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## Real governance of the COVID-19 crisis in the Great Lakes region of Africa

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### ABSTRACT

During the COVID-19 crisis in Africa, several contradictory discourses have tried to predict how the continent will experience the pandemic. Based on a qualitative approach, this article goes beyond generalized and arbitrary predictions and analyzes how three countries in the Great Lakes region of Africa have managed the pandemic. We first analyze which measures the respective governments of the three countries – and their decentralized authorities – have taken. We also analyze up to which extent international prescriptions – as propagated by the World Health Organization – have influenced their choices. Second, we analyze how government measures have transformed throughout implementation and interacted with the specific circumstances of each context. Authorities, on the one hand, navigated between rigid and more flexible interpretation of national prescriptions, entering into practical arrangements or adopting force. Populations on the other hand have resorted to acceptance, circumvention, contestation or resistance. Our research ultimately points to the way in which political dynamics, resistance, violence, and local redefinition both national policies and their international reference frames. In this way, the governance dynamics of the COVID-19 pandemic in the African Great Lakes region provide a lens through which we can complexify our understandings of real governance in Africa.

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Since the start of COVID-19 pandemic, several predictions and statements were made about how the virus would affect Africa. A catastrophist discourse – often emerging in

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times of health crises in African countries<sup>1</sup> – assumed that COVID-19 would cost several hundred thousand African lives.<sup>2</sup> Estimates were often based on projections from mathematical models, and accompanied with arguments claiming that the limited capacities and resources of African health systems would not be able to meet the challenge.<sup>3</sup> Other estimates focused on the indirect or secondary consequences of the virus in terms of overall public health, pointing to a likely decrease in resources available for the prevention and vaccination against other pandemics.<sup>4</sup>

As a counter-reaction to this pessimistic discourse, an Afro-optimistic discourse emerged. Let us quote for example Dunia et al.:

While this new crisis might be another challenging moment for African peoples, after the epidemic is over, the continent will have the chance to become more autonomous and self-reliant, as the West focuses on its own survival. It will have the opportunity to wean itself off of exploitative neo-colonial relations.<sup>5</sup>

Authors and public opinion leaders within this stream placed emphasis on Africa's resilience, rooted in previous experiences with other crises – including other health crises.<sup>6</sup>

Both discourses were mobilized in the political positioning of different actors. The Afro-pessimist discourse was mobilized by actors within international development cooperation, insisting upon the urgency for the international community to intervene in Africa's COVID-19 crisis (see for example the UN chief's appeal asking the international community to show solidarity with Africa).<sup>7</sup> At the other end, a sovereigntist position was defended by those who argued that African countries would have the capacity to manage the crisis without intervention from "the North."<sup>8</sup> Madagascar and Senegal adopted this viewpoint as an official stance in their international relations.<sup>9</sup> The sovereigntist view also interacted with older debates on the way in which international levels have promoted "the [international] rule of law as social domination over local economies, politics and societies"<sup>10</sup>; and with newer debates around reinvented forms of colonialism in the fight against pandemics and in global health crises. In some countries, however, authorities went even as far as denying the existence of COVID-19 in their country, as we saw at one point in Burundi<sup>11</sup> or in Tanzania.<sup>12</sup>

The various discourses – and the political positioning around them – are part of a more global debate around the COVID-19 health crisis in which two logics clash. A technical-medical focus emphasizes the biological and viral modalities of COVID-19, highlighting the challenges in terms of prevention, treatment, and crisis management. This focus sees the pandemic as a complex but rather technocratic governance puzzle, of which solutions should be based upon the input from exact scientific expertise.<sup>13</sup> On the other hand, there are those who focus upon the societal dynamics around the COVID-19 crisis, linking the positioning of actors within this crisis to previous power imbalances. Many social science writers warn that the COVID-19 crisis – far beyond a medical crisis – represents a societal crisis that risks widening the already deeply rooted gaps in societies.<sup>14</sup> In the African context, these authors invite their readers to reflect on dynamics of decolonization and pan-Africanism, in order to denounce the subordinate and peripheral role attributed to African know-how in the COVID-19 crisis.<sup>15</sup>

We will interact with these debates on COVID-19 in Africa, but also try to move beyond the generalizations often made by privileging a qualitative inquiry, rooted in the field. This relates to other literature on epidemics in Africa, pleading for a

contextualized understanding of how such crises are managed.<sup>16</sup> How has COVID-19 actually been governed in Great Lakes region of Africa, and in Rwanda, Burundi, and the DRC more specifically? What has been the gap between official policy guidelines to manage the COVID-19 crisis and their actual implementation? Which factors explain the gap between policies and the actual governance of COVID-19 in the African Great Lakes? These questions have relevance beyond the COVID-19 pandemic because they allow us to question the gaps between often homogenizing international discourses on Africa on the one hand, and the multiple and diverse realities in the variety of African settings on the other. In addition, they touch upon one of the most fundamental reflections within political socio-anthropology, looking into the gaps between policies (legality) and local realities (legitimacy) in Africa, and reflecting upon the reasons for top-down policies' ineffectiveness.<sup>17</sup> Our research questions touch upon scientific debates on the way in which the policy frameworks are implemented, negotiated, and interact with the field<sup>18</sup>; and may inform policy makers to elaborate adequate culture-centered communication approaches to national health crises.<sup>19</sup>

In order to answer our questions, we undertook in-depth research, involving researchers of various nationalities (Rwandan, Burundian, Congolese, and Belgian). Several of the researchers were on site at the time of data collection between March and August 2020. They combined participant observation with semi-structured in-depth interviews with key stakeholders present in the field; two approaches key to qualitative inquiry.<sup>20</sup> Their data were crossed-checked through joint discussions with the entire team. Since August 2020, we continued to follow the situation in the three countries as part of the contextual framing of a new four-year research project that launched in January 2021. The more recent data are less detailed, but allow us to consider longer-term trends in COVID measures.

