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AND REGIONAL STUDIES

REPORT

**COVID-19,
Democracy, and
Governance in
Africa**

Report of the Africa Sub-Group
Expert Working Group on COVID-19 and Democracy



INSTITUTE FOR COMPARATIVE AND REGIONAL STUDIES
Josef Korbel School of International Studies



COVID-19, Democracy, and Governance in Africa
Report of the Global Trends Sub-Group

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Institute for Comparative and Regional Studies
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Timothy Adivilah Balag'kutu, Boniface Dulani, Abigail Kalandula, Kathleen Klaus, Kallie Mitchell,
Jeremy Seekings, and Timothy Shaw

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About the ICRS Expert Working Group on COVID-19 and Democracy

Like many pandemics in human history, the COVID-19 global pandemic that gripped the world with disease, fear, denial, and dramatic lockdowns to contain the virus has had both direct and indirect effects on democracy and governance.

The Institute for Comparative and Regional Studies (ICRS) at the University of Denver's Josef Korbel School of International Studies is convening an Expert Working Group to explore the societal, economic, and political impact of COVID-19 and the challenges to advancing responsive, inclusive, democratic, and effective governance responses.¹

The 25-member Expert Working Group harness existing knowledge, gather and integrate expert insights, and explore new alternatives and recommendations to reimagine democracy and governance and considering the pandemic and its associated socio-economic effects.

The Expert Working Group is comprised of scholars with expertise on democracy and governance covering Africa, Latin America, the Middle East, and global trends and patterns.

The Working Group's mandate focuses the analysis on the events of 2020-2021.

The views reflected in the report are those of the experts and the report seeks to faithfully present or reflect these views. There is no effort of intent in the working-group dialogue process to achieve consensus or agreement on the terms and findings of the regional reports.

The ICRS COVID-19 and Democracy Working Group

Africa

Facilitator: Abigail Kabandula, University of Denver
Timothy Adivilah Balag'kutu, Center for Citizen Engagement in Governance

Boniface Dulani, University of Malawi
Kathleen Klaus, Uppsala University
Jeremy Seekings, University of Cape Town
Timothy Shaw, University of Massachusetts, Boston

Latin America

Facilitator: Oliver Kaplan, University of Denver
Michael Albertus, University of Chicago
Gustavo Flores-Macias, Cornell University
Rafael Ioris, University of Denver
Melissa Martinez, University of Mary Washington
Diana Senior-Angulo, University of Costa Rica
Amy Erica Smith, Iowa State University

Middle East

Facilitators: Nader Hashemi, University of Denver and
Andrea Stanton, University of Denver
Younes Abouyoub, United Nations Development Program
Dana El Kurd, University of Richmond
Intissar Fakir, Middle East Institute
Rami Khouri, Harvard University

Global Specialists

Facilitator: Timothy Sisk, University of Denver
Caroline Hartzell, Gettysburg College
Anna Jarstad, Uppsala University
Massimo Tommasoli, International IDEA
Necla Tschirgi, University of San Diego

Facilitation

Working Group Facilitator:
Kelci Burckhardt, University of Denver
Chairperson:
Timothy Sisk, University of Denver

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1. The Covid-19 democracy and governance nexus: A regional context analysis

1.1 COVID-19: How Prevalent, How Severe?

- ★ Africa has been spared severe mortality and morbidity effects of the pandemic due to its more youthful population and the region's previous experience with viral epidemics which triggered early heavy-handed government lockdowns at the expense of the economy to mitigate the spread of the virus. African countries have consistently instituted systematic mitigation measures since early tales of novel diseases in early 2020.

The pandemic has largely been concentrated in urban areas due to high population density and overcrowding in slums. However, higher fatality rates are reported in rural areas with limited access to healthcare.¹ Overall, the continent has relatively low mortality rates compared to other global south continents, with Latin America and Asia and the Middle East accounting for 30% and 23%, respectively.²

Since the first COVID-19 case was reported in Egypt on February 14th, 2020, millions more cases have been reported in Africa, albeit lower than the global average. 22 months after the first reported case, about 8,831,000 cases and 224,000 deaths were reported by November 2021.³ Africa constitutes 3.4% of cases globally and 4% of world deaths. Among the worst affected countries include South Africa (2.9 million cases); Morocco (933,071 cases); Tunisia (707,190 cases), Ethiopia (345, 674 cases) and Libya (340,084 cases). The least affected countries include Chad, Liberia, Niger, and Eritrea, all of whom have reported less than ten thousand COVID-19 cases. By the end of September 2021, more than 210,000 Africans had died from COVID-19.

In a quest to quell the spread of COVID-19, African countries, like the rest of the world, introduced spread-control preventative measures. These included strict lockdowns, border closures, closure of schools, restrictions on public gatherings, mandatory wearing of face masks, promotion of measures such as washing of hands with soap and social distancing.⁴ The extent to which African countries were proactive in responding to COVID-19 was seen through their early imposition of travel bans on the worst affected Asian and European countries in early 2020 and the instituting of mandatory quarantine periods for most travelers even before they had registered a single COVID-19 case.⁵ By April and May 2020, more than 40 countries closed their borders, allowing only cargo, freight and the expatriation of foreign nationals.

The largest number of COVID-19 fatalities have occurred in the countries with the highest number of cases, notably, South Africa (87,626); Tunisia (24,890); Egypt (17,331) and Morocco (14,267). The exact numbers of COVID-19 cases and fatalities in Africa however remain difficult to ascertain, partly due to low number of tests and poor tracking of mortality records.⁶ Meanwhile, other countries, such as Tanzania in the early months of the pandemic, denied the existence of COVID-19 and refused to release any official figures.

Hyper-vigilance continues continent-wide as Southern Africa grapples with the new Omicron variant, first identified in South Africa in late November 2021.⁷ In almost every African country, passengers arriving at the airport are met by medical personal who check their temperatures, verify negative test results, register origin, all the while (in some countries like Kenya) there is also thermo scanning. Outside the airport particularly in cities, hand sanitizers and hand wash basins are readily available on the streets, malls, and grocery stores. Most people wear masks both indoors and outdoors. One is not allowed to enter a grocery store without sanitizing their hands, and most building entrances have people taking temperatures.

Zambia's soft lock-down measures announced in late November 2021, included mandatory masking, all public employers to produce proof of vaccination before reporting for work, and proof of vaccination to access government buildings, night clubs and bars.⁸ Yet other analysis indicate limited health capacity and infrastructure may be contributing to challenges in accurately assess the toll of COVID-19. The limited health infrastructure and workforce within Africa has been overwhelmed by the pandemic, leading to overcrowding, and staff and resource shortages.⁹ A May 2021 survey conducted by the World Health Organization (WHO) found that many African countries are struggling to combat the pandemic, given a lack of crucial health equipment and healthcare workers to treat critically ill COVID-19 patients.¹⁰

Additionally, the limited capacity of the healthcare system leaves many African countries unable to implement the recommended quarantine practices or conduct accurate contact tracing and data collection.¹¹ WHO determined many countries in Africa will require between 2500% and 3000% infrastructure capacity increase to meet the needs of future coronavirus surges.

