and specificities of COVID-19 responses; c) the gains and deficits of responses; d) the implications of responses for inequalities; e) the challenges of population data, participation, and democratic deficits; and lastly, f) what we still do not know about the future arc of COVID-19.

Key Findings from Twelve Country Studies

- Country contexts and underlying socio-economic and political conditions have been critical in shaping responses to COVID-19 by government and civil society.
- Uniformity of containment and mitigation measures raise questions about whether country specificities and the views of citizens have been sufficiently considered.
- The appearance of uniformity notwithstanding, the sum of measures for each country differs in terms of the combination of measures, target populations, budgets, intensity of implementation, levels of compliance and who are considered most badly affected.
- Severe containment measures have been critiqued as over the top, and in some cases involving human rights abuses and creating existential crises for poor and not so poor households.
- Both containment and mitigation measures are deepening inequalities or creating new forms of poverty because of faulty targeting, the exclusion of certain categories of persons and the short-term focus of measures.
- Lack of population data, participation deficits and patronage have been a challenge to government responses to COVID-19.
- There is still much to learn about the future arc of the COVID-19 Pandemic.

2. The Importance of country contexts in understanding COVID-19 effects and responses

The twelve countries of this study can be classified in terms of their socio-economic status using measures such as the size of their economies and GDP per capita, the sectoral composition of GDP poverty headcounts, the size of their informal economies and their levels of income inequality; and their political systems, using the measure of whether they are run as multi-party constitutional governments. However, specific political and economic conditions and stressors have proved to be important for understanding the effects of COVID-19 and state actions, and how citizens have responded. For many African countries, COVID-19 represented a crisis within a crisis- Niger, Burkina Faso and Mozambique were facing Islamic insurgencies of different degrees of severity; Ethiopia was on the brink of civil war and Tunisia has been in the throes of political instability, unsettled since the Arab Spring. A decision to postpone elections to contain COVID-19 has deepened instability and tension in Ethiopia. In Mali, a longstanding political crisis has resulted in **coups d'état** in August 2020 and May 2021. In the case of 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. 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. Mitigation measures were seen as a strategy by

government to curry favour with electorates or score political points; while containment measures were seen as strategies to demobilise opposition parties from campaign activities during elections.

Recent studies of political systems around the world before the COVID-19 pandemic drew attention to the decline of democracy and the rise of populist nationalism, which combines nationalism (states turning inwards and prioritising national interests over global interests) and populism, which builds and thrives on divisions by pitting the people against the elite and displaying many of the tendencies of democratic decline such as racism, xenophobia, and homophobia (AJPH, 2020). Since COVID-19, some of these tendencies can be seen in various countries. These include the scapegoating of foreigners, the attacks on science and the manipulation of infection figures, vaccine nationalism, human rights violations, and governments making political capital out of COVID-19 responses.

3. The similarities in COVID-19 responses across Africa raise questions about policy autonomy, efficacy, and context specificity.

The World Health Organisation (WHO) and Africa Centre for Disease Control (CDC) have had a profound effect on the design of containment and mitigation measures. The same containment measures- social distancing, frequent hand washing and use of hand sanitizer, PPEs, lockdowns, school closures and border closures have been used across Africa and in the study countries. Similarly, common mitigation and support measures have been directed at households (i. access to basic services- water, electricity, and health; ii. social safety nets- cash transfers, food distribution and price controls, and prisoner releases; and iii. income protection- income and consumption tax reductions/suspensions. For businesses, support has consisted of low interest loans, relaxation of loan repayment requirements and tax benefits.

The appearance of uniformity notwithstanding, a closer inspection reveals that the portfolios of country responses differ in intensity, spread and beneficiaries. For example, the beneficiaries of cash transfers have included different combinations of the following categories of persons identified as vulnerable or facing existential crises: poor women, people with chronic and degenerative diseases; children in difficulty, people living with disability, pregnant women without a source of income, women headed households, women with six or more dependents, families hosting internally displaced persons, elderly people, internally displaced/refugees, people already benefiting from basic social security policies and street residents. Others were vulnerable families in urban, peri-urban and border areas, families in distress or with limited incomes, families caring for children, elderly, or persons with special needs without support, foreign families and students, and retired persons receiving low pension amounts.

As well, there were measures that were used by very few countries, such as the provision of housing for homeless persons (Ethiopia and Nigeria). While food distribution was limited to specific groups of vulnerable people in various countries, Burkina Faso and Rwanda took steps to fix prices of food and other essentials to protect the population from price hikes, which had been experienced in all the study countries.

