Reform Partnership Governance and COVID-19: Scan of Covid-19 Governance-Related Policy Actions

Report prepared by Richmond Commodore, ACET Research Analyst
(as of December 12, 2020)

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Introduction

The COVID-19 pandemic poses a crisis management dilemma for both the developed and developing world. Since it took the world by surprise, COVID-19 has heavily disrupted the global economy, infected over 21 million people and claimed some 929,056 lives across 213 countries and territories around the world.[1] The pandemic has not only exposed the fundamental challenges of development in a weak institutional environment, but also the shortcomings of weak structures and leadership at all levels of governance. While the scant information about the highly contagious virus contributed to its swift spread, poor governance structures and leadership failures also played a role in both developed and developing countries.

China's early success in curtailing the spread of the virus made a compelling case for strong government action. The subsequent success of New Zealand, Vietnam, Taiwan, and South Korea in handling the pandemic followed the same *modus operandi*. Critics of China's stringent lockdown and heavy surveillance tactics in tackling the virus raised concerns about how the pandemic could turn the emerging democratic recession into a depression.[2] The concerns notwithstanding, early COVID-19 containment measures around the world were anchored on lockdowns of various forms. The often stringent confinement, unprecedented levels of surveillance, data exploitation, and misinformation in some countries had serious implications for human rights and economic, social, and political freedoms.[3] While in some minds, containment of the pandemic was a necessary evil, others raised critical governance questions about the balance between human freedoms and public health and safety concerns.

The case of Africa remains unique. Significant challenges in the enforcement of social distancing measures and lockdowns arose from the continent's high poverty levels, large informal sector, overcrowding in some urban areas, lack of essential public utilities inside many households, lack of social safety nets, lack of effective identification (ID) systems and widespread distrust of governments. Nevertheless, while the pandemic has not hit the Africa as hard as Asia, Europe, and parts of the Americas, many African countries have struggled to introduce broader measures beyond lockdowns.

This paper briefly explores COVID-19-related policy and governance responses of various African countries and how these responses will impact governance going forward. While the paper focuses on the six reform partnership countries (Côte d'Ivoire, Ethiopia, Ghana, Morocco, Senegal and Tunisia) it also situates the experiences of these countries in relation to actions taken across Africa and rest of the world in order to facilitate sharing of tested approaches on the governance response to COVID-19.

Overview of the COVID-19 Pandemic in Africa

Since the first case of COVID-19 in Africa was reported in Egypt on 14 February 2020, the continent's 54 countries have recorded more than 2,340,426 cases and about 55,365 deaths as of 12 December 2020.[4] South Africa, Egypt, Morocco, Ethiopia, and Nigeria remain the epicentres of the pandemic whereas Burundi, Comoros, Mauritius, Eritrea, and Seychelles have fewer than 800 cases each. North Africa accounts for more than 50% of COVID-19-related deaths in Africa.

Despite the generally weak healthcare sector, the African continent seems to have weathered the pandemic relatively well, with a somewhat low impact on the health of the population. Reasons cited for this rather low prevalence rate of COVID-19 include early and robust response from governments[5]; accumulated experience in dealing with infectious

diseases (such as Ebola in some countries); structural factors such as the continent's relatively limited international exposure due to low air traffic (international, intra-continent and intra-country); low population density in some cases; hot and humid climatic conditions; and the large, youthful population.[6] Under-reporting and low testing capacity have also been cited as reasons for the continent's low number of recorded cases.[7] However, recent reports from the World Health Organization (WHO) warn that the COVID-19 tide is rising fast. Having gone nearly 100 days before reaching 100,000 cases, it took the continent only 18 days to reach 200,000 cases.[8] At a time when new waves of the virus are sweeping across Europe and other regions, Africa may be developing herd immunity by default.[9] All African countries have relaxed the initial restrictions and are now focused on revamping their severely battered economies even as they maintain pandemic-related public health protocols.[10]

Emerging Issues from the Management of the Crisis in Africa

Significant lessons learned during the 2014-2016 Ebola outbreak were instrumental in the early response of most countries to the COVID-19 outbreak. Countries retrofitted Ebola response protocols to mitigate the impact of COVID-19 . This experience and significant investments in surveillance and preparedness gave African countries a head start in fighting the disease.[11] Many countries had to repurpose health facilities and health protocols to comply with WHO guidelines for COVID-19. Unlike other pandemics, where the severity and spread are intimately linked to the weakness of the health sector, this has not necessarily been the case with COVID-19 in Africa. The following section outlines a variety of issues that have emerged.

Lockdowns: Most African countries acted swiftly to implement crucial public health measures. They closed borders and enforced quarantines to curtail the spread of the disease but fiscal pressures forced many to reconsider the approach. Even before the continent recorded its first case, Côte d'Ivoire had introduced enhanced surveillance systems to screen passengers with a history of recent travel to China.[12] By February 2020, Nigeria, Botswana, Ghana, Guinea, Kenya, Liberia, Uganda, and Zimbabwe had followed suit, introducing various forms of restrictions and health safety measures.[13] Confinement or stay-at-home orders, school closures, restrictions on in-country travel and bans on public gatherings were introduced to limit human interaction. Thirty-six of 46

African countries assessed by the International Center for Not-for-Profit Law (ICNL) imposed either partial or full lockdowns in the early days of the pandemic.[14] Nineteen countries declared states of emergency, four declared national states of disaster, 11 countries declared COVID-19 a health emergency while countries like Sierra Leone imposed a year-long state of emergency even before recording its index case.[15]

In all, about 106 executive measures were introduced across the continent to curtail the movement and assembly of people.[16] Against sometimes stiff opposition, countries such as Ghana, Guinea Bissau, Kenya, Uganda and Senegal quickly passed legislation that gave discretionary powers to the President to impose these restrictions. The laws essentially suspended civil liberties and extended discretionary powers to the executive branch in some cases. For many Africans in countries with lockdowns, the dilemma of pursuing economic activity or safeguarding health was far too real. With the collapse of livelihoods, many cities faced the risk of widespread hunger.

With most African countries lacking the financial, administrative and logistical capacity to roll-out large-scale, formal, safety-net programs, many struggled to provide relief to people, especially in the large informal economy, where livelihoods had been heavily impacted by the restrictions. Some experts argue that lockdowns as a public health safety measure were ill-suited for the African context. Indeed, a 2020 Afrobarometer report which explored the "lockdown readiness" of 34 African countries, concluded that most countries were ill-equipped for such measures while at least 24% were lockdown ready.[17] That notwithstanding, Côte d'Ivoire was successful in using data to drive their COVID-19 response, particularly by imposing lockdowns at local level in order not to unduly disrupt life and livelihoods everywhere. The fiscal pressures of the lockdown ultimately compelled many African countries to ease containment measures and allow economic activities to resume with caution.[18]

Supply chains. The global supply chain, in which China is a dominant player, was heavily disrupted in the first quarter of 2020 because of the pandemic. The disruptions and the dearth of international cooperation and solidarity restricted African countries' access to the medical supplies market, including for personal protective equipment (PPE).[19] Controls on exports of medical supplies from China and other leading producers had a direct impact on Africa in the early days of the pandemic, significantly affecting

early response mechanisms in some countries. The donation of test kits and PPE from the Jack Ma Foundation and the Chinese government eventually helped boost the testing, tracing and treatment capacity of many African countries. Generally, supplies to the continent have since improved. [20]

The disruptions led to import constraints, raw material shortages, increased costs and reduced orders, all of which had massive effects on production and exports in many African countries. Transport restrictions and mandatory quarantines invariably affected farmers' access to input and output markets, hindering production capacity and disrupting sales channels.[21] Labor shortages and logistical inefficiencies eventually led to a decline in food supply and, in some countries, price gouging and absolute shortages. While managing food security issues was particularly difficult for East African countries already grappling with locust infestation, countries including Rwanda imposed restrictions on price increases for both imported and domestically produced basic goods. They also warned businesses against issuing false invoices and selling expired goods.[22]

Frontline healthcare workers. The increasing risk of infection of frontline healthcare workers remains a major challenge in the fight against COVID-19. According to a WHO statement in July 2020, more than 10,000 healthcare workers in at least 40 African countries had contracted COVID-19.[23] This was due to the rather weak infection prevention and control measures in health facilities across the continent as well as a massive shortage of PPE. The situation was more precarious in countries like Algeria, Kenya, Ghana, and Côte d'Ivoire. The shortage of the much-needed PPE eventually led to strikes by frontline health workers in Zimbabwe and other countries. Additionally, the pandemic has strained the entire health system in several countries and disrupted the provision of services for non-communicable and infectious diseases such as cholera, Ebola, measles, and polio. The Democratic Republic of Congo (DRC), for instance, has had to grapple with two global health emergencies: the Ebola virus and the COVID-19 pandemic. Mass polio immunization was halted in many countries as a result of COVID-19 containment measures. This subsequently triggered a resurgence of vaccine-preventable diseases such as cholera in DRC and yellow fever in some East African countries.

Economic costs. The economic fallout from the implementation of the public health and social measures has been more devastating for Africa than for some other parts of the world. The first-wave economic impact was triggered by the COVID-19 public health measures instituted in China (Africa's largest trading partner) which led to the closure of many factories and ports, and ultimately, a decline in Africa-bound exports from China. China's imports from Africa also declined. The second wave of unprecedented economic effects came with the lockdowns and curfews imposed by many African countries. These constrained all forms of activity, particularly in the tourism sector, non-food manufacturing, trade, the informal economy, imports, and aviation.

After 25 years of consistent economic growth, Africa is being hit by a recession, with a possible decline in GDP of -1.6% to -3.4% in 2020 (AfDB, 2020). According to the World Bank, the decline in GDP will cost the sub-Saharan Africa (SSA) region between US$37 billion and US$79 billion in lost output. Similarly, remittances to the continent are estimated to fall by 23% in 2020[24] with adverse implications for major recipient countries. The United Nations Development Programme (UNDP) projects a possible loss of up to 50% of jobs in Africa in 2020 while the African Development Bank (AfDB) reports that if African economies continue the rather abysmal growth trajectory, between 34 million and 49.2 million people could be pushed into extreme poverty by 2021.