At the sub-regional level, Western and Central Africa reported the lowest COVID-19 incidence levels for an area that is home to roughly 43% of the continent's population accounting for 13.6% of cases in Africa as of March 2021.¹² The region also experienced a lower fatality rate than other African regions, although low testing levels and the inaccuracy of the testing performed could be contributing to false number of negative cases.¹³ The West African region is familiar with public health crises management. The 2014-2016 Ebola outbreak is notable.¹⁴ A preparedness and response center as well as support from the United Nations (UN) and other global development actors helped West African states to manage Ebola.¹⁵ Experience with and memory of Ebola contributed to low COVID-19 infection in the region – although, public health experts caution against complacency.¹⁶

★ Despite a generally laudable containment effort, Africa's overall low infection and death rates may be a misrepresentation of reality due to poor reporting and tracing.¹⁷ Nonetheless, and unlike Ebola, COVID-19 tested commitment to democracy and governance in the sub-region: widespread repressive state-societal relations with dire consequences for vulnerable communities; attempts to undermine popular political will; state destabilization; and worsening Sahelian insecurity.¹⁸

Mali's political system, already strained by insecurity, exposed challenges to democracy in the region. Southern Africa has also been spared the brunt of the pandemic, having recorded 2.1 million cases as of early 2021.¹⁹ East Africa rates have remained relatively low—with 1.03 million cases reported by December 2021—especially when compared to parts of Europe, the U.S, and India, notwithstanding the fiasco handling of the disease by the late Magufili government in Tanzania.²⁰ Regardless of relatively low disease burden, recent waves of infection, driven largely by the Delta variant, have overwhelmed hospitals and healthcare providers in East Africa, and have taken a devastating toll on affected communities, ripping through poor and wealthy families alike.

1.2 Vaccine woes

With the availability of vaccines, many African countries have, either singularly or as part of the global COVAX scheme, procured vaccines and embarked on vaccination campaigns. However, compared to other global regions, Africa lags on vaccination, with only 4.4% of the adult population vaccinated by the end of September 2021.²¹ Overall, the proportion of COVID-19 vaccines administered in Africa represent 1.6% of the total number of global vaccines.²² Two major contributing factors to the low vaccination levels are vaccine supply and vaccine hesitancy. African countries have faced supply challenges partly due to stockpiling of vaccines among the developed countries and partly due to lack of financial resources to purchase vaccines themselves.²³ Most African countries rely on vaccine donations from China, Russia, and Western Countries through the COVAX scheme.

The two challenges have meant that Africa is on bottom of the vaccine priority list as countries first ensure their own citizens have enough vaccines before providing them to the continent. Further complicating vaccine supply, the COVAX vaccine initiative faces coordination and distribution problems. Particularly in initial days, larger numbers of vaccines supplied to African countries had a very short shelf life before they could expire leaving countries with limited time to administer the vaccine and resulting in some African countries destroying them just after expiry date. By July 2021, close to half a million expired vaccine doses were destroyed in Malawi, South Sudan, Liberia, Mauritania, Gambia, Sierra Leone, Guinea, Comoros, and the Democratic Republic of Congo due to shipment delays.²⁴

1.3 Explaining Covid-19 vaccination hesitancy from literature

- ★ Low COVID-19 vaccination rates in Africa are attributed to several factors, mainly supply challenges and lack of confidence in the vaccine. In addition to supply challenges, hundreds of African citizens are hesitant to receive vaccinations even when vaccines are available because of their lack confidence in the vaccines. COVID-19 vaccine hesitancy is not only an African phenomenon. COVID-19 vaccine hesitancy is a global phenomenon, and many countries in Europe, the Americas, and Asia are experiencing vaccine pushback.²⁵

In the United States, studies have shown that Covid-19 vaccine hesitancy is influenced by sex, education, employment, income, having children at home, political affiliation, and the perceived threat of getting infected with COVID-19 in the next one year.²⁶ Elsewhere, COVID-19 vaccine hesitancy is driven by mistrust of medical professionals and concerns about potential side effects.²⁷

- ★ In Africa, citizens' reluctance to be vaccinated against COVID-19 has been attributed to misinformation and conspiracy theories spread mostly through social media. For example, a study carried out by the Center for Disease Control (CDC) in South Africa found that half of survey respondents that expressed unwillingness to be vaccinated against COVID-19 believed that the virus is linked to 5G technology.²⁸ Another South African study found that approximately a third of those who would refuse the vaccine trusted social media as a primary source of information.²⁹

Other drivers of vaccine hesitancy include perceptions of the seriousness of the threat posed by COVID-19 and the risk of contracting it, with those who consider these possibilities as remote reluctant to get vaccinated. For example, in the Democratic Republic of Congo and Cote d'Ivoire, people who did not believe COVID-19 existed were unlikely to want to be vaccinated.³⁰

However, the available evidence on drivers of vaccine hesitancy tends to draw from small surveys that were drawn using telephone samples with limited national representativeness. The studies are also largely national in scope, allowing for limited comparability. In this report, we draw on Afrobarometer survey data from 15 African countries using nationally representative samples and face to face interviews to understand the drivers of COVID-19 vaccination hesitancy.³¹ The analysis focuses both on the social and political drivers of COVID-hesitancy, to assess whether governance might be driving the reluctance among African peoples to take up COVID-19 vaccines.