We collected data on policy measures, discourses, and local practices, in relation to five policy areas: (a) social distancing; (b) the closure of public services; (c) closure of borders; (d) health precautions; and (e) economic support and food aid. Geographically, we focused upon the urban context, including three capital cities (Kinshasa, Kigali and Bujumbura) and three important cross-border cities in the region (Bukavu, Goma and Gisenyi). Our information was gathered through three channels: (1) Researchers collected public statements and media coverage on selected policy areas. (2) The on-site researchers (one in each city) engaged in participant observation as part of his or her normal daily activities.<sup>21</sup> Researchers also collected discourses from discussions on social networks to which he or she had access. (3) In some cases, researchers engaged in direct interviews with key informants. The density of data differs for the three countries; given that in certain settings, data could be gathered more easily than in others; but also because of the diversity in evolutions in each of the settings.

In what follows, we will first analyze the policy decisions that have been taken by the respective governments of the three countries and by their decentralized authorities. We will illustrate how international prescriptions – as propagated by the World Health Organization – have influenced the autonomous choices of each setting, even if differences between the countries are immense. Second, we analyze how government measures have transformed throughout their implementation, and how they have interacted with the specific circumstances of each context. Authorities, on the one hand, navigated between strategies of more rigid towards more flexible interpretation, entering into

negotiations or practical arrangements, or adopting force. Populations on the other hand have resorted to acceptance, circumvention, contestation or resistance. Our research ultimately points to the way in which political dynamics, resistance, violence, and local redefine both national policies and their international reference frames. In this way, a closer view upon the governance dynamics of the COVID-19 pandemic in the African Great Lakes region provides a lens through which we can complexify our understandings of real governance in Africa.

### Real governance of pandemic crises

The socio-anthropological literature on epidemics in Africa points to the ways in which rumors and assumptions can emerge and evolve when societies are confronted with an epidemic.<sup>22</sup> Rumors often focus on the causes and origins of the disease.<sup>23</sup> For example, in the case of Ebola, Hewlett and Hewlett<sup>24</sup> illustrate how rumors attributed the pandemic to a conspiracy of governments with biomedical industries in order to organize blood or organ trafficking for the benefit of a corrupt ruling class. These same rumors resulted in people refusing to be admitted to hospitals; or trying to escape when having been in contact with sick people or being sick themselves. Such dynamics testify to a chronic crisis of confidence in the state.<sup>25</sup>

At the same time, the phenomenon of rumors around pandemics is not unique to African settings. Since mid to late 2020, we have seen a widespread global diffusion of conspiracy theories in relation to pandemics, and around COVID-19 in particular. McLaughlin explains how

the issue is that when people are under heightened stress and they want to resolve uncertainty, they can lose their ability to weigh and judge information effectively. This means we may not be able to discern reliable information from inaccurate or biased information, especially when search engines and social media algorithms are optimised to prioritise content that aligns with our existing values and beliefs.<sup>26</sup>

Indeed, these existing values and beliefs determine how we deal with challenges in the face of a new threat, and how we interpret the usefulness of public policies.

In order to move beyond rumors and speculation, political anthropology proposes to understand the interventions of the State not on the basis of the narratives of officials and policies at the (inter)national level, but on the basis of the concrete actions of the state.<sup>27</sup> This approach – currently expanding in Africa – aims to understand governance processes at the sectoral and state level, without placing a too strong focus upon the influence of international interventions.<sup>28</sup> In doing so, the literature digs into the concrete actions of the administration at all levels, the reactions to these actions, and the resilience at the local level, particularly in very poor contexts.<sup>29</sup>

Observing the actions of the State brings us to a better understanding of the concrete modalities of public policies,<sup>30</sup> and offers analytical depth about the why and how of gaps between official rules and actual practices at all levels of public administration, from the central to the decentralized level. These practices are determined by the *practical norms*<sup>31</sup> that emerge from the interactions between administration and society. Analyses which take this concept as a starting point<sup>32</sup> attempt to understand how the practices of actors, taking place in several semi-autonomous spaces, are shaped by existing – but

evolving – power relations, and become normalized in the emergence of new practical norms. Those practical norms thus appear as an institutional output from the interactions between various semi-autonomous social fields.<sup>33</sup>

The transgression of official norms and the resulting normative struggles may also help us to understand how COVID-19 policies and interventions are negotiated on the ground. An in-depth analysis of such normative struggles illuminates real governance processes of COVID-19 in the African Great Lakes, beyond official policies and legal procedures that are often not or only partially implemented. Authorities at all levels adopt a variety of strategies (from the use of force, to adopting a more flexible attitude, to engaging in arrangements), depending upon the context and the power relations in place. At the same time, populations' responses to public policies are far from unilateral, taking various forms from acceptance to adaptation, to opposition, to circumvention.<sup>34</sup> In this paper, we adopt a comparative perspective, considering the real governance of Covid-19 in the Democratic Republic of Congo, Rwanda and Burundi. More concretely, we show how policy measures were mimed, decoded, or hybridized; and how this resulted in complex patterns of real governance of COVID-19 in the African Great Lakes.

Generally, we have observed great diversity between countries in the way they have handled the crisis.

## **Rwanda**

The Rwandan government has taken strict measures in accordance with the recommendations of the World Health Organization. A COVID-19 alert was launched very early on, at the official opening of the 17th national leadership retreat on 16 February 2020. On this occasion, President Paul Kagame attacked the former Minister of health for not having taken sufficient measures to prevent the coronavirus. From then onwards, the governmental response to the challenges imposed by COVID-19 was firm. As of 6 March, during an extraordinary government meeting, measures such as hand washing, social distancing, the prohibition of hand greetings, and the restriction of travel and large gatherings were taken. Two days later, a government meeting decreed testing for the Coronavirus at all entry points in the country; and imposed a 14-day quarantine to anyone entering the country.

With the first positive case detected – on 14 March 2020 – the Rwandan government put in place even stricter measures, including the closure of all collective gatherings (churches, schools and higher education establishments). The number of passengers in public transport had to be decreased by 50%; mask-wearing in public places and remote work became compulsory. While the rate of positive cases increased, measures became more stringent. Commercial flights were interrupted; and borders, shops, markets, bars and coffee shops were closed down. On 21 March 2020, the government of Rwanda declared a total lock-down on the entire Rwandan territory.