Countries highly dependent on commodity exports are also at risk, as commodity prices have dipped over the past few months. This has major implications for African oil-producing countries still reeling from the 2014-2016 oil price fall. The UNECA estimates a US$65 billion decline in oil revenues in 2020 for oil exporting nations on the continent as oil prices plunged to unprecedented levels in April 2020. Furthermore, the economic crisis is causing an increase in external debt pressures, with African countries facing US$44 billion in payments in 2020 alone. As a result of COVID-19, government revenues have plunged and the cost of servicing debt is rising with the declining exchange rates. This will further limit the fiscal resources available to cope with the crisis.

Despite fast-dwindling revenues, countries are rolling out social protection programs to mitigate the impact of the public health and safety measures. Since the outbreak, all African governments have increased spending to directly support the healthcare system, provide relief packages for households, and support hard-hit sectors and firms either through stimulus packages or tax relief. Many countries that imposed lockdowns implemented cash transfers and food assistance programs for vulnerable households. The countries include Algeria, Cape Verde, Eswatini,

Ghana, Guinea Bissau, Madagascar, Mali, Mauritius, Morocco, Nigeria, Rwanda, Togo, Tunisia and Zambia. Assistance to the unemployed or workers who lost their jobs has been rolled out by a few countries, including Lesotho, Madagascar, Rwanda, São Tomé and Principe, and South Africa. There has also been a blanket reduction or suspension of utility tariffs and bigger subsidies in countries including Ghana, Chad, DRC, Togo, Mali and Eswatini.

A significant proportion of the fiscal support in many countries has focused on keeping small and medium enterprises (SMEs) and individuals afloat, with plans to stimulate new demand and investment after health restrictions have been eased. Support to businesses has ranged from general extensions of tax payment delays (Algeria, Botswana, Burkina Faso, Chad, DRC, Congo, Eswatini, Gambia, Lesotho and South Africa) to extending deadlines for filing taxes (Gambia, Eswatini and Rwanda), writing off tax debts (Ethiopia) and instituting tax refunds for SMEs (Rwanda and Eswatini). Other countries are innovatively leveraging tax obligations – DRC, for example, announced full tax deductibility – to boost contributions to their COVID-19 relief funds and support for pandemic-related activities.

Scientific response. The ingenuity of African scientists and innovators has been apparent in the fight against the disease. In October, WHO noted that the pandemic had spurred the development of more than 120 health technology innovations on the continent.[25] South Africa, Kenya, Nigeria, and Rwanda had the most innovations. These innovations ranged from mobile applications to solar-powered automatic handwashing tools that augmented already instituted response measures. Countries such as DRC, Ghana, Nigeria, Senegal and South Africa have been able to sequence the genome of the virus, which is critical for the development of diagnostic tests and vaccines as well as monitoring how the virus mutates over time as it spreads.[26]

However, the low capacity of countries to run COVID-19 tests has seen genomics laboratories converted into testing labs in many countries. Given the general shortage of laboratories, the quest for rapid diagnostic tests for COVID-19 remains an urgent priority across the continent.[27] Senegal, for example, recently developed a US$1 rapid diagnostic test kit that is currently undergoing trials,[28] and Ghana's pooled-testing approach was an endorsed practice for resource-constrained countries by the WHO in the early days of the virus on the continent. Nigeria also announced the discovery of a yet-to-be-tested

vaccine for COVID-19.[29] Religion, superstition and myth have also found their place in the fight against the disease. President Pierre Nkurunziza of Burundi, who died in June 2020, proclaimed that God had "cleared the coronavirus from Burundi's skies" after the country ultimately expelled WHO officials in May, 2020. After casting doubt on the efficacy of COVID-19 tests, Tanzania's President, John Magufuli, declared that, "Corona in our country has been removed by the powers of God" thanks to prayers by citizens.[30] In April 2020, Madagascar launched a plant-based cure called Covid-Organics (CVO) however following the exponential rise in the number of reported COVID19 cases thereafter and various international clinical trials, the "African remedy" to the virus" was found to be an effective treatment for COVID-19.

International response. Development assistance remains high on the agenda as African governments are pressing for debt cancellation and various forms of relief. The support from various development partners – including the Group of 20 and the Bretton Woods institutions – and philanthropic organizations has been critical in the fight against the pandemic. About $16.1 billion in loans have been approved for some 34 SSA countries through the IMF Rapid Financing Instrument (RFI) and Rapid Credit Facility (RCF), including: Côte d'Ivoire (US$885 million), Nigeria (US$3.4 billion), South Africa (US$4.3 billion) Ghana (US$I billion), Senegal (US$294.7 million), Uganda (US$491.5 million), Kenya (US$739 million) and Ethiopia (US$411 million). The World Bank has also suspended debt repayment for some SSA countries and supported some 30 of them through their Fast-Track COVID-19 Facility.[31] Similarly, the African Development Bank Group (AfDB) is providing up to US$10 billion to African governments and private enterprises. The AfDB has also launched a US$3 billion Fight COVID-19 Social Bond, with a three-year maturity.

Beyond providing concessional loans to SSA countries, some major donors have announced debt relief measures for several countries already in debt distress. The IMF and the World Bank appealed to official bilateral creditors to institute a moratorium on debt service for developing countries through the Debt Service Suspension Initiative (DSSI). The DSSI, which essentially postpones bilateral debt payments to free up financial resources for COVID-19 responses, has been one of the commendable steps, however there are major concerns about its implementation. [32] Private creditors and many debtor countries do not want to participate[33] and China's stance on debt relief for SSA countries in this COVID era is still not clear.

As of September 2020, out of 37 SSA countries that are DSSI eligible, 20 had made requests to participate in this initiative. Reasons for non-participation by some African countries include the fear of creditworthiness being damaged and the fact that the conditions of participation in DSSI could prevent these countries from taking on further non-concessional loans for the duration of the program –up until June 2021. According to the African Peer Review Mechanism, at least 10 African countries have had their outlooks changed to negative or been downgraded by the major international credit rating agencies since the Covid-19 pandemic hit the continent. [34]In November, Zambia became the first African country to default on a Eurobond ($42.5 million repayment) since the outbreak of COVID-19.[35]

Technology. African countries have leveraged technology to enforce quarantines, monitor locations, interactions and testing as well as transporting test samples and creating supply chains. Tunisia extensively used applications and robots in enforcing its lockdown measures and to encourage social distancing. South Africa recently launched a mobile application that tracks and traces contacts of people and notifies them when they are in close proximity to a person diagnosed with COVID-19.[36] Ghana and Rwanda are using drones to shuttle COVID-19 test samples from rural settings to cities while distributing medical supplies to rural areas.[37] With assistance from the UNDP, Rwanda also introduced robots that can screen 50 to 150 people per minute, capture data, and provide prompts on detected abnormalities as well as deliver food and medication to patients.[38]

The proposed Common Pass being developed by the East African Community in conjunction with the Switzerland-based The Commons Project, allows travelers to present COVID-19 test results in a way that prevents falsification while preserving their personal privacy.[39] The Africa Medical Supplies Platform, run as a non-profit by the Africa Centres for Disease Control and Prevention and the African Export-Import Bank (Afreximbank), helped resolve supply chain issues for African countries trying to access much-needed medical supplies.[40] Finally, in distributing cash transfers, countries like Togo harnessed mobile-based cash transfers while Ghana's COVID-19 Fund and Nigeria's Solidarity Support Fund made extensive use of digital channels in their mobilization efforts.

COVID-19 and Governance in Africa

Governance remains a critical factor for accelerated and sustainable economic growth and transformation. During pandemics such as COVID-19, good governance not only enhances the effectiveness of public health, economic, and social mitigation responses but also supports their sustainability. Good governance during a pandemic requires a high level of inclusiveness in decision making, accountability, transparency. Besides upholding the rule of law, timely responsiveness and efficiency of government initiatives, good governance promotes equity, and consensus building. It requires that national resources are used to meet the needs and aspirations of the population in an equitable and efficient manner. Unfortunately, the pandemic is wreaking havoc on the global economy and public health worldwide. It is also disrupting governance at a time when democratic politics is under serious threat in some countries.

Governance was already a burning issue in Africa long before COVID-19. The challenges have ranged from dictatorship and abuse of term limits to corruption, neo-patrimonialism, weak leadership and suppression of press freedom. In addition to lack of civic education, low gender participation in governance processes and lack of trust in the electoral system, there is persistent armed conflict in some regions. According to the Mo Ibrahim Index of African Governance (2015), overall progress in Africa has been stalled so much that for half of the time since the Mo Ibrahim Leadership Award was established, the award committee has been unable to find deserving leaders on the continent. Some 70 points on a scale of 100 separated the best and worst performers on the Mo Ibrahim index. For countries like the DRC and South Sudan, the dearth of governance structures anchored in the rule of law has played a role in ethnic and other violence.[41] Rising ethnic tensions and intercommunal violence still threaten the stability of countries such as Ethiopia. Nevertheless, over the past decade, overall progress on good governance in Africa has been encouraging.[42] Kenya, Morocco and Côte d'Ivoire are among countries that have made remarkable progress on governance over the past few years. These countries recorded the greatest improvement in overall governance in the Mo Ibrahim Index of African Governance during the period 2008–2017.[43]

Rule of law. Good governance requires fair legal structures administered by impartial institutions for the protection of all stakeholders and based on the sound principle that no one is above the law. The robustness of the rule of law in many African

countries has been put to test in this COVID-19 era as all citizens are supposed to comply with health measures, including social distancing, to ensure their effectiveness.[44] However, as in many countries around the world, many African elites and government officials have failed to adhere to their own advice and laid-down COVID-19 protocols. This has led to the spread of the disease and also some deaths among high-profile politicians. In Gambia, Vice-President Isatou Touray tested positive for COVID-19 causing the President to self-isolate. Ghana's ministers of health, education and other senior government officials contracted the disease at different times and President Nana Addo Dankwa Akufo-Addo himself had to self-isolate. In Burundi, there are indications that the demise of the former president, Pierre Nkurunziza, was due to COVID-19 as close relatives also contracted the disease around the time. In Guinea, several ministers who contracted the disease were quarantined[45] while the president of the Electoral Commission died of COVID-19.