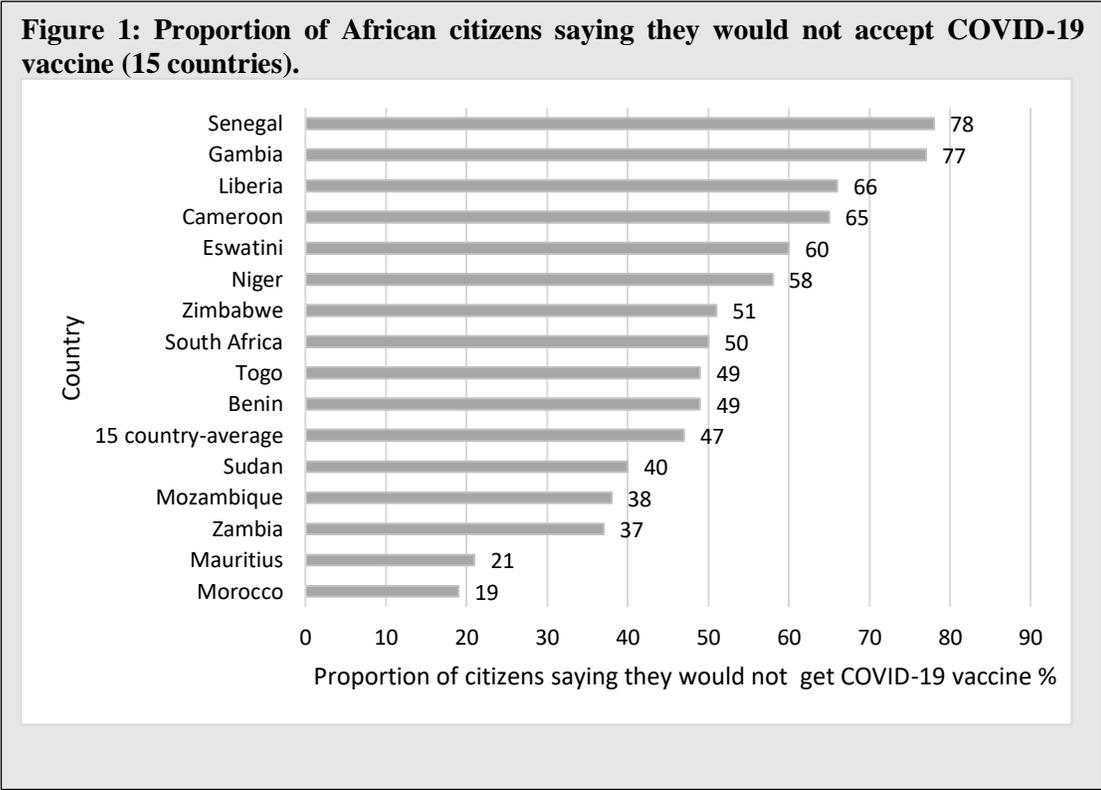
1.4 Citizen pandemic awareness, government performance and vaccinations

A large majority (85%) of the citizens in the fifteen countries said they were well informed about the pandemic and three quarters (76%) gave credit to their governments for doing a good job in keeping the public informed about COVID-19. Indeed, African governments generally received positive marks from 59% of their citizens, who felt they were doing a good job in handling the pandemic. The positive rating

applied to both democratic countries such as Mauritius, where 85% of the citizens said their government was doing a good job in handling the pandemic, and authoritarian countries like Eswatini, Africa’s sole absolute monarchy, where 90% of citizens rated the government’s response positively.

Although the surveys were done in the early phases of COVID-19, more than 5% of the sampled respondents said that they personally or a member of their family had fallen ill to COVID-19 while almost one third (30%) said they experienced reduction in income due to COVID-19. Although the lockdowns and curfews that were imposed in many countries as one of the strategies to contain the spread of the pandemic had negative effects on people’s livelihoods, two in three of African citizens accepted that such measures were necessary.

Notwithstanding acceptance of the COVID-19 preventative measures such as restrictions on movement, the survey results show high levels of COVID-vaccination hesitancy among almost half (47%) of the adult population said they would not get vaccinated if a vaccine became available. Vaccine hesitancy was highest in Senegal, where almost four in five citizens said they would not get vaccinated, followed very closely by the Gambia at 77%. On the other end of the scale, Moroccans and Mauritians were the least likely to be hesitant to get vaccinated, with only one in five of the adult citizens in both countries saying they would not get vaccinated (Figure 1).



1.5 Determinants of Covid-19 hesitancy

To estimate the determinants of COVID-19 hesitancy, we conducted an OLS regression, where the dependent variable was COVID-19 hesitancy, that is those who said they were unlikely to get a vaccine if one became available even if their government said it was safe (Table 1).

Table 1: Regression results (dependent variable is COVID-19 vaccine hesitancy)

	Standardized OLS Coefficients (Std. error in parenthesis) Beta
Lived Poverty	0.053*** (0.009)
Age	-0.023***(001)
Respondent gender (female)	0.010 (.016)
Education	-0.030***(.004)
Urban residency	-0.040*** (.017)
Radio news	0.012* (0.005)
Television news	-0.033***(.005)
Social Media news	0.033*** (0.005)
Satisfied with democracy	-0.047***(.010)
Extent of democracy	.013 (0.010)
Decline in corruption	-0.044***(.006)
Well informed about COVID-19	-0.015* (.010)
Trust government statistics on COVID-19	-0.081*** (.006)
Trust government to ensure safety of COVID-19 vaccine	-0.536 ***(.008)
Intercept	4.626
R2	0.371

Among the social variables, the only ones that drive COVID-19 vaccination hesitancy are lived poverty and dependency on social media as a source of news, and to a lesser extent, listening to radio news. Lived poverty is a composite measure that aggregates experiences of deprivation along a set of five items, namely: food, water, income, cooking fuel, medicines, and water. The regression results show that poor people are less likely to accept being vaccinated compared to the non-poor. This finding is consistent with other studies that find general vaccine uptake is low among poor communities compared to wealthier

households.³² The finding on the effect of social media in driving COVID-19 vaccine hesitancy is consistent with Menezes et al (2021) who similarly found that individuals who rely on social media as their primary source of news are less likely to be vaccinated.³³ This is attributed to the spread of conspiracy theories against vaccines that have been thriving and are shared unfiltered on social media platforms. Several socio-demographic variables, including education, urbanization, and age, increase the likelihood of African citizens accepting to be vaccinated against COVID-19.

- ★ By far the most important drivers of COVID-19 vaccination uptake and hesitancy are political in nature. The ability of African governments to convince their citizens about the safety of the COVID-19 vaccines is the most important factor in convincing African citizens whether to accept a vaccine or not.

At the same time, citizens who express satisfaction with democracy in their countries and consider corruption to be declining, have greater faith in government and in turn, express greater willingness to get vaccinated. Confidence in government statistics on COVID-19 also has a significant effect in lowering vaccine hesitancy. This finding is consistent with studies in the US that show vaccine uptake follows COVID-19 waves and citizens' fears of increased likelihood of catching the virus. By contrast, when citizens lack confidence in official statistics on COVID-19, they are less likely to take the pandemic seriously, thereby increasing the likelihood of refusing to accept the vaccine.

In summation, the drivers of COVID-19 vaccination hesitancy in Africa are social, political, and structural. Given that the primary drivers of vaccine hesitancy are political, suggests that African governments would need to invest in efforts to gain the public trust not only on the efficacy of the vaccines, but also to convince them of their safety. These efforts would have a positive impact on reducing existing fears that are fanning vaccination hesitancy created, among others, by conspiracy theories on social media platforms.

1.6 The burden of disease: Social and economic effects analysis

Many countries in the region responded quickly to contain the spread of COVID-19 through firm restrictions, including lockdowns, quarantine mandates, border closures, and they continue to do so as new variants emerge. These measures have had significant social and economic impacts as they have served to reduce human interaction and labor participation. Pandemic response efforts, such as the closing of borders and non-essential businesses negatively impacted the Gross Domestic Product (GDP) of several African countries.