4. The severity of containment measures has been devastating for democracy, human rights, livelihoods, and economies in study countries.

Many African countries were prompt and proactive in announcing and implementing containment measures in response to the COVID-19 outbreak. While countries have been praised for this, and Africa's low infection and mortality rates attributed to the speed and strength of containment measures (UN Committee for Development Policy, 2021), the link has not been properly established between the stringency of measures and infection/mortality rates. Moreover, the early dichotomy that was made in policy circles between saving lives and health imperatives on the one hand, and economic considerations on the other hand, has now given way to a more nuanced understanding of the indivisibility of life and

livelihoods. The twelve studies have found that in several countries, containment measures were implemented with scant attention for human rights and human dignity, in some cases resulting in human rights abuses, particularly in relation to curfews and lockdown regulations (Rwanda, Kenya, Uganda and Nigeria). First wave country lockdowns were on a continuum between severe and long duration lockdowns (Rwanda) and selective and shorter lockdowns (Ghana; Benin's cordon sanitaire). In almost all cases, school closures were considered premature and too long and damaging in accentuating inequalities in access to certain kinds of e-learning media and depriving poor children of the benefits of school feeding programmes and exacerbating female rates of attrition and teenage pregnancy. Similarly, land border closures, a containment measure that has enjoyed the longest duration in most countries, have proved damaging for food prices and food security and the livelihoods of small traders and local economies depending on cross-border economic activities.

A few countries such as Rwanda have modelled high levels of compliance with COVID-19 regulations, while for others, compliance reduced as time went by, with citizens routinely flouted these measures (Ethiopia after lockdown, Tunisia after the government was no longer able to pay subsidies). However, the length and severity of lockdowns and the levels of compliance do not seem to have determined levels of infections and success with containment.

5. Mitigation and support measures have ignored and exacerbated Inequalities

COVID-19 has been described as the inequality pandemic (Qureishi, 2020). As an OXFAM International Briefing Paper explains: "the coronavirus pandemic has the potential to lead to an increase in inequality in almost every country at once, the first time this has happened since records began" (Berkhout et al, 2021). This point is borne out by the twelve studies. Mitigation and stimulus measures, though welcomed by citizens, have been mainly short-term, poorly targeted and implemented, and biased against the rural and urban informal economy. This is despite the fact that for most of the study countries, the informal economy is larger by far than the formal. Situating the implications of COVID-19 responses within existing structural inequalities between rural and urban, formal, and informal economies, women, and men, between geographic regions such as North and South, and rich and poor, it becomes clear that the implementation of COVID-19 measures created new forms of inequalities and a new poor. A closer analysis of interventions reveals the following:

- i. Measures were short-term, designed to address vulnerability and poverty and not structural inequalities.
- ii. While many of the support measures are temporary, some restrictive measures instituted through the passage of new laws may endure. Many of the laws and decrees were hurriedly passed and controversial, and there are fears that post-COVID-19, they could continue to be used to repress citizens.
- iii. In some cases, governments targeted particular measures at specific groups. In several countries, vulnerable families received food parcels and cash transfers, middle class households enjoyed free utilities and companies in the formal sector received tax reductions and cuts. In Mali for example, there was a clear difference in measures directed at the rural and poor population and what urban people received.
- iv. Access to subsidies for water and electricity for households required both availability and access to supply infrastructure. In several countries, this meant that particular regions, rural and poor urban areas, households that did not have control over the supply infrastructure did not benefit. While Burkina Faso (rural water supply) and Kenya (urban slum water supply) tried corrective measures, these were largely unsuccessful due to operational difficulties. Thus, the main beneficiaries of utility subsidies were urban and middle-class families.
- v. Access to business stimulus packages depended on the level of formalisation of businesses, namely registration, formal tax payment records and possession of tax identification numbers.

These conditions excluded already vulnerable businesses such as small traders and those with little or no formal education.

- vi. Measures targeted at the poor and vulnerable mostly built on already existing cash-transfer schemes.

COVID-19 measures laid bare the limitations of existing social protection measures such as cash transfers for the poor. While some countries tried to increase eligible numbers (Nigeria expanded its national social register, and Ethiopia, Mozambique, Uganda, and Tunisia either increased coverage or applied same programme to new beneficiaries), some did not, but improved what was being offered to already existing beneficiaries (Ghana).

The hit and miss character of targeting has exacerbated structural inequalities of class, gender, ethnicity, race, and geography. Studies refer to these inequalities as between francophones and others (Mali); between those under the poverty line and those just above the poverty line (Tunisia); between itinerant workers and sedentary workers (Rwanda); between southern and northern regions (Ghana) and between urban and formal workers and rural and informal workers (All study countries).