It has been argued that some governments have used the pandemic to expand executive power and restrict basic individual rights. Several African governments have assumed far-reaching powers during the health emergency. Countries like Ghana and Senegal passed controversial laws that provide discretionary powers to the President to impose various restrictions. Algeria, Burkina Faso, and Uganda placed an absolute ban on the right to peaceful assembly and essentially removed the right of citizens and elected representatives to demand much-needed accountability and oversight for social change.[46] The pandemic has become a convenient cover for some governments to clamp down on dissenting voices as well as major political opponents.

This was particularly pronounced in countries with major elections due in 2020. Elections held in Guinea, Mali, Benin, and Burundi were affected by anti-COVID-19 measures related to crowded gatherings in particular. It was reported that similar pandemic-related interventions were used to suppress opposition activities in Benin, adversely affecting voter turnout, and in Guinea and Mali, heightening the security crisis around the elections.

Many health ministers have also found themselves in difficult governance positions since the outbreak. In February, Rwanda's minister of health resigned over alleged mishandling of coronavirus testing kits.[47] "Political witch-hunting" was also reported. In Cameroon, the Survie-Cameroon-Survival Initiative (SCSI), a non-profit organization spearheaded

by the country's main opposition leader, Maurice Kamto, was banned by the government despite raising more than three-quarters of a targeted €1 million for relief efforts.[48] The ban was related to the government's insistence that all financial donations aimed at fighting COVID-19 must be made through the Special National Solidarity Fund instituted by the government. In Ethiopia, there have been rising tensions since the government indefinitely postponed the country's elections because of the pandemic.[49] The constitutional implications of this decision and the subsequent threat by the Tigray region to secede threaten the governance structures of the country.[50]

Decentralization. Limited decentralization, which is common across the continent, has been a hindrance to the pandemic response in many countries. The inequitable distribution of development projects and poor devolution of powers has resulted in weak healthcare infrastructure, inefficient administration and poor service delivery at the local level in many African states. Laboratories capable of testing for COVID-19 as well as hospitals and major treatment centers are all based in urban centers, a situation that has constrained efforts to decentralize mitigation and response strategies in many African countries. Response protocols were therefore highly centralized and concentrated in the capital cities and major urban centers. Unlike most African countries, Rwanda made a conscious effort to ensure that activities at district level were well coordinated. It established the District COVID-19 taskforce and appointed media spokespersons at district level to spur the implementation of COVID-19 mitigation measures at local level. In countries like Kenya, the two-tiered structures of governance –at the national and county levels –are affecting COVID-19 responses as they fight for control of the healthcare system at the county level.[51]

Human Rights. Human rights have largely been upheld on the continent but there have been pockets of abuse in some countries during the enforcement of lockdowns. The implementation of early lockdown measures led to significant police and military violations of the constitutional rights and freedoms of citizens. This was more prevalent in countries with historically abusive enforcement agencies. There were multiple cases of alleged police brutality reported in Kenya, Rwanda, Uganda, Nigeria, South Africa, and Zimbabwe.[52] In Nigeria, the alleged human rights abuses culminated in the death of some 18 people – more than the twelve COVID-19 related deaths at the time.[53] A recent report In Kenya highlighted the neglect of human rights principles

and delayed enjoyment of economic and social rights. [54] By the second week of enforcing curfews, police highhandedness had allegedly led to the death of more than 12 people in Kenya.[55] In South Africa, Human Rights Watch noted discrimination against LGBTQ persons during the delivery of economic relief. [56]Studies also note that some countries took bold steps to uphold the human rights of inmates in prisons and pretrial detention centers. For example, Cameroon released more than 1,300 prisoners who were considered non-violent or were about to complete their prison terms and would have been susceptible to COVID-19 in prison conditions.

Corruption. A major recurring theme in the fight against COVID-19 on the continent has been the misuse and misappropriation of resources, especially those mobilised to address the pandemic. The loss of much needed public funds to corruption has not only contributed to the delay in expanding public services to people who need it the most but has also hindered macro-economic growth and compromised the effectiveness of foreign aid. A controversial World Bank report on elite capture of aid provides evidence of how aid inflows into highly aid-dependent countries (which are mostly African) coincide with significant increases in deposits in tax havens and offshore financial centers.[57] The risk of corruption increases in times of crisis, thus COVID-19 and pandemics like Ebola create a conducive environment for corruption in health procurement to flourish[58] The need for effective anti-corruption procedures and systems of accountability has become more crucial than ever in this crisis. The diversion of relief funding and supplies which greatly undermined Ebola mitigation measures in some regions is resurfacing in the context of COVID-19, with a wave of corruption-related incidents recorded in several countries.

In Kenya, irregular COVID-19-related procurement and payments amounting to US$71 million made by the Kenya Medical Supplies Authority (KEMSA) led to strikes by hospital staff.[59] President Uhuru Kenyatta ordered details of all COVID-19-related contracts to be published online after various irregularities were unearthed, such as over six million facemasks supplied by the German government going missing in Kenya.[60] Zimbabwe's Minister of Health was recently implicated in a US$60 million corruption scandal involving the procurement of COVID-19 test kits and medical equipment. In South Africa, an estimated US$299 million worth of pandemic-related procurement of personal protective equipment (PPE) were found to be fraudulent.[61] In some countries, arrests and criminal proceedings have taken place.

In Uganda, some government officials were arrested for allegedly inflating COVID-19 relief food prices. In August, a Somali court jailed four government officials for their role in the theft of public funds meant for the COVID-19 emergency response.[62] In South Africa, an inter-ministerial committee has been established to probe fraudulent PPE deals implicating top political officials and businessmen.[63]

Health system weaknesses. While COVID-19 reinforced the state's role in public service delivery, it also exposed weaknesses in the system, especially in the health sector. The sudden closure of borders of many Western countries and efforts to improve national capacity to manage and treat COVID-19 patients led to an unprecedented boost in support for the health sector in many African countries. For the first time, many members of the political elite were forced to use local health facilities. The health sector, which hitherto faced challenges of inadequate human resource and budgetary allocations, suddenly became top priority for all African countries. Incentives were provided to retain highly qualified staff; new hospitals were built in record time and hospitals that had taken years to open were finally opened. New laboratories were being built, for the testing and treatment of COVID-19 patients, health data were being collated in real time and used for decision making. COVID-19 reinforced the state's critical role in the provision of public goods, including healthcare .[64]

Trust. Trust in the government seems to have waned over the period. According to the 2020 Afrobarometer survey conducted in some 34 African countries, 78%, 74% and 73% of survey respondents agree that the police, courts, and tax officials respectively, have the right to make mandatory decisions and to expect public compliance. But the percentages of people who professed trust in formal state and political institutions are relatively lower. About 64% say they trust the army while 53% say they trust the courts. Trust in the president/prime minister (52%) and in the police (51%) began the downward trend which showed even lower levels of trust in the governing party (42%), the legislature (43%) and the electoral commission (43%).

COVID-19 domestic resource mobilization efforts. Some leaders on the continent took decisive steps to mobilize resources internally to facilitate the fight against the virus, including in some cases with their own resources. National COVID-19 solidarity funds were set up in many African countries. According to the IMF, more than 27 countries on the continent established dedicated COVID-19 extrabudgetary funds (EBFs) to, among other things, mobilize and

pool public and private resources. This enabled the bypassing of standard budget practices and processes to streamline procurement and other related spending in quick response to the crisis.[65] In Senegal, a national solidarity fund named "FORCE COVID-19" was established by the government and endowed with 1 trillion FCFA (about US$164M) to mobilize resources from donors as well as voluntary contributions from the private sector and individuals. Côte d'Ivoire in turn set up a 170 billion CFA National Solidarity Fund. Ghana set up a COVID-19 National Trust Fund while a separate Ghana COVID-19 Private Sector Trust Fund was also established to support prompt responses to the hardships caused by the pandemic. Proceeds from this private sector fund were used to build Ghana's first Infectious Disease Centre to improve the country's diagnostic and research capacity for tacking infectious diseases. To build the momentum to mobilize resources from all stakeholders in the economy, some political and religious leaders along with senior government officials made handsome donations towards these funds. In Ghana, the President, ministers, and top members of the opposition made substantial contributions to the COVID-19 National Trust Fund. In Rwanda, President Paul Kagame donated his salary to the Coronavirus Relief Fund and many other government officials followed suit, as did top private sector institutions. In Morocco, a €185 million contribution from King Mohammed VI to the Special Fund for the Management and Response to COVID- 19 set the pace for contributions, with many members of the government donating one month of salary.

Information. While countries have generally provided citizens with relevant health information, there have been cases of internet shutdowns, media suppression and misinformation. After days of civil unrest, the government of Ethiopia shut down the country's internet, thus blocking millions of people from accessing vital information needed to curb the spread of the virus. The shutdown also affected the operations of key regional institutions such as the Africa Centres for Disease Control and Prevention and other arms of the African Union (AU) based in the country.[66] Even before this national shutdown, there was a three-month-long shutdown of internet in Western Oromia which limited the information available for people to protect themselves from the virus. There have also been various attempts to use emergency powers to curtail media freedom in Somalia, Rwanda and Nigeria[67] with reports of attacks on journalists who have been critical of the government response to the pandemic.

Misinformation about COVID-19 remains one of the biggest threats in fighting the pandemic globally and in Africa. It compromises response mechanisms by pitching unsubstantiated claims against scientifically proven health safety guidelines. Misinformation essentially drowns official public health advice and invariably reduces trust in various government and international health organizations such as the WHO.[68] While social media platforms have been the main vehicles for spreading misinformation, deep-seated political divides in various countries and lack of government transparency with COVID-19-related information have also contributed.