IMF 2020 estimates indicate the largest GDP reductions occur in Mauritius, at -10.6 %, and Cape Verde, at -9.0%.³⁴ Domestic and informal sectors such as tourism, services, agriculture, caregiving, and transport have been hit hard resulting in rising unemployment.³⁵ Government efforts to provide economic relief varies, nevertheless many countries lack sufficient resources to implement it; in some countries, including South Africa, these relief programs were marked by corruption.³⁶ As of 2021, the largest GDP reductions in Africa occur in Central African Republic and Angola at -1%, and -0.7% respectively.³⁷

Unemployment, along with travel restrictions that impede foreign trade and remittances, have led to a marked increase in poverty throughout Africa. Given the significant economic shock to the region, it is estimated that, an additional 25 million more Africans will live at incomes below the US\$1.90 extreme poverty threshold in 2021 compared to pre-COVID trajectories.³⁸ Long term impacts of COVID-19 on African countries include the possibility of stalled economies and the exacerbation of historical structural inequities.³⁹ In Mali, the government's pre-emptive Action Plan hardly addressed the socio-economic and political impacts of the pandemic.⁴⁰ The pandemic added economic hardship and social burden to Malians' already poor living conditions.⁴¹ Unemployment worsened for Mali's predominantly informal

economy burdened by insecurity; the pandemic coupled with insecurity and the economic crises spread wide, reaching southward to communities hitherto undisturbed and economically thriving. The cumulative effect of unemployment and shrinking source of economic survival is reflected in rising social challenges and the high cost of living.

In South Africa, the pre-pandemic socio-economic context was characterized by persistent poverty and very high inequality; substantial but partial deradicalization through rapid growth of black economic elite and middle classes; slow economic growth with very limited job creation, hence enduringly very high unemployment (especially among young adults); high levels of crime and violence; uneven and often low levels of social cohesion (as well as rampant individualism); and reduced state capacity (exacerbated during period of ‘state capture’ in 2010s).⁴²

The combination of socio-economic and political factors was evident in the looting and arson that swept through KwaZulu-Natal and parts of Gauteng from July 1, 2021.⁴³ The faction within the African National Congress (ANC) linked to former President Zuma (the ‘Radical Economic Transformation’ faction) was marginalized through continued exposure of past ‘state capture’ (corruption) and the initiation of legal prosecution. When Zuma was jailed (for contempt of court), his networks instigated looting and arson, which was quickly taken advantage of by criminal gangs, young men and, in some cases, entire ‘communities’. For several days the state failed to maintain law and order and appears to have largely failed even to try to do. The result was massive destruction. It is not yet clear, however, that COVID fueled or shaped this destruction – or, perhaps, the extent to which it did.

Some expected causal pathways include the following.

- ✱ Economic pressures. COVID lockdowns in the middle part of 2020 resulted in a sharp increase in unemployment, hunger, and suffering, but there appears to have been a significant recovery in early 2021; whilst some looting has involved clearly poor people grabbing basic goods, much has involved non-poor people looting relatively luxury goods; and arson has targeted factories, warehouses, farms, and infrastructure.
- ✱ Factionalism within the African National Congress (ANC). This predated COVID-19; the marginalization of the Zuma faction cannot be attributed to COVID-19.
- ✱ Social tensions. Targeting of ‘white’, ‘Indian’ or foreign-owned businesses predated COVID-19 and was manipulated by political factions within and outside the ANC. It is not clear that these intensified under COVID-19; in many areas (especially Gauteng), looting has affected primarily shops in ‘black’ townships owned and operated by locals.
- ✱ Government and state weakness. These predated COVID-19, although they might have been exacerbated or become more visible under COVID-19.

Thereby, the most likely effect of COVID-19 is in exposing or exacerbating government and state failure. Table 2 considers several dimensions of this, before and after COVID-19.

Table 2: South African Government and State Failure, Before and After COVID-19

	Pre-COVID	During COVID
Emergency feeding schemes	Massive school and pre-school feeding schemes	State paralysis; school feeding schemes shut down (until pressure from civil society and court orders to reopen); most emergency feeding schemes operated by civil society with support from some provincial and local government and private sector
Social grants	Extensive tax-financed social grants reaching 18m individuals (out of population of 60) at cost of 3% of GDP	Rapid rollout of emergency unemployment insurance for retrenched or furloughed workers; supplements to existing grants (6 months only); emergency grant paid to c6 million mostly young men.
Public health	Health care based on mix of private and public sectors; extensive and generally effective public sector child vaccination program and AIDS mitigation programs.	Government response to COVID marred by corruption (culminating in the de facto suspension of provincial and national ministers of health); health facilities overwhelmed in second wave, reliant on private sector; government vaccination program marred by long delays and mistakes in the procurement and then usage of vaccines, with attempt at excessively centralized control; some provincial governments plus private sector led belatedly rapid rollout
Policing	Chronic mismanagement, corruption, and incompetence; police focus on easy activities	Heavy-handed enforcement of initial lockdown; continued factionalism (including firing of some critical senior police generals); massive incompetence in face of looting and arson, both before and especially during July 2021

In the absence of reliable polling data on public opinion, it is difficult to assess whether public opinion on the state has shifted significantly, but it is our impression that the continuing revelation of the extent of past state capture (especially through the televised Zondo Commission of Inquiry) and or corruption (including in ministries of health) has shaped public opinion.

1.7 The trajectory of the crisis: How current COVID-19 impact affects future developments

The ongoing pandemic and resulting crisis have generated concern that reduction in economic growth will negatively affect development pathways in low- and middle-income countries as well as offset some of the gains made towards achieving the sustainable development goals (SDGs).⁴⁴ Africa is already projected to fall short of most SDG targets, the impact of COVID-19 will further impede the prospects of achieving the SDGs. Estimates suggest that Africa could lose up to a decade of developmental progress because of COVID-19.⁴⁵ Though it has been evident for several years that most African countries will not meet SDG goal 1 on eliminating extreme poverty by 2030, research shows that the impact of the COVID-19 health crisis will widen that gap, leaving roughly one-third of the continents 1.7 billion people

to survive on less than \$1.90 per day.⁴⁶ Among others, absence of jobs and opportunities for self-employment, low agricultural productivity already impacted by drought, rising food insecurity, gender-based vulnerabilities, rising social discontent especially among the youth, and a huge consequence on childhood development.⁴⁷ UN agencies estimated that by mid-2021 the number of Malians requiring humanitarian aid due to COVID-19 stood at 5.9 million, with over 372,000 internally displaced, and about 47,000 refugees in the region.⁴⁸ In this sense, the pandemic has worsened the state's vulnerability to violence, insecurity, and instability.