Government regulation did not make a difference between urban and rural settings. Across the country, the administration was mobilized to ensure that measures were fully respected. Between 21 March and 4 May, the entire population on Rwandan territory was obliged to stay at home in order to avoid as much contact as possible outside their immediate family. Only movement of medical personnel was authorized, as well as outings for essential reasons such as going to the doctor, to the pharmacy, to fuel

stations, to banking services, and to food and hygiene stores. During confinement, the return of Rwandan citizens and legal residents from abroad was authorized but on condition of a 14 days quarantine in designated places. On 4 May (with 261 cases positive and 128 already recovered), a partial deconfinement took place. However, when on 30 May, the first death from COVID-19 was recorded, new measures were taken: the most affected districts (especially in the West) were reconfined, interprovincial travel was prohibited, and a curfew was put into effect. Once again, the implementation of policies was rigorously supervised. Only when the spread of the virus reduced, restrictions were gradually canceled until schools, places of worship and public services (at 50%) reopened around 27 October. The Rwandan government strongly invested in testing and tracing. By early November, Rwanda had recorded 5162 positive cases (of which 4930 recovered), and 35 deaths. 561,891 people had been tested.

### **Congo**

In the DRC, the first positive case of COVID-19 was announced in Kinshasa on 10 March. A COVID-19 response cell was set up under the authority of the President of the Republic. Its technical coordination was entrusted to Professor Jean Jacques Muyembe. On 24 March 2020, the President of the Republic declared a state of health emergency. *Ordonnance No. 20/014* foresaw in several measures, including restrictions on people's, the closure of all borders, and the banning of all flights from countries at risk. Throughout Congolese territory, the presidential order banned gatherings of over 20 people outside the family home. The Congolese population was requested to stay home and to limit their mobility to the strictly necessary. Schools and universities were closed. In addition, the city of Kinshasa was isolated from other provinces. Mobility between Kinshasa and the provinces was restricted to humanitarian personnel – traveling with MONUSCO flights (United Nations Stabilization Mission in the DRC), or associated to special missions of the Congolese state. For inhabitants of Gombe, measures were even more strict as this commune in Kinshasa was cited as a hotspot of the virus. In addition, the Congolese government took several sanitary measures, by mobilizing all public health services, imposing a strict and systematic sanitary control upon any person entering the national territory, and ordering a 14-day quarantine of people with COVID-19 symptoms. Nightclubs, bars, cafes, terraces, and restaurants were closed down. Policy decision were made to assure food supply to cities, to prevent stock shortages, to avoid food insecurity, and to prevent possible public disturbances. Whereas the initial period covered by the 24 March order was supposed to be one month, it was successively renewed. However, the dissatisfaction among the population grew, particularly with regards to the restrictions on their public freedoms. By 21 July, the government decreed a partial deconfinement; and on 15 August, a more general lift of bans. Alongside these national policy decisions, decentralized authorities formulated own policies and played an important role in the management of the crisis.

### **Burundi**

In Burundi, finally, the government's reaction to the COVID-19 pandemic was very different. When different actors began to worry about COVID-19 early on in the crisis

– and criticized the Burundian government for the lack of policy responses – the President’s spokesperson stressed in an interview that Burundi would be protected from COVID-19 “because it is a country which has given God the first place.”<sup>35</sup> Also President Nkurunziza declared Burundi protected by “divine grace.”<sup>36</sup> From then on, a bitter debate erupted between Burundian government agents on the one hand, and members of the political opposition and civil society organizations in exile on the other. The former denounced proclaimed attempts to “politicize the pandemic,”<sup>37</sup> accusing the opposition to aim for delaying the presidential electoral process (planned for May 2020). The latter protested against a “conscious ignorance”<sup>38</sup> of COVID-19 risks on the part of state authorities. Nevertheless, there were fragmented policy decisions implemented in order to reduce the spread of COVID-19. The ministry of health insisted on respecting social distancing and washing hands, restraining from shaking hands or kissing, promoting coughing in the sleeve and the use of disposable tissues. The government also announced a quarantine of people, first those from the most affected countries, then anyone entering from abroad. The most significant measure – taken on 20 March – closed down land, sea and air borders.

When the first two positive cases for COVID-19 were declared on 31 March, authorities tried to reassure the Burundian population by calling for respecting the measures taken by the Ministry of Health. Certain authorities took additional measures at the local level. The Mayor of Bujumbura city, for example, ordered all bars to close at 9 pm. The Conference of Catholic Bishops of Burundi called for a strict respect of the Ministry of Health’s measures. The Burundi Football Federation suspended the championship for a few weeks. However, on 5 April, the Secretary General of the CNDD-FDD (the ruling party) declared before an assembly of Church visitors that positive cases were a “manifestation of divine,” adding that whoever believes in God should not fear COVID-19. On celebration of Labor Day 1 May 2020, the President of the Republic held a speech – in the midst of the presidential campaign – minimizing the pandemic. He claimed that the disaster-discourse “are things that are said abroad, we have to be careful.”<sup>39</sup> The President’s intervention can be seen within a broader tendency – since the crisis in 2015 – to attribute Burundi’s problems to foreign influence.<sup>40</sup>

In the next weeks, mass meetings as part of the presidential election campaign – without physical distancing measures and compulsory mask-wearing – continued to take place until election day, 20 May 2020. In an informal talk with one of our team members, a state official highlighted “if we focus on a medical coronavirus, we risk creating a political coronavirus.”<sup>41</sup> Burundian authorities were also increasingly irritated by statements of donors, accusing the Burundian government of inadequate management of the COVID-19 crisis. On 14 May, experts from the World Health Organization were expelled from Burundi on the orders of the Burundian foreign ministry. The official position of the Burundian government held on to a very low incidence of COVID-19 on the Burundian territory; opponents explained the low numbers of confirmed cases as a logical result of a total lack of testing and tracing. By early July, only 170 positive cases of coronavirus had been registered, including one death.