The widespread misinformation has led to stigmatization of COVID-19 patients and xenophobic attack on Asians in some African countries. COVID-19 statistics widely contested by major opposition parties have in some cases called official figures into question. Attempts to crack down on fake news and disinformation led up to eight African countries to introduce or enforce laws and regulations. However, there were also indications that some of these laws are being selectively enforced to clamp down on dissenting voices or critics of government responses to the pandemic. For instance, Niger arrested activists who posted internet comments about suspected unreported COVID-19 case., Zimbabwe introduced a new law with imprisonment of up to 20 years for those who publish false statements about implementation of the lockdowns, while South Africa introduced directives to internet service providers to remove COVID-19-related fake news.[69]

The role of CSOs. Civil Society Organizations (CSOs) are leveraging partnerships in the fight against the pandemic, but the space for active engagement with governments and their role in holding governments accountable keeps shrinking in some countries. The accountability element of governance requires that the private sector and civil society effectively monitor and report on the performance of the state in the fight against the virus. Given the high corruption risks associated with managing the crisis on the continent, the watchdog role of CSOs remains an important one. Effective work on their part will help ensure that funds earmarked to tackle the pandemic reach their intended destination. Unfortunately, the much-needed work of CSOs and NGOs has been constrained by issues ranging from funding (as donors redeploy their development assistance) to COVID-19-related restrictions as well as governments reducing the flow of information.[70] Several countries have restricted CSO activities and their use of government data. A recent survey in some 44 African countries suggests

that more than half of CSOs (55.69% of respondents) had lost their funding, half had introduced measures to reduce costs because of uncertainty about future funding and many decried their exclusion from COVID-19 national response mechanisms and funding arrangements.[71] While these constraints have held back the activities of many CSOs on the continent, a good number of CSOs are aggressively exploring digital approaches and are using social media platforms to disseminate evidence-based information about the virus and to mobilize resources.

Another aspect of participatory governance has been the variable extent to which the voice of various professional groups has been factored in key decisions in the fight against the virus. In Ghana, for example, although the President repeatedly stated that government responses and key decisions regarding the pandemic were anchored to the science and data and not to politics, there are indications that the Ghana Medical Association (GMA) has rarely been consulted in key COVID-19 decisions.

The COVID-19 era has also seen a lot of cooperation between CSOs, the private sector and communities to fight the disease. For example, to efficiently mobilise funds to purchase PPE and complement the social safety interventions by the state, the Coalition against COVID-19 in Nigeria has brought together local banks for this cause.[72]

Continental efforts. Overall governance and leadership in the wake of the virus has been good but funding remains a challenge. Given the massive deficit in health infrastructure, limited resources, and inadequate technical capacity hindering response efforts in individual countries, it was crucial that a regional approach be adopted in the continental fight against the virus. Even before the virus hit the continent, the African Union held an Emergency Ministerial Meeting in Addis Ababa in February 2020 to prepare the continent's response. The meeting resulted in the adoption of the Africa Joint Continental Strategy for COVID-19 and established an AU COVID-19 Response Fund.[73] The African Task Force for Coronavirus was formed thereafter to spearhead implementation of the continental strategy. These and many other interventions underscore strong African leadership in responding to the pandemic, with many leaders taking swift and decisive steps to limit the impact of COVID-19 at regional and sub-regional level. For example, in February, ministers of health in the ECOWAS sub-region met in Bamako to coordinate responses to the pandemic.

The AU Africa Centres for Disease Control (ACDC) which was established in 2017 has been equally responsive, coordinating closely with individual countries and the WHO to drive response efforts on the continent. Beyond providing guidance to African countries in conjunction with the World Health Organization, the ACDC was at the forefront of some early interventions adopted by the AU. One of the major contributions of the ACDC has been the creation of the Africa Medical Supplies Platform (AMSP) mentioned above.[74] This platform allowed African countries to surmount the initial supply-chain issues in the COVID-19 medical supplies market. It granted immediate access to an African and global base of vetted manufacturers and procurement partners, in partnership with Afreximbank and the ACDC. Afreximbank is also already managing a US$3.8 billion COVID-19 fund for the continent. Countries such as Ghana, Rwanda and Senegal have already contributed to the fund despite their dire economic situation; and in September, the Eastern and Southern African Trade and Development Bank (TDB) donated US$500,000 to the AU through this fund. Germany and the European Union also made substantive contributions.

COVID-19 Management and Governance Issues in RP countries

CÔTE D'IVOIRE

This is one of the countries most affected on the continent. The startling rate of increase in the number of COVID-19 cases after the first was recorded on 12 March 2020 elicited drastic measures from the government to stem the spread of the disease and mitigate its impact. By 23 March 2020, a state of emergency had been declared, and the government had imposed curfews and travel restrictions within the country. In June, the curfews had been lifted and new measures announced to curtail the spread in the country's epicentre of the pandemic –greater Abidjan. While air borders reopened for international flights, with strict health control measures, land and sea borders remain closed. Below are the highlights of some of the major governance issues that emerged from the country's COVID-19 response and related incidents.

Economic measures. As part of the national emergency response plan, the government established the Public Health Emergency Operations Center (COUSP) to coordinate measures to contain the spread of the virus. In the early days of the pandemic, the government rolled out a comprehensive Economic, Social and Humanitarian

Support Plan (Plan de Soutien Social, Économique et Humanitaire) to provide relief to hard-hit key sectors and firms, maintain supply chains, implement social measures and provide economic relief to vulnerable populations.[75] The plan instituted four special funds to be expended over a two-year period. They comprised: a 100 billion CFAF fund for the informal sector; 200 billion CFAF for small and medium enterprises (SMEs); 1 billion CFAF for large companies; and a 170 billion CFAF National Solidarity Fund. The plan was financed with contributions from the state and development partners. The emergency funds have been operational since July. By August, the government had expended nearly 35 billion CFAF in support to 29 large companies, 68 SMEs and some 16,500 beneficiaries who were eligible for the Support Fund for the informal sector – which represents about 60% of the Ivorian economy. More than 100,000 households benefitted from the cash transfers to vulnerable populations.[76]

There was a strong gender and social inclusion dimension to these packages. Within the framework of the Support Fund for the informal sector, 84 million CFAF was given to some 417 women in the informal sector impacted by Covid-19.[77] To assist the most vulnerable segments of the population heavily impacted by the lockdown, the government introduced several social protection and safety nets. Between April and May, the government covered the water and electricity bills of 1 million low-income households and deferred payments for other households from April to August 2020. In April, the government pardoned thousands of inmates to ease congestion and reduce the risk of COVID-19 spreading in the prisons.

Domestic Revenue Mobilization. COVID-19 has dealt a major blow to domestic revenue mobilization projections as corporate profits plummet and job losses soar. As a lifeline to businesses under strain from the pandemic, the government is granting an unprecedented volume of tax relief. Resource mobilization has been more oriented towards exploring external financing options, as domestic revenue mobilization prospects remain gloomy in 2020.

Healthcare. Despite having one of the most resilient health systems in the sub-region, additional major investment and support in the health sector have been crucial in the fight against COVID-19 . The health system received praise during the 2014-2015 Ebola outbreak as rapid response mechanisms ensured the country did not report a single case despite sharing borders with Liberia and Guinea, the epicentres of the disease. As with Ebola, the same level of swiftness and

efficiency was employed in the COVID-19 response, with health surveillance and screening posts rapidly set up at the airport even before the index case. The country was the first to test a suspected COVID-19 case in January. The government put together a 95 billion FCFA package to boost capacity to track, trace and quarantine suspected cases, and purchase medical equipment. The government has since set up some 45 testing, sampling and screening centres to ensure quick and effective management of cases and contact tracing.[78] To strengthen the alert and monitoring system, the Ministry of Health and Public Hygiene was provided with dedicated computer equipment.[79] The decentralized services of the ministry were also strengthened with 84 vehicles – including 21 ambulances and 63 liaison vehicles – to enhance the fight against Covid-19 at local level.

While the government ramped up support to the health sector, continuity of public service delivery despite the exigencies of COVID-19 remained a top priority. A ministerial decree in April introduced a system of rotation among civil servants to ensure uninterrupted public service delivery while adhering to COVID-19 safety protocols instituted by the National Security Council (CNS).[80]

Awareness creation and tacking misinformation. Despite attempts to provide accurate and relevant COVID-19 information to the public through various platforms, there were pockets of protests fuelled by misinformation. The government's strong communications strategy included daily press briefings to clarify issues around the pandemic and to keep citizens informed. A dedicated call centre was also established to facilitate early warning and monitoring around the country. The government launched a dashboard to track and disseminate information on confirmed COVID-19 cases and recoveries .[81] That notwithstanding, the lingering threats of misinformation still posed a challenge to the country's response efforts. In April, misinformation fuelled protests that eventually led to the destruction of a coronavirus testing centre under construction in Yopougon in Abidjan. The protestors apparently feared that the facility was for COVID-19 treatment and that it could spread the epidemic through their district.[82] The government has been clamping down on media houses that promote fake news. While there was a legal basis for prosecuting purveyors of fake news, it is still unclear whether some instances are politically charged.[83] An Ivorian court fined the directors of two newspapers for publishing false information on the conditions of incarceration of an Ivorian opposition MP who had been jailed for his involvement in an

attempted "insurrection". Another newspaper close to the opposition presidential candidate, Guillaume Soro, was fined for publishing fake news about the existence of COVID-19 cases in the country when there was none.[84]

Political tensions. A political crisis unfolding even before the outbreak threatens the country's progress in handling the pandemic. Efforts to limit the impact on the economy and social life have been complicated by simmering political tensions. Opposition to the reform of the Electoral Code, calls for rescheduling of the October 2020[85] presidential elections and a controversial third-term bid by the incumbent President Alassane Ouattara together heightened political tensions and led to protests and some deaths. The situation was fueled by the Constitutional Council rejection of the applications of two major opposition leaders – Laurent Gbagbo and Guillaume Soro – to take part in the 31 October ballot on the grounds that they had been tried and sentenced in absentia.[86] Critics see the situation as one of the familiar episodes on the continent when incumbents exploit constitutional loopholes to hold onto political power.

Inequitable and targeted application of COVID-19 emergency laws during the lockdowns raised concerns and eroded public trust. There was a lot of controversy surrounding how the government imposed restrictions and quarantined arriving travelers**.** There were indications that several measures were instituted to pursue a political agenda. It was noted that opposition strongholds were the biggest police targets during the curfews.[87] Despite subjecting many travellers who came in by air a few hours before the lockdown to mandatory quarantine at the National Institute for Youth and Sports, there were allegations that certain people close to the regime managed to go home from the airport without any form of testing or quarantine. The ensuing uproar from quarantined travellers eventually led to a public apology by some of those elite arrivals[88] and further erosion of public trust in state institutions.