1.8 Characterizing global-regional-local partnerships for response

- ★ The failure of COVAX to deliver to the African people has forced many governments to turn away from international partnerships and focus on building vaccine infrastructure within the continent. A global movement known as the People's Vaccine Alliance is supporting demands made by countries such as South Africa to temporarily suspend patent rules on COVID-19 vaccines and treatments to disrupt monopolies and increase supplies for all.

At the onset of the pandemic, many global leaders expressed concern about the impact of COVID-19 in Africa given the continent's weak healthcare systems, fragile economies, lack of resources, and vulnerable populations. Bilateral, multilateral, and private-public partnerships have been critical in mitigating the spread and effects of the pandemic. Partnerships with African Union agencies have successfully increased testing capacity of individual countries, mobilized resources, facilitated coordination of policies to contain the spread of the coronavirus, and promotion of economic recovery programs.⁴⁹

With support from various domestic and international actors, the government of Mali instituted a preventive Action Plan with corresponding pre-emptive measures to address the spread and impacts of COVID-19.⁵⁰ Domestic support came from non-state organizations, civil society groups, youth groups, artists, volunteer groups, and trade unions, who sensitized the public, and assisted vulnerable groups to gain access to health services. After the first COVID-19 case was confirmed in the country, ARCAD Santé PLUS launched COVIDPREV; a preventive program to curtail infection among healthcare workers, volunteers, and people living with HIV (PLWH).⁵¹ Also, representatives of four trades union organizations; National Union of Workers of Mali (UNTM), Trade Union Confederation of Workers of Mali (CSTM), Democratic Union of Workers of Mali (CDTM) and Malian Confederation of Labor (CMT) participated in a tripartite commission convened by the Ministry of Social Dialogue, Labor and Public Service to monitor the pandemic, evaluate measures and advise government.⁵²

Other international assistance came from the diplomatic and international development communities in the Sahel: UN Multidimensional Integrated Stabilization Mission in Mali (MINUSMA); Operation Barkhane; and European Union (EU) Training Mission.⁵³ The IMF also approved financial support of about \$198 million to support COVID-19 management efforts.⁵⁴ Bilateral assistance came from the United Arab Emirates who donated medical equipment and supplies.⁵⁵

Near the onset of the pandemic, COVAX was created under an international partnership— Access to COVID-19 Tools Accelerator (ACT-A) — with the objective to achieve equitable distribution of COVID-19 vaccines globally.⁵⁶ COVAX delivered its first dose in Ghana on February 24th, 2021. Despite some early success, the initiative soon proved to be ill-equipped to meet its goal; as of June 2021, COVAX had distributed less than 5% of its 2 billion dose target to lower income countries, while 90% of the global supply had been administered in the richest G20 nations.⁵⁷ WHO Director-General Tedros Adhanom Ghebreyesus lamented the failure of humanity in the inequitable distribution COVID-19 vaccines despite its triumphant development.⁵⁸

2. Charting direct effects: Effects on legitimacy and performance

The COVID-19 pandemic is not only a socio-economic disaster; it is also a governance crisis that has tested the resilience of institutions and governance systems on the continent.

2.1 *Prior to the pandemic: How previous factors affected governance performance*

Prior to the pandemic, state legitimacy and government performance in African countries was generally associated with the provision of political goods. Research suggests that the state institutional moral authority depends on people's perception of political elites' provision of strong rule of law and securing key individual freedoms.⁵⁹ Corruption and criminal involvement of political leaders in Africa in recent years have caused challenges to state legitimacy in particular the refusal of political elites to subject themselves to the rule of law has had negative implications for the moral authority of a government. A democratic regime plays a significant role in legitimizing state institutions, demonstrating that regime characteristics are paramount in perceptions of government performance and legitimacy.⁶⁰ This is particularly true for countries with a long legacy of authoritarian rule, the democratization of state institutions is integral to increased trust and obedience of citizens.⁶¹

- * The pandemic worsened Mali's already volatile socio-economic and especially political predicament and paved the way for another military coup on August 18, 2020, making it the second coup within nine months.⁶²

Generally, countries in West Africa have made notable progress toward democratic governance. Democratic elections are held regularly, they have set up democratic institutions at the local and regional levels, there is an active civil society, vigilant media, and a wide enjoyment of political freedoms. Through the Economic Community of West African States (ECOWAS) West African states are forging together and developing a landmark intergovernmental governance architecture.⁶³ ECOWAS is the hub of intergovernmental governance, and the ECOWAS Parliament is another testament to the region's commitment to democratic governance.⁶⁴ The ECOWAS Monitoring Group (ECOMOG) exists to maintain stability and fight undemocratic forces.⁶⁵

2.2 *Effects on civil and political rights*

Since the start of the COVID-19 pandemic, governance performance in Africa has fallen for the first time since 2010. Despite the minimal drop—0.2 points according to the Ibrahim Index of African Governance—the reduction represents the effects of the pandemic on progress as well as exacerbate governance challenges on the continent.⁶⁶ Like many other countries worldwide, African governments have struggled to balance the harsh social controls necessary for managing a highly contagious virus with limiting government power and the protection of civil liberties. The pandemic has also provided pretext for authoritarian regimes to further constrict the civil and political rights of their citizens. Surveys conducted by the Mo Ibrahim Foundation in 37 African countries show that most African citizens feel COVID-19 measures have threatened human rights and civil liberties.⁶⁷

In both Kenya and Uganda, lockdown measures have been marked by state coercion and violence, emboldening an already violent, reckless, and corrupt police force.⁶⁸ During Kenya's first nine weeks of the pandemic, police killed at least 15 people while enforcing COVID-19 lockdown rules, including a 13-year old boy, Yassin Moyo, who was shot by police while standing on his balcony in Nairobi, and 18-year old Ibrahim Onyango, who was beaten to death by police.⁶⁹ On the first day of lockdown, police lobbed tear gas into a panicked crowd in Mombasa trying to cross the Likoni ferry before curfew.⁷⁰ Many deaths and assaults by police have gone unreported, both out of fear, and sense of futility in engaging with the

formal justice system.⁷¹ Missing Voices recorded 167 police killings in 2020, up from 144 the previous year.⁷²

In Uganda, the police and other security forces have been equally, if not more repressive than in Kenya. Beginning in the earliest moments of lockdown, police beat and tortured market vendors, many of whom were women.⁷³ Much of the violence targeted opposition candidates and political activists leading up to the country's January 2021 elections. The government used the COVID curfew as pretext for arresting and harassing opposition candidates and activists.⁷⁴ When protests erupted after the arrest of leading opposition candidate, Bobi Wine in November 2020, security forces responded with live bullets and tear gas, killing at least 54 people.⁷⁵ Police have also attacked journalists covering events held by opposition parties, as well as journalists covering stories past the night-time curfew.⁷⁶