After the presidential elections, even before the official transition of presidential power, former president Pierre Nkurunziza suddenly died on 8 June 2020 in Karuzi. While a heart attack was mentioned as the official cause of death, rumors attributed his death to COVID-19. In a context marked by the death of his predecessor, the new

President-elect Evariste Ndayishimiye would adopt a completely different posture with regard to COVID-19. In his inauguration speech on 30 June, he said:

I recognize that the Coronavirus pandemic is a great enemy to Burundians because I find that everyone lives with fear in their stomachs. We are committed to fighting this enemy.<sup>42</sup>

He announced a core slogan:

“Guérir, ne pas être contaminé et ne pas propager” [and added that] anyone refusing to be tested will be considered as an advocate in favor of the pandemic, and nothing differentiates them from a witch. And there are penalties already set for witches.<sup>43</sup>

Following these statements, WHO officials were again accepted on Burundian soil; and Burundi accepted a 5-million-dollar donation from the World Bank to fight the virus. Several screening centers opened their doors. The spread of the virus reduced and around 7 November, borders opened again.

### **Impacts**

These three trajectories show how the emergence of the COVID-19 pandemic in Great Lakes Africa has certainly had a considerable societal impact, with unprecedented restrictions on mobility and activities. However, the three country’s policy packages were very different. Rwanda took the most drastic decisions, restricting movement and activity throughout the territory. The DRC announced similar measures, but limiting them to certain periods and certain localities, mainly in large cities. The Burundian government however refused to recognize COVID-19 as a major health threat, and abstained from taking any specific measures, apart from advising some basic hygiene standards. At the same time, all three countries closed down their territory and imposed a strict control of their borders. Cross-border movements of people were banned; whereas special conditions regulated the movement of essential goods.<sup>44</sup>

In many countries, policy measures restricting movement of people had a serious impact on the countries’ economic activities, explaining negative economic growth forecasts for the year 2020.<sup>45</sup> At the micro level, people lost access to their income sources, particularly those working in the informal sector.<sup>46</sup> Food chains were disrupted<sup>47</sup>; making “food systems [...] among the most susceptible sectors to the effects of the Corona Disease 2019 (COVID-19) outbreak.”<sup>48</sup> Small businesses had to close down, plunging entire families into difficult situations<sup>49</sup> in contexts characterized by a lack of safety nets. Food prices increased, especially in urban areas with a strong dependence upon supplies from the interior of the country.<sup>50</sup> All these effects were noted in the Great Lakes region, with a huge negative impact upon living conditions of the population – especially the poorest among them.

Policies were criticized for their top-down nature, and for the arbitrary way in which they were implemented. However, the diversity between and within countries was vast. With hundreds of thousands of people living at the margins and dependent upon an informal economy, policy measures had to be negotiated in alignment with what was realistic on the ground. As a result, there were vast gaps between the measures declared at the national level and the implementation at the local level. Local realities fueled a complex range of interactions and negotiations between authorities and populations, sometimes resulting in the use of coercion – or even force – but also culminating in

flexibility and practical arrangements. The next part offers a range of illustrations, shedding light on how real governance of COVID-19 in Great Lakes Africa played out at the local level.

## **Real governance of COVID-19: between regulation, negotiation and resistance**

Real governance of the COVID-19 crisis in the African Great Lakes region is characterized by a gap between official rules and actual practices. As in most African countries, real practices are governed by “practical norms”<sup>51</sup> that often exist in interaction with but also contradict and in certain cases explicitly violate official rules. It is through these transgressions of official standards – adapted to local realities through a process of interaction and negotiation – that we observe the ways in which the COVID-19 crisis is actually governed.

### ***The use of force***

In order to enforce the implementation of national policies decreed by the countries’ governments, authorities resorted to force by soliciting the involvement of law-enforcement officials. However, the ways in which force was mobilized was very context-dependent.

In Rwanda, the government has been very firm on the implementation of policy regulations. In the city of Kigali, several people were imprisoned for non-compliance to confinement measures; and the cases were publicly exposed on national television in order to create a deterrence effect. Those arrested were taken to the football stadiums at Nyamirambo, Remera, to the stadium of the Free University of Kigali (ULK), or the stadium of the Official Technical School (ETO) in Kicukiro. The arrests were accompanied by the confiscation of vehicles and payment of fines. For example, on the night of 4 May, more than 1300 vehicles were confiscated for failure to comply with the 8:00 pm curfew. Likewise, in the southern province, on 1 August, more than 2000 people were arrested for not or improperly wearing a mask, non-compliance with the curfew, and non-compliance with social distancing. In Eastern Province, the spokesman of the national police reported 906 people arrested the night of 1–2 August for violating COVID-19 prevention guidelines.<sup>52</sup>

In some cases, the deterrent practices for non-compliance with COVID-19 prevention measures resorted to forms of physical and/or psychological violence. Several testimonies confirmed us how people arrested were made to spend the night in stadiums or in district administrative offices, often in dismal conditions (seated on the ground and without cover). In order to be released, detainees were required to pay fines, the amount of which varied according to the infraction. For example, a fine of 10,000 Rwandan francs was required for not wearing masks, failing to respect social distancing and failing to respect curfew hours. A fine of 25,000 Rwandan francs was demanded for non-compliance with digital payment, non-compliance with the curfew, for exceeding the number of passengers authorized in public transport, and for participation in unauthorized events. A fine of 200,000 Rwandan francs was imposed for the organization of unauthorized events. Any confiscation of a vehicle lasted for at least 5 days.

In rural areas, we gathered data on frequent rumors according to which certain local authorities were turning to physical violence, not so much to enforce the response measures to COVID-19, but to extract money from populations in search of means of survival. An alarming case was that of 14 May in Musanze district, where two people were beaten and injured by local authorities for not wearing a mask. The incident was filmed and circulated widely on social media, often accompanied by highly critical comments about a “lack of understanding” on the part of the authorities, or their “indifference” to the needs of poor people.<sup>53</sup> Following this brutality, investigated by the *Rwanda Investigation Bureau*, the authorities responsible for this aggression were arrested and imprisoned.<sup>54</sup>

Despite an official condemnation of this type of power abuse, the Rwandan government continued to insist on a strict implementation of measures, although there were some contradictions. Social distancing has for example remained promulgated as one of the effective measures to prevent the coronavirus, while the occupancy of authorized places in public transport buses has increased to 100% since 12 October. This encouraged the population to further relax on the social distancing principles, not only in public transport, but more broadly.