ETHIOPIA

Unlike other African countries, Ethiopia did not enforce strict nationwide lockdowns. Shortly after recording its first COVID-19 case on 14 March 2020, the government proceeded to ban all public gatherings, closed its borders, and passed Regulation 466 in April to implement a five-month nationwide state of emergency. While Ethiopia's COVID-19 strategy was developed at the center, the federal government relies heavily on decentralized governance to localize and enforce national guidelines. After commissioning an intensive door-to-door screening and detecting few cases, the Northern (Tigray) region became the first region to ease the state of emergency and lockdown measures. It is also notable that when most African countries had closed their borders for international flights, Ethiopian Airlines was still operational, making trips to China and delivering PPEs and other medical supplies to virtually all African countries. Following the easing of restrictions in the regions, civil servants returned to work and other activities were allowed under strict social distancing measures.

National response and coordination. Ethiopia is currently implementing a Multi-Sectoral Preparedness and Response Plan to mitigate the impact of COVID-19 on the economy, facilitate recovery and support severely affected businesses while protecting the livelihoods of the vulnerable population. Interventions under the plan cost an estimated US$1.64 billion, roughly 1.6% of the country's GDP (IMF, 2020). Several economic measures to support firms and employment were also approved by the Council of Ministers in April. These include waivers on interest and penalties for tax debt for the 2016-2019 fiscal years; a four-month waiver on personal income tax for firms brought to an operational standstill due to COVID-19 but continuing to pay salaries; and forgiveness of all tax debt incurred before the 2015 fiscal year.[89] The country established a National COVID-19 Ministerial Committee to engage key stakeholders across the various sectors on reducing the economic impact of the pandemic.

Governance issues. Ethiopia was already facing serious governance issues before the pandemic heightened tensions. The government's postponement of national elections for as long as 12 months because of the pandemic [90] led to widespread controversy over the constitutional implications of this decision for national governance structures.[91] With the constitutionally imposed five-year term limit of the government ending in October 2020, the indefinite postponement of the elections was perceived by some as a ploy to stay in power.[92] The Tigray region went ahead and held parliamentary elections in defiance of the federal government's decision to postpone and threatened to secede.[93] The region withdrew its representatives from the National Assembly on the grounds that the mandate of the Abiy Ahmed government expired on 5 October. The National Assembly voted to sever ties with the newly elected parliament in Tigray region, slashed the budget for the region but committed to work with local institutions to provide basic services in the

region. The situation degenerated into a full-blown conflict between the Tigray People's Liberation Front (the newly elected government of the region) and the federal government of Ethiopia. The conflict has already displaced millions of Ethiopians and some 47,000 refugees[94], and threatens security across the Horn of Africa region.[95]

Healthcare. The resilience of the public service delivery system, especially in the health sector, was greatly tested during the period of partial lockdown. The government's immediate action has been to strengthen the health system which is currently constrained in its ability to contain the spread of COVID-19 and treat the infected. To strengthen the labour force in the health sector, the government advised newly retired and training doctors to be prepared for national duty when the need arises. Major investments in the health sector include the opening of the Addis Ababa COVID-19 Field Hospital which has the capacity to admit 2,000 patients. In September 2020, the government in collaboration with a Chinese company established a production facility to meet the local and regional demand for polymerase chain reaction (PCR) diagnostic testing kits for COVID-19 and tuberculosis and other locally essential test kits for after the pandemic.[96] Unlike health, access to courts and some government services during the period of partial lockdown was suspended. However, transportation services were available to take public servants to work.

Awareness creation and misinformation. Providing citizens relevant COVID-19 related news and cracking down on misinformation has been a major priority for the government. To ensure citizens are well informed about the virus and adopt safety measures, the government's COVID-19 online platform provides regular statistics on cases in the country and quick access to relevant websites such as those of the Ministry of Health, the Public Health Institute and the World Health Organization. The Minister of Health also provides regular updates on her Twitter page. To crackdown on misinformation, the State of Emergency Proclamation No. 3/2020 forbids the dissemination of COVID-19-related information that would trigger "terror and undue distress among the public."[97] However, following the days of civil unrest, the government of Ethiopia resorted to internet shutdowns, which curtailed access to vital COVID-19 information for millions of people, affected the operations of the Africa Centers for Disease Control and Prevention and other arms of the African Union (AU) based in the country.[98]

Social protection. To protect the rights and livelihoods of poor and vulnerable households during the state of emergency, the government instituted measures such as the prohibition of layoffs by private employers on the grounds that business has slowed down[99] and laws preventing landlords from increasing rent or evicting tenants. To avoid overcrowding, the President released over 4,000 prisoners and advised prisons to make extensive use of other holding spaces to avoid overcrowding. There were, however, challenges related to their reception and assistance received in quarantine centers in the early days of the virus.

GHANA

Ghana was one of the quickest countries on the continent to introduce COVID-19 response measures. As of January 2020, the Ministry of Health was already issuing updates on national preparedness for outbreak. Following the first two COVID-19 cases were recorded on 12 March, the government adopted sweeping measures, including social distancing, a ban on public gatherings, travel restrictions, and closure of borders by 23 March and a partial lockdown in the two major metropolitan areas – Greater Accra and Greater Kumasi – by the end of March. The three-week partial lockdown was lifted in April after massive improvement in testing and contact-tracing capacity, capacity to produce sanitizers and medicines and rapid expansion of treatment and isolation centers. The easing of restrictions was also informed by the devasting effect of the lockdown on the most vulnerable segments of the population. On 1 September, the country finally opened its air borders to allow international flights, albeit with strict requirements for COVID-19 tests for arrivals. To pave the way, Parliament passed the controversial Imposition of Restrictions Act, 2020 (Act 1012) which grants the President unfettered powers to take measures that restrict the fundamental freedoms of citizens.[100] While the Act received praise from leading government figures, major stakeholders such as the Ghana Bar Association took issue with the harsh punishments proposed for offenders, among other controversial features of the law. [101] Other critics noted the fact that: (a) The law was enacted based on directives issued by the President without recourse to the legislature: (b) The Act has no expiration or period thus opening the door for overreach and violations of fundamental rights; and (c) It was needless since Ghana already has the Emergency Powers Act, 1994 (Act 472) that allows the President to declare a state of emergency in consultation with the Council of State.[102]

National response. Coordination of COVID-19 responses was mostly centered around Accra and Kumasi the two major metropolitan areas. This was because (a) most of the confirmed cases were concentrated in these urban centres; and (b) poor devolution structures meant that health facilities at district level were not adequately resourced to test or treat COVID-19 patients. To coordinate the national response, an Inter-Ministerial Committee was established, a former Deputy Director-General of WHO was appointed as the Presidential Coordinator for the COVID-19 response programme, and a new Deputy Minister of Health with an extensive background in medicine and public health was appointed to the Health Ministry to boost the country's response against the COVID-19 pandemic. There has been limited consultation by the government with key stakeholders in pandemic-related decision making. The link between the Inter-Ministerial Committee and established structures for policy and decision making in the health sector has been rather weak and there are concerns that major decisions – such as lifting the partial lockdown and reopening schools for final-year senior high school students – were taken without consultation with critical stakeholders such as the Ghana Medical Association (GMA). The GMA subsequently publicly questioned the scientific basis for the government's key decisions. Many experts asserted the easing of lockdown measures was premature, while others said it was in the best interests of the economy. Additionally, the major opposition party set up a COVID-19 technical team in the office of the former President and major opposition leader to support the government's efforts. However, this body was hardly consulted as the government was increasingly suspicious of this gesture in an election year. in contrast, there was a lot of consultation with major stakeholders regarding lifting the ban on religious gatherings. In positive and negative ways, the Ghana experience has shown how political and economic inclusion is crucial for effective and legitimate governance.[103]

Economic response. The government introduced a comprehensive response program and measures to mitigate the social and economic impact of COVID-19. At the outset of the pandemic, the government announced a Coronavirus Alleviation Program (CAP). Highlights of CAP include GH¢579 million for an Emergency Preparedness and Response Plan (EPRP); GH¢1.2 billion to cover electricity for lifeline consumers and a 50% reduction for the others while absorbing the cost of water bills until the end of the year; GH¢323 million for PPEs and incentive packages for frontline health workers ;and a GH¢600 million Business Support Scheme for micro-, small- and medium-scale enterprises (MSMEs). The support to businesses is expected to generate bank lending of about GH¢400 million. The soft-loan support scheme of up to GH¢600 million (US$105 million) will have a one-year moratorium and two-year repayment period for MSMEs. The CAP also included food relief during the lockdown for vulnerable communities in Accra, Tema, Kumasi and Kasoa.

While these activities are well intentioned, there are concerns that most are being implemented to gain a political advantage in the upcoming elections. Following consultations with a broad range of stakeholders, in July the government came out with the Ghana COVID-19 Alleviation and Revitalization of Enterprises Support (Ghana CARES) Obaatanpa program to mitigate the health and economic challenges posed by the pandemic. Building on the progress of CAP, the first phase of the two-phase CARES programme entails stabilizing the economy by temporarily reducing the cost of services, ensuring food security, strengthening the health sector, and supporting businesses and workers. As of September 2020, the government had committed GH¢11.2 billion to fight the virus and mitigate its social and economic impact. To offset rising COVID-19-related spending, the government intends to reduce spending on capital investment, goods and services and transfers to at least GH¢1.1 billion. A deficit of 11.4% is expected for 2020, up from the initial estimate of 4.7% of GDP.

Revenue Mobilization. Financing pandemic-related activities remains a topical issue given the country's debt challenges. The government has so far drawn GH¢1, 204 million from the Ghana Stabilization Fund, a GH¢10 billion facility from the Bank of Ghana, GH¢5.7 billion from the IMF's Rapid Credit Facility, GH¢2 billion from the World Bank and GH¢429 million from the African Development Bank.[104] While in a position to take advantage of options in the international development finance landscape, Ghana is also exploring domestic resource mobilization (DRM) to bolster its fight against the virus. DRM has been high on the agenda but the pandemic wrecked government plans to roll out its ambitious "Ghana Beyond Aid" strategy. To mobilize resources internally, the Ghana COVID-19 Trust Fund was established by the government. Seed capital for the Fund included the donation by the President of his salary for April, May, and June. Since then, the Vice-President, the Speaker of Parliament, ministers, parliamentarians, senior government officials and appointees, and prominent private sector institutions have followed

suit with donations. The Ghana COVID-19 Private Sector Fund was also established to provide a prompt response to the hardship and suffering arising out of the pandemic. Proceeds from this Fund were used to build Ghana's first Infectious Disease Centre, a 100-bed facility that also boosts diagnostic, isolation and research capacity in Ghana.