2.3 Effects on democratic institutions

★ There are good reasons to be concerned with the resilience of democracy across much of Africa. A spate of military coups during 2021 – in Niger, Chad, Mali, Guinea, and Sudan – has been reminiscent of the period prior to re-democratization in the 1990s. Whilst the quality of democracy has often been questionable, for the last three decades turnovers in power have more often been the result of electoral defeat than coups.⁷⁷ Coronavirus is also placing additional strain on democratic institutions throughout Africa. There has been concern about incumbent politicians undermining democratic opposition and delaying elections to consolidate power. Due to COVID-19, 15 African countries postponed elections at the local, municipal, and national levels.⁷⁸

Additionally, there have been concerning reports of corruption and abuse of power in several African states. As police enforce lockdowns and other restrictive measures to curb the spread of COVID-19, there have been cases of corrupt officials soliciting bribes or using excessive force on those who protest the restrictions.⁷⁹ Corruption has also impacted the delivery of services, as several scandals involving the procurement of health equipment and personal protective equipment have occurred in Africa.⁸⁰

Exhausted from insecurity, economic hardship and added pandemic burden, Malians risked COVID-19, defied violent and repressive state power, and took their anger onto the streets in June 2020.⁸¹ Perceived corruption; poorly mismanaged, unfair and questionable elections; heavy-handed pandemic control measures; and a worsening socio-economic burden fueled continuous protests. Many began to see their President to symbolize everything anti-Mali.⁸² An alliance of civil society groups, politicians, and religious elements embarked on protests demanding the president's resignation.⁸³ Violent and repressive state response further undermined the President's authority and gave impetus to a military coup.⁸⁴ A second coup followed in May 2021 due to suspicion and dissatisfaction among the military arm of the interim administration about actions of the civilian group: within nine months into the global pandemic, Mali experienced two military coups.⁸⁵ After nearly three months of protest, the bravery and resilience of ordinary Malians proved key in determining the fate (albeit worrying) of the state.⁸⁶ Although M5-RFP later distanced itself from the August 18 coup, ordinary civilian action certainly boosted the military.⁸⁷

Democracy looks much healthier – albeit far from perfect – in Southern Africa than in the Sahel. Elections held under the pandemic in Malawi and the Seychelles (in 2020) and in Zambia (in August 2021) resulted in the eviction of the incumbent president and ruling party from government. In South Africa, the ruling party won less than half of the national vote for the first time in local elections (in November 2021). Incumbents generally have diverse advantages in elections in Africa, through their access to financial resources to fund their campaigns and reward supporters (whether from state revenues or corrupt kickbacks on state contracts), their use of state power to curtail opposition parties' campaigns and their ability to steal elections fraudulently.⁸⁸

- * Yet, in several countries, incumbents were heavily defeated. In Malawi, the incumbent won only 40% of the vote, against 59% for his opponent. In the Seychelles, the incumbent president won only 44% of the vote, against 55% for his principal opponent. In Zambia, the incumbent won only 39% of the presidential vote, against 59% for his challenger. These electoral turnovers happened despite pre-election concerns over their likely fairness.

In Malawi, the 2020 election was a rerun – ordered by the courts – after the 2019 election was marred by irregularities. The incumbent won the same share of the votes in 2020 as in 2019, but the opposition parties united rather than split the opposition vote.

In Zambia, the incumbent appeared to hold a handful of cards to use to subvert the democratic process, including corruption of the voters' roll compiled at the last minute, restrictions on observers in polling stations, the deployment of the military, undue influence in the Electoral Commission and in the courts that would hear petitions against the declared results. When there were isolated episodes of political violence, the incumbent did deploy the military. One scholar commented that the incumbent could not win a free and fair election, but “in an unfair one, it seems he cannot lose.”⁸⁹ The incumbent could also use COVID-19 regulations to curtail opposition campaign events (as well as limit observers in voting stations). In Zambia, for example, the police cited COVID-19 regulations to prevent opposition candidate Hakainde Hichilema from leaving the airport to campaign in the eastern town of Chipata and teargassed his supporters.

These abuses of power by the incumbent were unsuccessful, however. The Zambian military appeared to have no desire to protect the incumbent. Zambian voters were reluctant to disclose their voting intention – and happily accepted and wore t-shirts and cloth distributed by the ruling party – but they turned out in massive numbers to vote overwhelmingly for the opposition. The abuse of power by incumbents is not new; COVID-related abuses were not substantially different from abuses in the pre-COVID era.

COVID-19 appears to have played no significant role in informing voters' choices. In Zambia, voters assessed positively the government's performance in handling the pandemic. Voters were overwhelmingly critical of the government's performance in other respects, and these were the issues that mattered. In the Afrobarometer poll, 77% of voters said that their country was moving in the wrong direction. The deteriorating economy was a primary concern: 80% of voters said that economic conditions were bad. Only 23% of voters said that the government had managed the economy well.⁹⁰

2.4 Effect on service delivery, state performance, and disease mitigation

- * Corruption has also impacted the delivery of services, as several scandals involving the procurement of health equipment and personal protective equipment have occurred in Africa.⁹¹ Another key theme of pandemic-era politics has been the mounting anger and frustration over government (mis)use of COVID relief funds, the misallocation of relief support, and in the case of Kenya for example, mounting foreign debt.

For instance, the Kenyan government secured two major IMF loans to manage the significant economic toll of the pandemic. The first was a \$739 million interest-free loan secured in May of 2020.⁹² In April of 2021, the IMF approved a three-year loan of \$2.34 billion targeted at bolstering the country's COVID-19 response and reducing debt vulnerabilities. Many Kenyans, however, expressed outrage at the loans, which they saw as enabling corruption among government elites, while pushing the country deeper into debt. Within days of the loan offer, a petition with 200,000 signatures urged the IMF to suspend credit to the Jubilee Government. The letter was accompanied by outrage on social media, with hashtags such as #StopLoaningKenya.⁹³ Only days earlier, Infotrak released a poll showing that 62 % of Kenyans

disapproved of regular borrowing from foreign countries, with 81% indicating that Kenya's level of foreign debt made them "feel anxious, fearful, or angry."⁹⁴

Importantly, anger over the IMF loan unfolded in the context of a high-profile corruption scandal, involving alleged misuse of \$400 million by the state-run Kenya Medical Supplies Agency (KEMSA); money meant for the purchase and supply of PPE for healthcare workers and hospitals.⁹⁵ The scandal came to light as frontline healthcare workers were dying of COVID-19 and going on strike over inadequate PPE and poor working conditions.⁹⁶ These scandals have eroded political trust among many Kenyans and shaped a narrative that the government was making up COVID-19 cases and using the pandemic to get money from the international community. A respondent in Kwale remarked, "people are angry. Look at [President] Uhuru. Uhuru was taking the loans under the pretext of building after COVID. But money was not being distributed properly, it was just going into the pockets of politicians."⁹⁷