In the DRC, state coordination of the implementation of policy regulation was much more diffuse. This does however not mean that the use of force was absent. In fact, in several locations, police had received a warrant to enforce COVID-19 response measures in public places. But due to the lack of effective organization of the police sector, their real involvement on the ground has been the source of many incidents, harassment and violation of citizens’ rights. Their mandate to enforce the wearing of masks, the restriction of gatherings or passengers on public transport, and the curfew, was regularly abused to impose unofficial and improvised fines. At the same time, these offered a margin for negotiation and flexibility. In Bukavu, for example, our team noted how between mid-April and June 2020 public transport drivers continued to carry out their activities in violation to the limitations that had been imposed by the provincial authorities. If caught by the police, a fine of 25,000–50,000 Congolese francs was demanded. In case of non-payment, drivers were supposed to go to jail. But some managed to corrupt police officials with a sum between 3000 and 10,000 Congolese francs.

For the poorest categories, however, these practical arrangements were not accessible. Indeed, for lack of means to corrupt the police, one could risk much in the event of policy violation. In Bukavu, for example, a young teenager was seriously beaten and injured by five police officers on 1 June, when he was walking in Ibanda commune while total confinement had been ordered. The incident was being filmed, and once again social media played an important role – this time with extra attention from a local radio. The responsible police officials were arrested and accused of violating instructions and disrespecting human rights. Two weeks later, on 16 June, our team recorded another event in Bagira commune, where a young driver was shot by a soldier after he refused to be arrested for not wearing a mask.

In Kinshasa, police abuses went in the same direction. In May 2020, for example, in Lukunga district, a 13-year-old girl died after falling in the ditch while being chased by police officials who wanted to fine her. A young boy living in Tshangu district was killed by a police officer who wanted to arrest him for not wearing a mask.<sup>55</sup> During the confinement of the commune of Gombe, several people with badges for access to

the commune were arrested by the police although they were not in violation. Some of these arrests were filmed, and the Governor of the city questioned the Provincial Commissioner of Kinshasa on this subject. Drivers of public transport were punished for failing to comply with the measure to limit the number of passengers in their vehicles or the curfew. Some were called upon to pay fines – which is legal; others suffered physical assault and violence.

In the city of Goma, several cases of police harassment were recorded by the population, the media and civil society actors. On 23 May, Radio RTCT denounced cases of abuse by the police officers involved in enforcing the curfew. “Before the hour even strikes, police are arresting and harassing peaceful citizens as they return home,” said the journalist.<sup>56</sup> To decry this police harassment, comedian Daniel Weng circulated a video on social networks in which he alluded to police instrumentalizing the COVID-19 crisis as means of extracting money from citizens. His lyrics said:

My darling, my friend, if you go out with a policeman in the city of Goma during this confinement period, then you are a boss. The police have become bosses. If they find someone without a mask, one pays 20,000 Congolese francs. If they meet someone in the street after 8:00 pm, one pays them 20,000 Congolese francs. My friends, look for the police, leave your friends who have no money and who are going to die of COVID-19!<sup>57</sup>

In Burundi, however, the imposition of sanitary measures was much less strict. On the contrary, individuals who were cautious and adopted preventive measures encountered problems and – in some cases – intimidation. By way of illustration, the Minister of Public Health initially declared that wearing a mask was only necessary for infected people and medical personnel.<sup>58</sup> Thus, individuals who wore masks without belonging to these two categories faced threats of arrest from police officers who accused mask-wearers of sowing terror among the population. This took place before the authorities’ turnaround in the management of the pandemic in the aftermath of Nkurunziza’s death.

### ***Measures to attenuate negative effects***

Alongside the use of force, the implementation of restrictive measures was accompanied by measures to mitigate negative effects. The Rwandan government, for example, installed a series of support interventions geared towards populations at risk. During the lockdown, authorities were distributing food and sanitation supplies in several towns and villages, targeting populations whose livelihoods depended on daily activities and were made impossible by the imposed immobility. Food came either from national reserves of the Ministry of Agriculture, or from community initiatives involving individuals, cooperatives, businesses and non-governmental organizations. In Kigali, the city administration was responsible for centralizing information on people in need. At the village level, the identification of beneficiaries was done by a committee made up of local authorities and people of high integrity known as *Inyangamugayo*. Alongside these coordinated initiatives, the Rwandan government also established a free telephone hotline (3260), which people in need could call for assistance. However, initiatives to counter the negative effects of imposed immobility were far from sufficient. In Gisenyi town, for example, our researchers noted that despite government or community

initiatives providing food for those in need, the phenomenon of people knocking on houses' doors to ask for food significantly increased.

In the DRC, interventions to counter the perverse effects of the crisis were not organized at the state level (neither at the centralized level nor at the decentralized level). There was the decision of the Central Bank of Congo (BCC), adopting flexibility measures in favor of people with loans or bank credits.<sup>59</sup> It also ordered credit and microfinance institutions to suspend the application of late payment penalties on debts, and encouraged clients to apply for loan restructuring. However, these measures were not geared towards the poorer sections of the population. People struggling to satisfy their daily needs were dependent on forms of spontaneous solidarity; and many suffered very badly during the period of confinement. In Kalehe (rural center in South Kivu), several prisoners died of hunger for lack of food deliveries from their families who were isolated at home.

However, the inventiveness of people themselves sometimes made it possible to find alternative arrangements to organize their activities and ensure survival. An interesting illustration is the way in which traders in the cross-border towns of the DRC and Rwanda organized themselves to transport food across the borders. Indeed, the closure of the Rwanda–DRC borders had a profound impact upon trade but also upon the livelihoods of the thousands of people who depend upon cross-border transactions. Government regulations foresaw that the exchange of food between these cross-border towns was allowed if stringent precautions were respected. On 27 May, a Rwandan and Congolese delegation held a meeting at the border post of La Corniche at the Goma–Gisenyi crossing. Officials from both sides agreed to allow organized trade in the hands of cooperatives.<sup>60</sup> Instead of leading to a monopoly upon trade in the hands of a few actors, small-scale traders in the cross-border towns organized themselves.