Healthcare. As in many other countries, the health sector has received a major increase in investment and attention since the outbreak. To prepare for the surge in infections, the Ministry of Health began mobilising and preparing new and retired health care professionals to join the frontline response. In March, the government announced a US$100 million plan to finance the expansion of critical health infrastructure, purchase materials and equipment, intensify public education and procure test kits, pharmaceuticals and hospital beds. The government announced that 88 hospitals and three infectious disease centres would be built across Ghana. When the pandemic broke out, Ghana had only two laboratories running COVID-19 tests for the over 30 million citizens. It now has 10 labs running tests. In the early days of the pandemic, the government introduced the use of drones to deliver samples for lab testing. A broad range of incentives was announced for frontline health care workers. These include tax waivers on salaries for three months, an additional 50% of their basic salary per month, and an insurance package.

Awareness creation. Providing relevant information to Ghanaians and cracking down on misinformation has been a top priority for the government. The President started bi-weekly addresses that provided updates on confirmed cases, legislative directives and government actions. This was crucial for keeping the country informed with credible and timely information. Additionally, weekly multi-sectoral ministerial briefings were instituted to update the public on sectoral responses to the pandemic. The government leveraged technology to provide citizens with (a) an app that allows users to self-report symptoms, self-quarantine, and monitor progress, checking symptoms against WHO criteria, and following government protocols; (b) a COVID-19 dashboard to supply media houses with accurate information during the pandemic; and (c) relevant COVID-19 news disseminated through social media and other new media.

As Ghana prepares for elections in December 2020, one major threat has been misinformation on the pandemic, with the government and the opposition parties trying to take advantage of the situation to maximize votes. This has seen open contestation of COVID-19 statistics and government policies by opposition parties. To crack down on misinformation, the government vigorously enforced the Electronic Communications Act, 2008 (Act 775) which makes it a criminal offence to share "communication which is false or misleading and likely to prejudice the efficiency of life-saving services or to endanger the safety of any person". While the government has been largely timely in disclosing COVID-19-related news, there have also been a few incidents of attacks by various state and non-state actors on journalists independently reporting on the crisis and the political situation.[105]

Rule of law and incumbency abuse. Some concerns have been raised by different stakeholders about the extent of adherence to the rule of law and incumbency abuse during the partial lockdown. First, there was criticism about the basis for the enactment of the Imposition of Restrictions Act, 2020 (Act 1012) which is meant to combat the COVID-19 pandemic and protect public health and public safety. Major concerns include the unfettered powers it grants the President in violation of the principles of the Constitution; the lack of provision for checks and balances in decision making; the lack of expiration of the Act; and the risk of abuse in the future. Next came additional controversial legislation – the Emergency Communications Instrument, 2020 (E.I. 63)[106] – to facilitate contact tracing of potentially infected citizens using the metadata behind phone communications. Critics felt it gives the government unfettered access to consumer mobile phone information – a gross violation of the privacy of citizens. Finally, there were many instances where senior government officials flouted with impunity the presidential directives to curb the spread of the disease. For instance, despite mandatory limits on the number of people in any gathering, the ruling party hosted a massive indoor event to acclaim the sitting President as its flagbearer for the 2020 presidential elections. The aftermath saw COVID-related infections and death of some party stalwarts who participated in that event. Despite such instances of lax adherence, there were many other instances when the rule of law and citizen action prevailed. Following the ban on public gatherings, the National Identification Authority (NIA) tried to continue its mass registration exercise. The NIA had to back down after the plan was challenged in court by two citizens and the Ghana Medical Association threatened a strike action.

Elections. Preparations for the December 2020 presidential and parliamentary elections were heavily disrupted and concerns were raised that the incumbent government was rolling out populist measures under the guise of COVID-19 interventions to gain an advantage. To avert the risk of a constitutional crisis, the Electoral Commission (EC) decided to proceed with the elections. Attempts by the EC to embark on mass voter registration were met with strong opposition from civil society organizations and the major opposition party. Reasons for the opposition included the fact that the exercise could expose potential registrants to COVID-19; the exclusion of breeder documents for the exercise such as birth certificates; and the fact that the time was seen as too short for conducting the exercise, compiling the register and exhibiting it before the elections. The Supreme Court eventually upheld the decision of the EC to exclude the birth certificate as a breeder document, and the exercise was successfully organised without a spike in infections. There were, however, allegations that the incumbent government exploited COVID-19 protocols to suppress the voter registration process in perceived strongholds of the major opposition party.

MOROCCO

Morocco was one of the first countries in the Middle East and North Africa (MENA) region to implement strict lockdown measures to curtail the spread of the disease and mitigate its impact on the economy. Measures to respond to the pandemic were swift. Following the first COVID-19 case on 2 March 2020, 15 March, the government tightened controls at all major points of entry, including banning international flights from countries with cases of COVID-19. The government then declared a nationwide Health State of Emergency with a strict one-month curfew from 20 March. Following some improvement in COVID-19 numbers, starting from June 2020, the government partially reopened the economy, and reopened international borders in July for Moroccan nationals living abroad and foreigners established in Morocco. However, a second wave of the virus led to the shutdown of major cities in late July 2020 (France24, 2020). The health state of emergency was extended until 10 October. The stringent measures imposed were necessitated by the limited capacity of the health system to manage a potential wide contamination wave. Morocco has received praise from notable institutions such as the World Bank for its effective and swift approach to curbing the spread of COVID-19. [107]

National response. To drive its social and economic response efforts, the government set up an Economic Watch Committee (CVE) chaired by the Minister of Finance. The committee comprises representatives from government ministries, the banking professionals' federation, private sector associations, chambers of Commerce, Industry, Services and Crafts, the central bank, and development partners. With the economy set to grow at 0.8% (instead of the initial estimate of 3.7%), the CVE monitors the economic impact of the pandemic and takes appropriate mitigation measures. [108] Since its establishment, the CVE has spearheaded the implementation of a broad range of interventions related to tax, employment and economic stimulus. In September 2020, an Amended Finance Bill was introduced as part of the administrative and other reforms to sustain the recovery of economic activity and the preservation of jobs. [109] To ensure inclusiveness in the recovery process during and after the pandemic, the employers' association (Confédération Générale des Entreprises du Maroc) has proposed a new social contract between the state, businesses and social partners. [110]

Stringent price controls and monitoring of distribution channels have ensured continued availability on the market of much-needed commodities and supplies. To prevent price speculation and disruption of supply chains, the CVE regularly monitors major markets and distribution channels for the most consumed processed products and intervenes when necessary. One of the prioritized distribution channels was that for face masks and sanitizer gels. [111] The Ministry of Industry, Trade and Green and Digital Economy undertakes daily surveys with producers, importers and sellers of these products at local-market level. The outcomes of some of these surveys led to the ban on exports of hygiene products to ensure their availability on the domestic market. A web portal was established to receive and address citizen complaints on the supply and quality of some of these most-consumed products. [112]

Resource Mobilization. A Covid-19 Solidarity Fund was set up for economic response measures as well as emergency health expenses. Established in March 2020, the Special Fund for Coronavirus Pandemic Management was financed with government resources and voluntary contributions from public and private entities. A €185 million contribution from King Mohammed VI set the pace for other contributions. Members of the government expressed their commitment to the cause by donating one month of salary to the Fund. [113] The EU also made a

substantial contribution while domestic private sector institutions, banks, foundations, associations and individuals contributed more than a third (34%) of the Fund. Proceeds were used to finance some intensive-care beds, ventilators, sampling and test kits and were also used to heavily discount the prices of surgical-grade masks manufactured by the domestic textile industry. [114] In addition to the Special Fund, following a decree to increase external borrowing by the state, the government secured a US$3 billion precautionary and liquidity line from the IMF.

Healthcare. The health sector got a major boost in investment as part of the measures to mitigate the impact of COVID-19. With capacity of 1.1 beds per 1,000 citizens, government health expenditure of $70 per person[115], and a ratio of 62 doctors and 90 nurses per 100,000 inhabitants, the country is better equipped than many others in Africa, but ill-equipped in comparison with other countries in the MENA region. [116] The Global Health Security Index – which ranks countries based on their capability to respond to an epidemic – ranked Morocco 68th out of 195 countries and 4th in Africa after South Africa, Kenya and Uganda.[117] The government introduced sweeping measures to increase the capacity of the healthcare system to test and treat COVID-19 patients. An Epidemiological Monitoring and Surveillance Committee made up of experts was also set up in the Ministry of Health to monitor the situation and advise accordingly. Hospitals across the country were provided with medical supplies and PPE, the bed capacity in hospitals and intensive-care units was scaled up and, with the help of WHO and other international partners, medical protocols were introduced to guide the treatment of COVID-19 patients. To facilitate epidemiologic reporting and evidence-based decision making, the Ministry of Health developed an electronic information system which receives real-time data of laboratory testing results.[118]

Social protection. Central to Morocco's response to the pandemic was a broad-based industrial mobilization and social protection plan. Following successful implementation of the Industrial Acceleration Plan (PAI) 2014-2020, the country was in a better position to mobilize the textile industry to meet growing health sector demand for PPE. Through this mobilization drive, members of the Moroccan Association of Textile and Clothing Industries (AMITH) were producing about 4 million masks per day by mid-April after members repurposed their manufacturing plants. Similarly, the pharmaceutical industry, which meets about 80% of domestic demand, was well placed to provide drugs to help fight the pandemic. [119]

The government introduced a broad range of social protections and safety nets. A basic income payment scheme was set up for some 810,000 workers in the formal sector who had lost their jobs because of the crisis. [120] For the informal sector, which constitutes 40% of the labor force, the government gave a six-day ultimatum for people to register with the Medical Assistance Plan (RAMED). RAMED-registered households were entitled to financial assistance of between 800 to 1,200 dirhams. Households could request deferrals on mortgages and loan repayments to banks. In addition to family allowances, people registered with the National Social Security Fund (CNSS) who lost their jobs or businesses due to COVID-19 are entitled to an indemnity of €185 from the state. Payment of social security contributions from 1 July 2020 to 31 December 2020 were deferred. Moroccans living in the diaspora were not left out, as an emergency action plan with a series of administrative, economic, and social measures was introduced. [121]