Uganda, too, has had its share of economic scandals. Notably, as COVID-19 cases surged and overwhelmed hospitals this past July, the government spent \$30.2 million to buy new vehicles for its 529 members of parliament.⁹⁸ The car allowance provoked outcry among civil society members and healthcare providers, who noted that the funds could have purchased 7.5 million vaccines. However, as of July, the government had yet to successfully purchase any COVID-19 vaccines.⁹⁹ Other observers have pointed to the inadequacies of Uganda's emergency relief system, which relies on a dysfunctional digital ID system to distribute cash transfers. The central concern is that the digital ID system, which relies on mobile money accounts, excludes an estimated one-third of the country's adult population, most of whom are living in poverty, are older, or living in remote areas. As one report remarked, "relying on the national ID system for COVID-19 emergency relief is tantamount to criminal negligence."¹⁰⁰

- ★ Government legitimacy also significantly impacts the COVID-19 vaccination rates in Africa. In recent months, many countries, including those in Africa, have rolled out vaccination campaigns, which led to reduced COVID-19 hospitalizations and deaths. However, compliance with COVID-19 mandates and vaccinations, is met with resistance. Large sections of the public ignore COVID-19 preventative measures, and many chose not to be vaccinated.

While low COVID-19 vaccine uptake in Africa has been in part driven by supply challenges, most African citizens hesitate to be vaccinated, making Africa the continent with the lowest COVID-19 vaccination rate. Afrobarometer survey data on the socio-political drivers of COVID-19 vaccination hesitancy on the continent shows by far, the largest driver of COVID-19 vaccination hesitancy among African citizens is lack of trust in governments' ability to ensure that the vaccines are safe before they are used. On the other hand, citizens who profess satisfaction in their country's democracy, perceive declining levels of corruption, trust in their presidents, and express confidence in government statistics on COVID-19, are more likely to express willingness to be vaccinated.

In Zambia, voters assessed positively the government's performance in handling the pandemic according to an Afrobarometer poll in December 2020 – eight months prior to the election. However, voters were overwhelmingly critical of the government's performance in other respects, and these were the issues that mattered. In the Afrobarometer poll, 77% of voters said that their country was moving in the wrong direction. The deteriorating economy was a primary concern: 80% of voters said that economic conditions were bad. Only 23% of voters said that the government had managed the economy well.¹⁰¹

Positive assessments of government performance in handling COVID were not limited to Zambia. In Afrobarometer surveys in fourteen African countries under the pandemic, two out of three respondents assessed that their governments had managed COVID well. Citizens approved even of national lockdowns (in eleven of the fourteen countries). Citizens were widely critical, however, of corruption in distributing COVID-related resources. More than two-thirds of respondents said that corrupt government

officials had stolen ‘some’ or ‘a lot’ of the resources related to COVID. In South Africa, 85% of respondents denounced government corruption.¹⁰² Whilst voters were generally positive about lockdowns and regulations, COVID-19 seems to have sharpened their criticisms of government corruption.

- ★ The South African case was extreme given both the revelations of past corruption because of a government-appointed inquiry into ‘state capture’ and new revelations of corruption in the procurement of COVID-related supplies and other health-related expenditures. The minister responsible for health in the country’s most important province (Gauteng) and the national Minister of Health both lost their jobs over allegations of corruption.

Under COVID-19, popular enthusiasm for democracy seems to have intensified. In eSwatini (formerly Swaziland), perhaps the least democratic country in the region, popular protests against the absolute monarchy intensified during 2021, following the killing of a law student by police.¹⁰³ Overall, there is little evidence from the Southern African region that the COVID-19 pandemic has had a marked effect on either elections or popular enthusiasm for democracy, even if it does appear to have affected the operation of some of the institutions that are integral to democratic governance.

3. Understanding indirect effects: equity, social and political rights

3.1 Socio-economic inequalities

The COVID-19 pandemic has exacerbated pre-existing inequalities within Africa. In Sub-Saharan Africa, the World Bank estimates the pandemic could drive 51 million people into extreme poverty in 2021, raising the total number to 491 million.¹⁰⁴ The African Development Bank has indicated that most people pushed into extreme poverty by the pandemic are those with lower levels of education; are in vulnerable or informal employment; and were already in precarious positions.¹⁰⁵ These groups were more severely impacted by COVID-19 because the informal sector is characterized by high-contact, lower-stability jobs that provided no flexibility during the social distancing and lockdown phases of pandemic response. The IMF estimates the pandemic could increase inequality within lower-income countries in Africa to more than 6%.¹⁰⁶

3.2 Differential effects on women and girls, historically marginalized groups

While early narratives on the pandemic labeled COVID-19 as the “great equalizer” capable of infecting anyone, the impact of the coronavirus across the globe has not been uniform, some demographics are severely impacted than others. Evidence suggests pre-existing inequalities between men and women and between socio-economic groups have been exacerbated by the COVID-19 pandemic. Majority of women in Africa are disproportionately affected by the pandemic because they are mainly employed in the informal labor sectors, they are particularly vulnerable to the financial impacts of the pandemic as these sectors lack several basic social protections to caution them against economic shocks.¹⁰⁷

- * Further, as the World Bank cautions, pandemic mitigation policies such as lockdowns and school closures are more likely to push women and girls to permanently exit education or employment opportunities.¹⁰⁸ Additionally, there are reports of increased gender-based violence as a result of isolation and confinement during the pandemic.¹⁰⁹

Children have also suffered disproportionately from the effects of the pandemic. School closures have led to learning gaps for millions of children in Sub-Saharan Africa in 2020.¹¹⁰ Even short-term pauses in learning have life-long impacts, school interruptions of just a few months are argued to impact future income-earning.¹¹¹ School and infrastructure closures have also had a negative impact on the food security of children in the region. Many children rely on free or discounted meals and snacks that are provided at school; without this source of nutrition, more than 50 million students in 40 Sub-Saharan African nations are impacted by the loss of nutrition.¹¹²

3.3 Analysis of social protection

Throughout Africa, mainstream social protection mechanisms have been employed wherever possible to deliver support to those impacted by the COVID-19 pandemic. In response to the health crisis and subsequent economic and social consequences, many governments scaled up existing social protection programs with the hope of delivering income support to affected people.¹¹³ Wealthier countries with pre-developed social protection schemes were well placed to augment existing programs as well as to introduce new assistance schemes. Nonetheless, lower-income countries with less comprehensive and less donor-funded social protection schemes, faced challenges in setting up new programs given the rapid response that came with meeting needs in the pandemic.