In spite of the inclusion of women and female headed households among the beneficiaries of cash transfers, COVID-19 response measures largely ignored the gender dimensions of the pandemic more generally, but more specifically the effects on the subsistence and care economies where the daily and generational reproduction of working people takes place. Other studies have established that these economies have been stretched to breaking point amidst the crisis of wages and self-employment that has gripped many African countries, where work is largely informal and precarious, and reproductive work time-consuming and without adequate policies and measures to reduce, redistribute and support care work in terms of access to critical social services (Ossome, 2021; Oxfam, 2021). In the first month of the COVID-19 pandemic, the earnings of informal workers in sub-Saharan Africa declined by 81% (UN-DESA, 2021).

Urban areas were privileged in COVID-19 responses because they were identified as the hardest hit. Even within urban privilege, much of the support went to the formal economic sectors although the hardest hit were the urban informal spaces. Apart from the questionable assumptions about how to reach the poorest of the poor involved in the choice and methods of application of measures, the measures ignored pre-existing structural inequalities.

Only a few of the twelve study countries supported agriculture, and by implication, rural households. In Mali, the FAO instituted measures including livelihood support protection for 65,000 rural households, a few hundred agricultural SMEs and animal feed subsidies, while Uganda announced agricultural input subsidies. These urban and formal sector biases have meant that the opportunity to address endemic inequalities can be lost unless governments change course and go beyond short-term calculations. For example, the Mozambique study concluded that addressing the challenges of transportation would have done more for the poor than some of the measures in place. Secondly, the Tunisia study found that those just above the poverty line probably became worse off because they did not get any support.

In terms of already existing social protection programmes, most countries (except Tunisia) have few programmes that cover a wide range of social groups. COVID-19 provided the opportunity for the expansion of social protection programmes in all countries and highlighted the need to support forgotten populations. Family reunification and reintegration of returned and stranded migrants, social provisioning and protection for commercial sex workers and transitory shelters for street children in Ethiopia and the early release of prisoners in Burkina Faso, Ghana, Ethiopia, and Kenya are good examples of a more expansionary approach to social policy. In the main, though, existing social protection regimes which formed the basis of government responses to COVID-19 have been too limited and inadequate to effectively address the toll of the pandemic on populations.

6. Incomplete Vital Registration and Poverty Data, Participation Deficits and Patronage have been a challenge government responses to COVID-19.

Before COVID-19, some countries had more robust vital registration and poverty data and targeting systems (Rwanda's decentralisation programme and its structures; Nigeria's national social register). However, the pandemic exposed the data deficits in several countries (Ghana and Mozambique). In those countries without robust data systems, we still do not have information about the numbers of people who have lost jobs or fallen into poverty and who therefore need short and medium-term assistance and other interventions.

A common finding of the country studies was the issue of low levels of consultation and participation of citizens, particularly those in the informal economy and rural areas, in the design of responses to COVID-19 (Kenya, Mali, Mozambique, Niger, Nigeria, Uganda). The partial exception here was Ethiopia, where the study found that "co-ordination among government agencies at all levels has been much more effective than in normal times. Consultations and dialogue with the private sector, development partners and faith leaders, and between political parties, were intensified". Also, in the case of Burkina Faso, there were consultations with various economic sectors to plan the reopening of the economy. Given the dire data situation facing most African countries, the lack of consultation has created even more problems with policy making and the identification of problems and the targeting of beneficiaries. In Rwanda where the government made effective use of its data systems and decentralised governance structures to identify the beneficiaries of support, there was concern about patronage and the misuse of local government power to exclude certain categories of persons. This issue has broad relevance for all the study countries, and is linked with questions of compliance, trust, and political unrest. In almost all the study countries, citizens' mistrust of government and its responses to COVID-10 resulted in protests. At the same time, in countries such as Burkina Faso and Kenya, the ruling class instituted symbolic acts such as the renunciation and reduction in salaries of high-level officials to save for containment and support measures, and to lessen social tensions.

7. What we do not know about the future of the COVID-19 Pandemic and matters arising.

A year into the pandemic, there is still a lot we do not know about COVID-19 and its arc. A few such questions are relevant here:

How will the third wave affect Africa and its people and economies? As we know, stimulus packages assumed a short and easily reversible pandemic shock, which meant that structural systemic issues of inequalities and unsustainability were not addressed.