Awareness creation and misinformation. The government stepped up efforts to improve public information on COVID-19 issues and to fight disinformation, notably through Public Health and Social Measures (PHSMs). These aimed to reduce the spread and scale of COVID-19, with the Ministry of Health broadcasting daily updates on the epidemiological situation. As a result, a survey[122] conducted by Ipsos in April to assess the level of public support and the social impact of the PHSMs indicated that (a) there is a high level of awareness of COVID-19 among Moroccans; more than 96% of respondents were satisfied with the government's response; but a little less (86%) trust the information provided by the government. Between 94% and 98% believe restricting public gatherings can help curb the spread of COVID-19. [123] With respect to fake news and misinformation, provisions were made in the Health State of Emergency decree to clamp down on purveyors and sharers of fake news. The Public Prosecutor's office further directed prosecutors in courts across the country to initiate legal proceedings to combat coronavirus fake news.[124] Tracking digital content related to COVID-19 eventually led to the arrest of two individuals for allegedly disseminating and distributing false information through social media which was likely to undermine public order and incite criminal activity.[125]

Public service delivery. COVID-19 accelerated the digitization drive for many public services and remote work was widely introduced for public sector employees. To ensure continuity in the delivery

of education, the Ministry of National Education, Vocational Training, Higher Education and Scientific Research introduced an e-learning platform and used public television and radio platforms to provide remote-learning classes. [126] Customs transactions were now being wholly processed online via PortNet. In May, the government introduced a Coronavirus Exposure Notification app to facilitate contact tracing, leading to early medical care, reduced complications and deaths and curtailed spread of the virus. The app, which uses bluetooth technology to track interactions between people, was developed by a team of 40 people from public and private institutions under the supervision of the Interior and Health ministries.[127] Although critics have raised major concerns about the privacy of people's data, the government indicated that the app had been made anonymous, it could be voluntarily downloaded, and it adhered to the protection of individual information laws.[128] Additionally, the government indicated that all data secured by the application would be deleted after the end of the pandemic

Rule of law and human rights. While the rule of law and human rights principles have been generally adhered to, civil society organisations have raised concerns about the implementation of the Health State of Emergency. Unlike other countries that sidelined Parliament and swiftly introduced emergency laws, Morocco's Special Provisions for a Health State of Emergency Decree was passed by Parliament to empower the government to take necessary measures to contain the spread of COVID-19. The containment measures were fully in compliance with the limitations imposed by the International Covenant on Civil and Political Rights (ICCPR), and the African Charter on Human and Peoples' Rights (ACHPR) as they were legitimately passed, and preserved national security, public safety, public order, and public health or morals.

While the law was legitimately enacted, its implementation and sanctions were seen by some to have flouted the human rights of citizens. The laws were aggressively enforced, with fines of up to $130 and up to three-month prison sentences that were considered harsh. Within two months of the lockdown, about 91,623 people had been prosecuted for violations. Several journalists, citizens and bloggers were also jailed for "obstructing" the state's handling of the pandemic or inciting others to contravene the decree through disinformation. [129] Despite the above incidents, the government strived to comply with the legal norms and standards enshrined in international human rights protocols. For instance, in a proactive

and preventive approach, provisions were made for COVID-19 screening tests in prisons, prisoners were well spaced, and an action plan was rolled out to sustain the Fight against Coronavirus Spread in Prisons. [130] Additionally, given the high incidence of violence against women during the lockdowns, the Public Prosecutor's office issued new instructions to curb these abuses. These included provisions enabling official registration of complaints of violence against women on digital or smartphone platforms, and prioritization of such complaints. [131]

SENEGAL

Senegal was quick in reacting to the pandemic, imposing a stringent lockdown nationwide with assent from the legislative body. The government started formulating a contingency plan as soon as COVID-19 was declared an international public health emergency on 30 January, and had a comprehensive response plan by March. Following the country's first confirmed case on 2 March – the second reported case in sub-Saharan Africa – a presidential decree of 23 March proclaimed a national state of emergency . It imposed the closure of schools, a night-time curfew and social distancing measures nationwide. The government aggressively implemented these conditions, arresting people who broke the curfew and immobilizing vehicles in the process. The restrictions clamped down on civil and religious activities thereby preventing the grand celebration of festivities like Easter and Independence Day.[132] In June, the government lifted the state of emergency to support the ailing economy, which had taken a massive blow from the pandemic. Schools were also partially reopened. In October, the government extended for another three months the mandatory wearing of masks in public places and a ban on gatherings in some public places.

From the outset, the government adopted an all-inclusive approach to tackling the pandemic, rallying support from all concerned stakeholders. Unlike many other countries where legal instruments on restrictions were issued by the executive with limited or no consultation from the other arms of government, the Senegalese National Assembly unanimously voted a law empowering the President to declare a national state of emergency by decree. In the early days of the pandemic, the President convened political and religious leaders along with civil society personalities for a political dialogue to build a consensus on the fight against the pandemic and ensure support for the tough measures. [133]

Economic response. The pandemic hit the economy very hard, but the government took major steps to revive businesses while ensuring that its debt position was not compromised in the process. The closure of border and imposition of a health state of emergency led to a slump in business activity and a revision of the economic growth forecast from 6.8% to less than 1% for 2020. In April, the government introduced a 384 billion CFA Economic and Social Resilience Program to mitigate the impact of the pandemic. The four broad areas of the program comprised 69 billion CFA for urgent food aid and essential medical supplies; 15 billion CFA to absorb utility payments for vulnerable households; 100 billion CFA targeted support to hard-hit sectors such as tourism, transport and agriculture; and 200 billion CFA in direct support to affected firms.

Following the easing of lockdown restrictions, the government kickstarted a National Economy Revival Program which will provide an extra 60 billion CFA in budgetary support to the agricultural sector to maintain food security. In April, the IMF approved a US$220 million loan to mitigate the economic impact of the pandemic. The World Bank also extended a US$100 million facility in June to help the government response to the economic impact of the pandemic and its effort to improve access to services for the most vulnerable. Meanwhile, Senegal has been in the forefront of calls by African countries for debt cancellation.

Resource Mobilization. With respect to domestic revenue mobilization, the government granted substantial tax relief over the period, and also established a fund to mobilize resources to support the pandemic response. Tax relief for businesses and individuals included: rebates to firms that keep their workers employed during the crisis or pay more than 70% of their wages; partial cancellation of tax payments outstanding as of December 2019 for individuals and businesses; and a three-month deferral of payment of duties and taxes for firms in the hardest hit sectors like tourism, catering, hotels and transport along with SMEs with a turnover of less than CFA 100 million. In April, the government deferred payment of value-added tax (VAT) to Customs or tax authorities from 12 to 24 months, which deprived it of an estimated 15 billion CFA in tax revenue. The government launched FORCE COVID-19, a national solidarity fund with an initial endowment of CFA 1,000 billion from the national budget to mobilize resources from donors as well as voluntary contributions from the private sector and individuals. Proceeds from this fund were to be used to implement the Economic and Social Resilience Program. The national

solidarity fundraising campaign secured contributions from political parties, sports associations, private companies, and civil society personalities. The Highest Khalif of the Mouride Brotherhood, Serigne Mountakha Mbacké, donated about €305,343 to the cause. [134]

Healthcare. Despite having a fragile healthcare system, Senegal dealt with the pandemic ingeniously and received global praise for its efforts. The country has a scarcity of hospital beds and medical doctors (about 7 to every 100,000 Senegalese). [135] Yet, the stellar commitment and drive in the fight against the disease saw Senegal placed second in an analysis of how 36 countries were handling the pandemic. [136] The country set the pace for the continent in terms of testing and managing the treatment of COVID-19 cases. The prestigious Institut Pasteur in the capital Dakar, was one of only two laboratories in Africa with the capacity to test for the coronavirus in the early days of the pandemic. The Institute helped Senegal to swiftly ramp up testing capacity and set up mobile labs that could provide test results within 24 hours. The Institute was instrumental in the continent's fight against the disease by training staff from several African countries on how to test for the virus. The country's cheap self-testing diagnostic kits COVID-19 is expected to significantly boost testing capacity across the continent. [137]

Senegal's experience from the 2014 Ebola outbreak was also key in taking drastic measures to curb the spread of the virus. The country also used technology to boost the health response. A digital platform allowing health workers to receive results from surveillance teams facilitated the quick identification and isolation of confirmed cases. Another feature of the COVID-19 response was the effort made at district level to ensure decentralized sample collection in eight regions in the country. [138] As in many other African countries, the government has since promised an ambitious reform of the health sector and improved social policies through the Investment Plan for a Resilient and Sustainable Health and Social System (Plan d'investissement pour un système de santé et d'action sociale résilient et pérenne).

Communication and awareness creation. Effective communication has been the hallmark of Senegal's fight against the virus but challenges remain in fighting fake news and there have been a few controversial attacks on the media. In the early days of the outbreak, the Ministry of Health and Social Action launched an awareness campaign enlisting the media to publish regular COVID-19 updates and general government

directives. The ministry also provides real-time updates on its virtual dashboard, holds daily press briefings, introduced a chatbot to provide citizens with more information and makes wide use of social media to inform and educate the population about the disease. Senegal had the highest possible score for its pandemic communication strategy on the global Covid-19 response index published by *Foreign Policy* magazine. Top musicians composed songs to educate the public and artists painted colorful murals all over cities and major campuses. However, there have been challenges in disseminating vital information to rural populations since the population is about 50% illiterate and official communications on COVID-19 are in French or in written form.[139]

There have been reported cases of arrests of activists and attacks on media personnel for independently releasing COVID-19 information. Widespread assaults of an unspecified number of citizens and journalists by the police during the first day of the state of emergency elicited a statement from ARTICLE 19 West Africa/ Senegal and Amnesty International Senegal condemning the abuses of human rights. [140] A recent publication on the COVID-19 status of a religious leader of the Mouchtarchidines led to an attack on the newspaper by his irate followers. [141] As COVID-19 spreads, so do instances of fake news about the virus, which can be disastrous for response mechanisms. Existing laws make it criminal to spread false information, defame or insult the head of state and violations are punishable by jail time and fines, and the government has been aggressively implementing these laws. In August, a singer was arrested and charged for "offending the Head of State" and "broadcasting fake news" by referring to the president as a lizard and a scoundrel in a WhatsApp message. [142] To fight what WHO has called an "infodemic" around Covid-19, the presidency launched a vigorous campaign in October to flag fake news online. Using its youth-oriented social media account – Génération Sénégal – and the hashtag #STOPFAKENEWS, the campaign admonished social media users to flag questionable posts regarding the presidency.