At the Goma–Gisenyi border, carriers – dressed in green vests – were the only ones allowed to carry goods across the border, each time disinfecting the trucks. On the Rwandan side, carriers were obliged to stay in a hotel in strict quarantine. Through all the logistical coordination, cooperation between the trader cooperatives of Goma (DRC – North Kivu) and Gisenyi (Rwanda) was strengthened. Also at the Bukavu (DRC – South Kivu) – Cyangugu (Rwanda) border, innovative commercial organization dynamics were set up. P-ACT asbl Bukavu – a pre-COVID-19 platform uniting together associations and cooperatives of small cross-border traders – played an important role in intensifying permanent contact between traders in Bukavu and suppliers in Cyangugu. The platform facilitated the interaction between demand and supply at both sides of the border. Membership rate sharply increased because many small traders – usually working alone – could continue their activity through this channel.<sup>61</sup>

Through these self-organized arrangements, the continuity of cross-border exchange of food and the survival of traders depending upon those transactions, was assured throughout the COVID-19 crisis. At the same time, the importance of these initiatives should not be over-idealized. Whereas indeed, the coordination through cooperative structures allowed many small-scale traders to continue their activities, intermediary actors did profit from these arrangements by confiscating part of the profits.

### ***Flexible arrangements beyond the “law”***

In some cases, populations' flexible arrangements went clearly beyond the legal framework. In many cases, citizens tried to bypass official rules in relation to limited mobility and imposed social distancing.

Again, we paid particular attention to the circumvention of regulation around cross-border mobility. In Burundi, for example, people continued to travel abroad or enter the Burundian territory despite the official closure of borders. Special diplomatic and humanitarian flights continued to take place; but people with considerable means wanting to travel abroad or re-enter Burundi also boarded. They managed to obtain an exit or entry permit from the Foreign Ministry. For less wealthy citizens, international mobility was less easy to organize. However, it was still possible. While the border closure was quite strictly followed by Rwandan officials, migration officials at the Tanzanian border were more flexible. Even if authorities at the national level continuously declared their willingness to combat this practice, it continued throughout the border-closure period.

The border closure between Rwanda and the DRC, on the other hand, was much more strictly enforced. But again, people found ways to bypass the official rules. Between Kamembe (Rwanda) and Bukavu (DRC – South Kivu), people crossed the Rusizi river at night. Although patrols were organized to discourage this, certain local authorities took a passive stance when knowing about this illegal mobility. Between Gisenyi (Rwanda) and Goma (DRC) in North Kivu, the abrupt closure of borders at the start of the pandemic led people to use hidden routes – commonly called *panya roads* – to get to the other city. *Panya roads*, literally translated as “rat hole,” refer to illicit trails along borders. They are commonly used by traders to avoid customs and by people whose travel documents are not in order. During the COVID-19 crisis, these *panya roads* became even more popular. While security services tried to counter cross-border movement, some officers could be easily bribed to facilitate passage. The price of crossing the borders via the *panya roads* was negotiable, amounting to approximately 10,000 Rwandan francs on the Rwandan side, and the equivalent of US\$10 on the DRC side.

People also found ways to circumvent restrictions imposed upon internal mobility within a country, again with the complicity of certain local authorities. After a relaxation of the confinement rules in Rwanda on 2 June, movement resumed between the provinces, except in the districts of Rusizi and Rubavu.<sup>62</sup> Containment for these two districts – located on the border with the DRC – continued in order to prevent a spread of the virus from the DRC. However, as isolation had strong implications for people dependent upon daily labor for their survival, some took *panya roads* to reach the districts where the confinement had been lifted. In some cases, local authorities tolerated such strategies, being aware of the difficulty some families faced to survive in difficult circumstances.

This practice of illegal internal mobility also occurred in the DRC, on the Goma – Bukavu road connecting North and South Kivu. During the peak of the COVID-19 crisis, the provincial governments had decided to isolate their provinces in order to limit the risk of contamination. Traffic on Lake Kivu between Goma (North Kivu) and Bukavu (South Kivu) was suspended. However, many continued to travel on the Goma – Bukavu road – a journey of about 195 km, partly on very bad tracks, and only accessible to motorcycles. The journey was all the more complicated because of the barriers set up between different territories. Each barrier had particular conditions

and restrictions in relation to the passage of people. Leaving Goma city, for example, was only allowed to traders searching for food stocks in the outskirts of the city, often Sake or Minova. Travelers therefore had to pretend to be traders while traveling through the Mubambiro, Nzulo, and Sake checkpoints. In Minova, another barrier was erected on the road into the direction of South Kivu, with a strict interdiction to cross. However, the organizers of the illicit journeys found a bypass to this barrier by making a complex detour, eventually allowing travelers to reach Bukavu.

In Bukavu town, despite stringent restrictions upon the movement of people, small-scale traders from peripheral territories like Kabare and Walungu continued to circulate. They not only brought their goods into the city, but they continued circulating door to door in the different parts of the city to sell their products. The movement of people between Bukavu and the surrounding territories was very visible throughout the period that the city was officially isolated.

These examples illustrate the high levels of inventiveness people displayed to bypass official regulations. Regularly, the circumvention of certain policy decisions required the active or passive complicity of certain authorities. In some cases, this complicity even resulted from implicit or even explicit negotiations between citizens and authorities. In Bujumbura, for example, several bars remained open for customers after 9 pm as long as they had arrived before 9 pm; and this despite the order of the Mayor. Others remained open after 9 pm – in total contradiction with official regulation – when their owners would occupy powerful positions of influence with the supervising authorities.

### ***Contestation and resistance***

Next to the flexible arrangements of people bypassing official regulation – with or without the complicity of authorities, people also developed practices openly contesting certain COVID-19 regulations, or the ways in which official regulation was instrumentalized by official state authorities in order to confirm their power.