3.4 Effects on inclusivity and participation

The pandemic has altered the socio-political landscape in many other ways as well. For example, court systems across East Africa, like regions elsewhere, are severely backlogged, further limiting the ability of citizens to access justice or resolve disputes. Yet in disaster, there is room for innovation. Courts in Kenya, notorious for their inefficiencies and delays seemed to have improved access by moving to digital platforms.¹¹⁴ There are also important implications for the inclusion and treatment of refugees and other marginalized communities, and for broader questions about how the pandemic is transforming various forms of state power and legitimacy.

4. Contribution to crises: COVID-19 and state fragility and violence

4.1 *Effects of the pandemic on fragile contexts in the region: escalation or exhaustion?*

- ★ The peace, security, stability, and electoral politics nexus in the COVID-19 environment represents a test of governance and democracy during pandemics and general (peace time) times. Peace and security are foundational to democratic consolidation. Despite West Africa's progress, Sahelian insecurity remains an unsettling threat to democracy. Mali under COVID-19 exemplifies this threat in the region, and provides insight on Sahelian peace and security, regional democratization, and pandemic-governance nexus. The Malian lessons could inform policy on democratization and democratic governance broadly, and specifically, on peace-security-democracy nexus in the region.

Democratization and democratic governance in Mali and the West African region are connected to and dependent on Sahelian security. COVID-19 exposed a need for (and fragility of) security in Mali and the Sahel, but more importantly, highlighted the complexity of (efforts in) Malian and Sahelian democracy. The ensuing political breakdown and state destabilization shows the threat of insecurity to the state and democracy, despite extensive security investment by Mali's bilateral and multilateral development partners. The turn of events following a peace time (health pandemic) crisis vis-à-vis the long history of security-centered global policy in the region is informative and suggestive. A non-political peace-time crisis can ignite a volatile process to undermine progress in a fledgling democracy – especially in an environment of insecurity. Perhaps, it is time to rethink approaches to safeguarding security and creating the enabling environment for democracy to thrive (in Mali and the region).

4.2 *Indirect drivers of fragility: From factors to grievances*

- ★ Capitalizing on the socio-economic effects of COVID-19 and strict government measures to mitigate the spread of the virus, armed Islamist groups especially in Northeast Nigeria, Somalia, the Sahel and Mozambique intensified their activities and attacks on civilians, and incorporated the pandemic in their propaganda to justify their cause.¹¹⁵ In the former, COVID-19 is God's punishment against the West particularly France for its counter-terrorism support, while Covid-19 measures such as social distancing and lockdowns are targeted at Muslims.

In Mali village defense groups killed hundreds of suspected Islamists while government security forces killed civilians. Vulnerable populations have been impacted the most, including 185 children were killed.¹¹⁶ Increased violence has displaced over 40, 000 civilians and left many more in hunger.¹¹⁷ A weakening of institutions of law-enforcement, rule of law, and social protection has increased vulnerability of victims of abuse and atrocities with lack of access to protection and redress. Mali's international partners, including, ECOWAS, AU, France, USA, Canada, Germany, EU, and UN, have also failed to translate rhetoric into actual pursuit of justice and accountability for civilians.¹¹⁸

Further, Africa Command (AFRICOM) commander Stephen Townsend advised al-Qaeda, al-Shabaab and ISIS see the COVID-19 crisis as an opportunity to further their terrorist agenda.¹¹⁹ In March, 2020 alone, suspected jihadists killed 25 soldiers at a Malian army base and kidnaped a high-profile Malian opposition leader Soumaila Cisse; Boko Haram launched one of its deadliest attacks on Chadian forces that 92 soldiers; militants in Cabo Delgado Mozambican gained ground with simultaneous attacks on district capitals Moçimboa da Praia and Quissanga

4.3 Conflict assessment: human security and “horizontal” (intergroup) violence

The pandemic has also impacted human security within Africa. Existing data suggests increased economic hardships, resource competition, and fraying of social cohesion as a result of the COVID-19 health crisis, which in turn has increased state fragility and intergroup conflict within the continent.¹²⁰ Socio-economic challenges that resulted from the pandemic, including financial and food insecurity, have heightened grievances between different societal groups and have hardened identity-based divisions, causing a rise in violence and mistrust between identity groups. The coronavirus pandemic has also increased stigmatization of certain communities and areas, which the government has deemed ‘red zones. These labels have led to a mass emigration from these communities as well as the significant decrease of business transactions of service delivery as people see these areas to be a great risk to their health.¹²¹

- ★ Overall, the pandemic and perceptions of government response to the crisis has contributed to intergroup tensions, particularly in situations where distribution of government resources is perceived to be politically motivated or where political elites and wealthy individuals are perceived to be exempt from COVID-19 restrictions.

4.4 Pandemic opportunities: to what extent have opportunities to address the disease created opportunities for regional, country-level, or local resilience?

- ★ Despite the significant challenges posed by the COVID-19 pandemic, Africa has shown high levels of resilience at many levels. Locally-led and informal actors—such as women, youth, and religious organizations—effectively collaborated with formal measures and federal relief packages to support citizens during the pandemic and to reduce socioeconomic impacts.¹²²

These local efforts are bolstered by regional and national level responses, including the African Union COVID-19 response fund and tax relief and social grant services by central governments. Experts have also attributed the continent's resilience to the global African diaspora, which has played a vital role in moderating the impacts of the pandemic by sending remittances thus providing a social safety net for millions of Africans, sourcing personal protective equipment, medicines, and food.¹²³ Additionally, the experience of past epidemics and health crises has aided the resilience of several African countries to mitigate the spread of coronavirus.

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About the author and contributors

Timothy Adivilah Balag'kutu, Ph.D. is a researcher/scholar, policy advocate and governance expert and is currently with Center for Citizen Engagement in Governance

Boniface Dulani, Ph.D. is Senior Lecturer and Project Research Coordinator at the University of Malawi's Department of Political and Administrative Studies and the Director of Surveys at AfroBarometer

Abigail Kabandula, Ph.D. is Visiting Teaching Assistant Professor the University of Denver's Josef Korbel School of International Studies and Director of the Africa Center, housed at the Institute for Comparative and Regional Studies

Kathleen Klaus, Ph.D. is Associate Senior Lecturer, Department of Peace and Conflict Research, Uppsala University

Kallie Mitchell, M.A. Candidate, contributed to the writing of this report

Jeremy Seekings, Ph.D., is Professor of Political Studies and Sociology at the University of Cape Town and is the Director of the Social Surveys Unit in the Centre for Social Science Research

Timothy Shaw, Ph.D. is Faculty Fellow, Department of Conflict Resolution, Human Security, and Global Governance at the University of Massachusetts, Boston's McCormack Graduate School

Dustin Alarid, Institute for Comparative and Regional Studies Program Manager, served as project administrator

Kylee Dickinson, M.A. Candidate, served as principal editor

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