TUNISIA

Although some 10 Tunisians were repatriated from Wuhan, China, in February 2020, Tunisia had its first confirmed case on 2 March. In line with the Constitution, the legislature passed a law in April that essentially gave the Prime Minister special powers for two months to issue decrees without referring to the legislature. This was to provide the government the necessary flexibility to take rapid measures to limit the spread of the virus. [143] By mid-March, the government had introduced travel bans on passengers arriving from countries with high prevalence of COVID-19. Other tough measures included curfews, mandatory working from home for non-essential workers, and closure of public places. A nationwide lockdown was imposed from 22 March to 20 April. At the end of April, the government announced a three-phase plan to ease economic restrictions. The country became one of the first countries in the sub-region to curb the spread of the virus, reporting zero new case for five days in May. The initial successes were largely attributed to its relatively robust healthcare system, the swift government response, trust in public institutions and effective awareness campaigns. International travel restrictions were finally eased on June 27 and the borders were opened progressively for countries classified by their level of risk. The opening of borders however, led to a second wave of the COVID-19 cases, as the number of infections soared again.

General coordination and decentralization. A National Coronavirus Response Authority (NCRA) was created in March to centralize responses to the pandemic. To deliver on its mandate, the Authority works closely with the Ministry of Health and the National Observatory on New and Emerging Diseases (ONMNE), the Permanent National Committee for Disaster Prevention, Response and Relief, and the Regional Committees for Disaster Prevention, Response and Rescue Organization. However, there have been instances of a significant lack of coordination as ministries were seen to be working separately and the government often issued contradictory orders that led to confusion. [144]

Unlike many African countries where the national response to the pandemic was largely concentrated in the major cities, Tunisia's approach was felt at the local level also. During the early days of the outbreak, municipal councils all over the country established local crisis committees with representation from CSOs and political parties and other stakeholders to roll out local government responses to COVID-19. [145] These local crisis committees coordinate with national institutions to implement targeted measures in their communities.

Economic response and emerging issues Before COVID-19 struck, Tunisia already had a barrage of economic problems and was under an IMF program. While economic growth in 2019 was just 1.5%, public debt was fast rising beyond sustainable levels, youth unemployment was growing and the tourism sector was yet to attain the pre-revolution levels of 2011.

Due to the pandemic, the government estimated a decline in the economy by 6.5%, some 274,500 job losses and an increase of the poverty rate by 4%. The tourism sector, which accounted for nearly 10% of GDP and employed more than 500,000 people, will be the most affected sector. In this context, the government announced a US$710 million emergency plan on 21 March which contains economic and fiscal measures to reduce the tax burden on businesses and individuals. These included deferment of payment of some taxes and social contributions; fast-tracking payment of VAT refunds; exemptions on VAT; rescheduling of taxes and customs arrears; and liquidity easing measures (IMF Tracker, 2020). Massive tax exemptions were given to drug-distributing companies to boost the pandemic response. The government suspended increases in rent for three months and provided cash transfers for low-income households, the homeless and the disabled. A TND 300 million fund was also created to support affected SMEs. To provide support to the informal sector, the government launched a web portal in April to register crisis-affected artisans, traders, SMEs and other companies. To qualify for the government stimulus, individuals and companies must be registered with the National Social Security Fund for the fourth quarter of 2019 or the first quarter of 2020 and able to provide key documents proving how COVID-19 has adversely impacted their business.

Resource mobilization. Revenue mobilization efforts were derailed by massive moratoriums on tax payments and the restructuring and exemptions introduced as part of the pandemic response. Like many African countries which created COVID-19 extrabudgetary funds, the government launched the Fonds national de solidarité 1818 to pool private donations in support of the government's response to the pandemic. A commission headed by the director-general of governance in the Ministry of Health was charged with the collection and management of donations. To streamline and optimize the use of donations, the commission provide potential in-kind donors with a database of hospital needs, a list of potential suppliers, the price range and the beneficiaries. Contributions to the fund are tax exempt and the government provides weekly reports of donations in kind and instantly announces donations of more than TND 61.93 million. [146] Total contributions to the fund reached TND 198.3 million by 6 May, and TND 250 million by 28 June. Tunisia has also had massive support from the donor community with grants, loans, and humanitarian aid from multilateral and bilateral sources such as the European Union, Italy, China, World Bank, IMF and Jordan.

Healthcare. Despite having one of the best healthcare systems in Africa, [147] Tunisia still has issues of coordination within the sector, limited intensive-care unit (ICU) beds – an average of 3 beds per 100 000 people – and massive disparities in healthcare infrastructure across the country. [148] As part of the pandemic response, a new hospital was dedicated on 23 March to receive COVID-19 patients in the capital, Rabat, an emergency centre was completed in May to deal with COVID-19 cases , and several laboratories were upgraded. Technological innovation has also been used healthcare delivery. To take the pressure off the already stretched system and to protect health workers, the government produced a website solely for medical consultations on COVID-19.[149] The website also provides information, an online diagnostic tool for surveillance, a results portal, and a psychological assistance hotline in April. The government also began massive recruitment and mobilization of all health professionals to combat the pandemic. Tunisia now has a relatively cheap, rapid COVID-19 test kit which provides results in 20 minutes.

Human rights and misinformation. In the early days of the pandemic, the Prime Minister had absolute power for two months and imposed a curfew which significantly limited the movement of Tunisians. The government also adopted a decree that set fines for violation of the curfew. Critics said that most of the new directives were issued without the state providing needed services or clear procedures to the public. To facilitate contact tracing, an app was introduced to monitor in real-time individuals' movements in order to detect possible exposure to those who had tested positive for the virus. Critics expressed concerns about the privacy and security risks posed to users of these apps. This is because the app uploads location data and personal information to the National Observatory of New and Emerging Diseases (ONMNE) centralized database.

Free speech. To clamp down on misinformation, the Ministry of Health scaled up public awareness campaigns and intensified health surveillance campaigns. The national communication strategy led by ONMNE was largely effective. The daily press briefings and updates and use of social media platforms were crucial for keeping citizens abreast. However, critics felt that the vagueness of some of the provisions in the Penal Code was leading to misuse by public officials to punish online commentary. [150] The Penal Code criminalizes defamation and the spreading of content "liable to cause harm to public order or good morals", "insulting a civil servant" and

"accusing public officials of crimes related to their jobs without furnishing proof of guilt." Aggressive implementation of this law led to the arrest of several journalists, bloggers and activists who openly criticized aspects of the government's response to the pandemic. For instance, in April, two bloggers were arrested for accusing local authorities of corruption in the distribution of COVID-19 aid. An attempt by a legislator to introduce a law to tackle disinformation during the COVID-19 crisis was quickly withdrawn when the draft was leaked to the public. The provisions in the draft law were seen as a direct affront to free speech as they contradicted provisions in the Constitution on free speech, muzzled journalists and media activities, gave too much control to the state and stifled the flow of information necessary to document potential rights violations. [151]

Trust in the ability of the government to control the pandemic was critical to public response. A recent study suggests that more than 71% of Tunisians believe the government can control the spread of the virus. A change in leadership in the country in 2019 also contributed somewhat to this level of trust. [152] However, there is a growing distrust of the police force, which urban citizens feel is overly protected by the Penal Code. It is far too common to see the acronym ACAB ("All cops are bastards") displayed across urban areas.[153] During the early days of the pandemic, many Tunisians felt the police were targeting individual rights and free speech in a manner reminiscent of the pre-revolution regime. In early October, there was a massive sit-down protest in front of the Constituent Assembly against that draft law which sought to provide additional legal protections for security forces and customs officers. [154]

Conclusion

This paper explored governance-related issues emanating from COVID-19 response strategies of various SSA countries and their implications for state governance going forward. The emergence of COVID-19 has had a far reaching and devastating socio-economic impact, with political implications for sub-Saharan African countries. While the health impact seems to be relatively better than in most regions around the world, the pandemic has battered already fragile economies in unprecedented ways.

The major findings suggest that significant lessons learned from the 2014-2016 Ebola outbreak and the late arrival of COVID-19 in Africa were instrumental in giving SSA countries a head start. Most countries acted swiftly to implement crucial public health and social measures, closed borders and enforced quarantines to slow down the spread of the disease. However, decentralization of mitigation strategies was lacking in many countries. While disruption in global supply chains and the lack of international cooperation and solidarity in the medical supplies market initially prevented African countries from accessing these supplies, some innovation and good leadership around the continent helped resolve the issues. With COVID-19 exposing widespread deficiencies in healthcare delivery systems, there was a notable boost to investment in the sector.

Concerns about political leaders using COVID-19 as a passport to perpetuate their incumbency and disadvantage political opponents were also rife and a myriad issues are emerging regarding holding or postponing elections on the continent in the context of the pandemic. While countries have generally been active in providing citizens with relevant health information, internet shutdowns, media suppression and misinformation have compromised some of these efforts. Human rights have been largely upheld on the continent but instances of abuses in some countries during the enforcement of lockdowns were a cause for concern for many activists. A major recurring theme in the fight against COVID-19 in Africa has been the misuse and misappropriation of resources, including those mobilized for fighting the pandemic. Trust in the government seems to have waned over the period and some people trust religious leaders more.

Good governance is a crucial aspect of managing the pandemic and its after-effects. There is no doubt that participative, consensus-oriented, accountable, transparent, responsive, effective, efficient, equitable and inclusive democratic governance which follows the rule of law will remain a critical factor for accelerated and sustainable economic growth and transformation on the continent beyond the pandemic. The pandemic has also reaffirmed the need for African countries to build resilience and capacity to protect and develop their population and their economy.

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