In the DRC, many people protested against the poor working conditions of medical staff exposed to excessive risks. The most eloquent example is the resignation of Dr Denis Mukwege on 10 June from the multisectoral response committee against the coronavirus pandemic in the province of South Kivu. Dr Mukwege justified his decision as a way to “devote himself entirely to his medical responsibilities and to treat the influx of patients to his Panzi Hospital.”<sup>63</sup> He nevertheless highlighted that

two major difficulties prevented our team to effectively implement our response strategy. On the one hand, the inability to have RT-PCR in our province to quickly confirm the diagnosis of COVID+. The time required, more than two weeks, to receive the results of samples sent to INRB in Kinshasa, constituted a major handicap for our strategy based on testing, identifying, isolating and treating. On the other hand, a relaxation of preventive measures by our population, a denial of the realities, the impossibility of enforcing the barrier measures, the porosity of our borders with the massive return of thousands of compatriots from neighboring countries without having been quarantined, reduced the effectiveness of our strategy.<sup>64</sup>

Even if his speech was formulated in a diplomatic way, his resignation was – in the eyes of the population – a strong sign of protest of government’s failure to manage the crisis.

Also other doctors organized marches to criticize the mismanagement of the pandemic and the lack of security measures for health personnel. On 18 May, the nurses’

union launched a “days-without-nurses” initiative within Bukavu and surrounding territories. The permanent executive secretary of South Kivu’s section of the National Union of Nurses of the Congo said:

it was urgent to revise upwards the salaries or bonuses of nurses since nurses are on the front line in the response to the coronavirus. Hence the demand for the supply of appropriate kits including gowns, shoes, glasses, gloves and others. We know very well that protection is required, but in the health structures there are no means and equipment for protection available. We therefore ask the government to take care of these nurses.<sup>65</sup>

There have also been waves of protest against the violence used by some state agents to enforce official measures. In South Kivu, young people from Bagira commune demonstrated against the assassination on 16 June of a young driver from their community by a soldier after not wearing a mask. In anger, they ransacked the treatment center for COVID-19 patients that had been set-up in Bwindi district; and prohibited inhabitants of their commune to wear masks. Whereas public authorities tried to downscale the incident as a late-hour clash between authorities and youth, discussions on social networks situated the incident within the COVID-19 crisis, strongly condemning acts of violence by law enforcement officers in the enforcement of policy regulation.

Another moment of strong contestation took place in June. On 8 and 9 June, the DRC received a European delegation, including Jean-Yves Le Drian, the French Minister for Europe and Foreign Affairs, Janez Lenarcic of the European Union committee for crisis management, and Philippe Goffin, the Belgian Minister for Foreign Affairs and Defense. The delegation’s mission was part of the project to install a humanitarian airlift between the European Union and several African countries, in order to support the continuity of humanitarian operations – including initiatives fighting against COVID-19.<sup>66</sup> While the initiative was highly applauded in Europe, it was heavily criticized in Congo and Rwanda.<sup>67</sup> The arrival of the delegation in North Kivu was accompanied by vivid debates on social media, reminding people about the 2019 scandal of alleged illegal testing of Ebola vaccines on Congolese by international pharmaceutical companies.<sup>68</sup> Certain discourses in press, on social networks, and within neighborhoods highlighted how Western interventions in African health crises often testify of a neo-colonial attitude. People also considered the mediatized presence of the Western delegation as a de-legitimization of local health crisis management practices, often downgraded as traditional and nonscientific. Particularly in North Kivu – the place where Ebola had struck the most – many were strongly opposed to the arrival of the European delegation, mobilizing themselves around discourses such as “We do not want your help,” “We can treat ourselves,” “We are not guinea pigs for your vaccines,” and “We just want peace.”

In Kinshasa, the population contested the closure of the central market and the instrumentalization of the COVID-19 crisis by local authorities. Local traders urged the Deputy Prime Minister – also Minister of the Interior – to denounce the city Governor for taking advantage of Gombe’s confinement in order to take control over the market space.<sup>69</sup> The Governor used the Covid-19 crisis as an opportunity to launch repair works of the market. These works had been long announced but never taken up, because of traders’ contestation and protest. Traders feared that the renovation would be instrumentalized to reduce their margin-of-maneuver; to chase certain of them; or to impose taxes.

Tensions rose between the Governor and the Deputy Prime Minister, when traders opted for a major public protest despite confinement. The protest reportedly resulted in two deaths – although the police refused to their deaths as incidents in relation to the mars. Following the demonstration, traders installed illegal markets at several places (at the Huileries roundabout, at the intersection of Kasa-Vubu avenues and in Rawding, Itaga). The Governor ordered the demolition of vendors' stalls, but the vendors remained. This pushed the Governor to concessions by relocating part of the central market to the quickly rehabilitated Kabinda, Kambare and Rail markets. However, over time, sellers relocated from the central market gradually recovered their initial trading spaces at the central market by jointly reoccupying what they considered to be “their” space.

In Burundi, on the other hand, contestation against official policy measures took a completely different form. While state authorities were minimizing the COVID-19 health threat in the midst of the electoral campaign, the population was mobilized to participate in electoral meetings. The obligatory character of those meetings made it difficult to abstain; whereas wearing a mask in such public gatherings could be interpreted as a way of questioning authorities' legitimacy. However, a large part of the population of Bujumbura still took precautions. Some people continued to wear masks; particularly in places where they didn't risk immediate intimidation. Hand washing devices were installed, both at joint gathering places as well as in households. The use of disinfectant products became frequent, doubling their price. In addition, the consumption of products such as ginger, garlic, lemon, honey, and the inhalation of heated eucalyptus leaves – all considered to have preventive or therapeutic virtues – gave people a sense of control.

### **Resilience**

People developed resilience strategies in the face of the COVID-19 pandemic in various ways. Some tried to explore small opportunities for profit-making within the crisis. In Rwanda, for example, a strong awareness campaign on the importance of mask-wearing – which became compulsory in public places from 20 April – led to the set-up of many small-scale initiatives producing masks locally. By 5 May, there were 44 local companies producing “made in Rwanda” masks, with thousands of couturiers involved. Pharmalab Ltd alone had the capacity to produce more than 100,000 masks per day for the Rwandan market and exported to neighboring countries.<sup>70</sup> But small couturiers from different neighborhoods also took up the opportunity to produce and sell washable masks. Our research team observed many people in the streets with locally-produced masks, often featuring marks of pirated brands like Nike, Adidas, etc. The manufacture and (illegal) sale of brand names was an important source of income for several couturiers during this period of crisis.