Beyond questions of what can be attributed to COVID-19 and how to measure it, an important concern is which COVID-19 related changes in the political economy, livelihoods and the society are temporary, and which are permanent. For example, how is the current volatility in food prices and the challenges of wholesaling and retailing food without credit going to affect the agri-food system in the short, medium, and long term? With respect to COVID-19 related urban to rural return migrations, will this be a sustained trend, and what are the implications for rural areas?

What fundamental changes and restructuring of economies and societies are required to address the issues that have been exacerbated by COVID-19 such as i. the fragility and vulnerability of African economies, ii. the precarity of work and the endemic poverty of many workers, iii. The crisis of the care and subsistence economies; iv. the severe limitations of Africa's social policy systems, v. the gender, class, and racial inequalities within countries, between regions and across the globe?

Which segments and sectors of African economies and societies had a good COVID-19 pandemic and what positive and negative lessons can we draw from their experience for the future?

Concerns about vaccination nationalism and vaccination hesitancy raise questions about Africa's ability to vaccinate a critical mass of its populations. While a few countries are making slow and halting progress through the COVAX facility (Benin, Ethiopia, Ghana, Kenya, Niger, Nigeria, Rwanda, Uganda), some countries are yet to begin.

What would several years of pandemic mean for African civil society which has shown resilience in parts but could also be at breaking point? The country studies uncovered the upsurge in solidarity, communal mutual support strategies for food security and domestic resource mobilisation in some of the poorest countries in Africa, such as Niger and Mali. However, there are increasingly angry demands for reforms of authoritarian and corrupt states, and for policies that address systemic inequalities. The range of innovations emanating from civil society show that society is in ferment. A second generation of studies are needed to come to grips with the medium and long-term implications of COVID-19 in Africa.

Primary Sources

Benin Report (2021). COVID pandemic and Inequality: Are Benin's mitigation actions and strategies inclusive?

Darkwah, A.K (2021). Ghana country study on covid-19 measures and impacts.

Hassen, Majdi, Marouani Mohamed Ali & Wojcieszynski Emilie. (2021). Mitigation strategies in response to COVID-19 and inequalities in Tunisia.

Kuria, Shiphrah (2021). Kenya Country Case Study: Equity in COVID-19 mitigation and policy responses.

Kuria, Shiphrah (2021). Uganda country case study: equity in COVID-19 mitigation and policy responses.

Munu Martin Luther & Vlaminck Zjos (2021). Beyond the curve: equity in Rwanda's COVID-19 response.

Niger Report (2021). Niger in the year of the covid-19 pandemic: the fear, the grief, and the coping.

Nuvunga Adriano. (2021). Equity in COVID-19 pandemic response measures/policies in Africa: Mozambique Case Study.

Obiakor Thelma (2021). Equity in COVID-19 pandemic response measures/policies in Africa: Nigeria Case Study.

Osei-Boateng , Clara & Vlaminck, Zjos(2021). COVID-19 in Ghana: a looking glass into structural inequalities and political distrust.

Pambè, Madeleine Wayack, Thorsen Dorte, Darkwah Akosua K. (2021). Burkina Faso country study on COVID-19 measures and impacts.

Teshager Kassa & Chofana Tesfaye. (2021). Equity in COVID-19 mitigation and policy responses in Africa: Ethiopian case study.

Traoré, Ousmane Z & Diarra Djénéba. (2021). Preventive strategies and social policy measures in response to COVID-19 and the socio-economic vulnerability of households in Mali.

References

Berkhout, Esmé, *et al.* (2021). The inequality virus bringing together a world torn apart by coronavirus through a fair, just and sustainable economy. Oxford: Oxfam

Obeng-Odoom, Franklin. (2020). COVID-19, inequality, and social stratification in Africa. *African Review of Economics and Finance*, 12(1), 3-37

Ossome, Lyn. (2021). The care economy and the state in Africa's Covid-19 responses. *Canadian Journal of Development Studies*, 42(1-2), 68-78

Qureshi, Zia. (2020). Tackling the inequality pandemic: Is there a cure? Washington DC: Brookings Institution.

Tony Blair Institute for Global Change. (2020). Pandemic populism: an analysis of populist leaders' responses to Covid-19. London: Tony Blair Institute for Global Change

UN DESA (2021). Policy Brief #93: Social policy and social protection measures to build Africa better post-COVID-19.

Williams, Caitlin R; Kestenbaum, Jocelyn Getgen& Meie Benjamin Mason. (2020). Populist nationalism threatens health and human rights in the COVID-19 response. *AJPH*, 110(12), 1766-1768.