Also observed in Rwanda was the phenomenon of young volunteers – particularly in Kigali – sensitizing citizens around COVID-19 regulation. Since 2013, the Rwandan government has trained youth through *Ingando* civic training, promoting values such as entrepreneurship, reconciliation and unity. Whereas these trainings have been criticized for being instruments of an authoritarian power apparatus<sup>71</sup>; they did allow Rwandan authorities to mobilize thousands of volunteers in the fight against the COVID-19

pandemic. Volunteers played an important role in the distribution of food to poor families and were deployed in several public places – markets, bus stations, bus stops, shopping centers – to remind citizens to respect barriers and health measures.

In Burundi, our researchers noted the intensification of an artisanal industry organized around the production of therapeutic drugs. The most illustrative case is that of a product called *Tisane Kira 2020*. This traditional herbal tea – made of medicinal plants including *Artemisia*, cinchona, umubirizi and stevia – is often used to soften symptoms of flu, malaria, migraine, and other diseases that have symptoms in common with COVID-19. During this health crisis, *Kira 2020* was increasingly marketed on social media as a remedy against COVID-19.<sup>72</sup> It became very popular in Bujumbura, although it was not easily accessible because of its fairly high price. Several local entrepreneurs were able to earn a living through the manufacture and marketing of these products.

Likewise in the DRC, people resorted to the use of therapeutic tools embedded in the collective memory as a preventive strategy in their confrontation with COVID-19. The most common practices promote the inhalation of vapors from an infusion of leaves from different species (eucalyptus, papaya, mango, avocado, etc.), and the consumption of *Artemisia* herbal tea. This last treatment was very successful after a media hype launched by Doctor Munyangi lauding its supposed magic formula lent from the Malagasy people.<sup>73</sup> People also consumed hot drinks, especially lemongrass tea, mixed with *kongobololo* (*Vernonia amygdalina*), ginger, honey, garlic and onion. In Kinshasa, people have also used essential oils, of which the best-known variety is known as *confo*, fabricated on the basis of extracts of camphor, mint and other natural plants. These preventive and curative practices have not been approved and verified by health authorities. On the one hand, they give people without access to healthcare a sense of agency and psychological hope. On the other hand, some of these treatments have had perverse effects on health. For example, a mother lost her three children by giving them an untenable cocktail of lemon and *kongobololo*. Arrested by the police, she claimed to have been inspired by advice from social media, without realizing the risks.<sup>74</sup>

## Conclusion

In her 2008 book, *Contagious*, Ward warned about how “outbreak narratives” – and the way in which we tell stories about international and national health crises – have social, cultural and economic implications.<sup>75</sup> In line with her analysis, we argue that a nuanced and contextualized understanding that moves beyond the generalizing discourses – optimistic or pessimistic – is needed for the COVID-19 crisis in Africa. This article uses qualitative data to shed light on the wide variety of state-society dynamics that took place in the African Great Lakes Region. The governance of the crisis was very different in the three countries of the sub-region. In Rwanda, the government took strict measures in accordance with the recommendations of the World Health Organization. The Burundian government, on the other hand, largely ignored the health crisis until the (by then former) President died in the aftermath of the presidential elections. In the DRC, decentralized authorities played a key role in the governance of the pandemic, but the coherence of state interventions was often lacking.

Differences in the management of Covid-19 crisis in the three countries reflect the differences in their respective governance arrangements at a broader scale. Indeed, as our research over the past 20 years has shown, there are wide differences in authorities' policy responses. In Rwanda, the government often initiates interventions proactively and on the basis of a clear, but rigid and inflexible top-down vision. In Burundi, government interventions have often been more reactive, based on a more diffuse vision, influenced by ad-hoc requests from donors and NGOs, which results in significant incoherence at the implementation level. In the DRC, finally, the state has often been absent or less present in sketching the visionary lines of policy making. NGOs and partners have often taken their place in the design and implementation of policies, even though state agents are very present in the field and operate according to their own logic. These broader trends of governance in all three countries help us to understand the differences in policy responses to Covid-19.

Yet despite different policy responses, our research highlights several points of convergence. First, policies regarding COVID-19 have been framed as a priority in alignment with the political and economic interests of the elites. In many cases, law enforcement officials used force in order to assure citizens' adherence to the rules. In some cases, officials took advantage of the situation in order to raise illegal fines for offenses related to the health crisis. Second, policies were often poorly adapted to local realities and needs. Some governments or institutions have put in place actions to mitigate the negative effects of health measures – mainly by distributing food – but in many cases, people were dependent upon their own inventiveness in order to ensure survival. Finally, the local populations have shown remarkable resilience in the face of these challenges. We observed great flexibility in the interpretations of the measures, and in ways of circumventing them in order to continue economic activities upon which survival depended. We also observed hidden and open contestation, both with regards to the policy measures themselves, as around the ways in which they were imposed.

Real governance on the ground therefore illustrates multiple practices of resistance, opposition, diversion, cunning and resilience, resulting in practical norms that help people navigate throughout a health crisis. Beyond the decisions taken by the three governments, on the ground, daily life has been reinvented, in a form of cohabitation with the virus and with the subsequent health management instruments.

This article invites further comparisons with other contexts on the actual governance of the COVID-19 pandemic. The health crisis provides an unprecedented opportunity to analyze the interaction between (inter)national policy packages on the one hand, and local responses and adaptations on the other. Comparisons could thus be pursued in other regions of Africa and elsewhere, allowing us to move beyond generalizing discourses, and avoiding treating a continent as a homogeneous entity. The governance of the COVID-19 crisis in Brazil and Peru, for example, differ just as much as the difference in approach between Rwanda and Burundi. The approach of the US government differs widely from that of Canada. New fields of study are opening up. If, for the coronavirus, human beings are all instruments serving its reproduction, the effects of its presence are different according to the economic, social or political contexts. All societies see themselves transformed by its circulation; but our analysis of these processes should be nuanced and context-specific.

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