

HPSCI Virtual Hearing on the Impact of COVID-19 in Sub-Saharan Africa

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Mr. Chairman, members of the Committee, thank you for inviting me to testify today and for tackling this important topic. I also want to thank your staff – I was a Congressional staffer for many years myself, and I know how much staff work goes into these hearings. I am grateful for the work that all of you do.

First, one always has to start with a caveat – Africa is vast and diverse, and the situation in Botswana is very different from the situation in Cameroon. I'll be speaking broadly, but it's important to acknowledge that individual countries' unique economic, governance, and stability situations before this crisis affect how it impacts them.

Others will speak to the health indicators on the ground, and Ambassador Thomas-Greenfield laid out just how serious the economic consequences of the pandemic are for the region. I want to focus on the political fallout, because this pandemic is a tremendous challenge to governments and to democracy.

A big, universal takeaway from this pandemic is that as important as the private sector is, we all need governments that work, and governments that can be trusted. Public health depends upon participation, and when citizens mistrust those asking them to make sacrifices or take unusual steps to protect the greater good, even the most thoughtful interventions are doomed to fail. In recent years, Afrobarometer found that across 36 countries in the region, more people expressed trust in religious and traditional leaders than in their states' formal executive institutions. Levels of trust in government authorities varied widely from country to country, but they were consistently tied to whether people believed an institution to be corrupt or self-serving.

This has real-world consequences. To take one example, some religious leaders in the volatile middle belt of Nigeria have claimed the virus is a hoax deployed to suppress the practice of Islam. Importantly, this met with pushback from other Muslim authorities alarmed about the risks this kind of conspiracy theory carries, but the theory had some traction because it fit with existing narratives of Muslim disenfranchisement, narratives of the powerful using a national response to threats, like Boko Haram, simply to enrich themselves rather than to provide security and stability for citizens. Add to that longstanding skepticism of public health interventions, and one sees the disruption brought by COVID being fit into existing ideas about the state abusing its citizens.

In Ethiopia, which has been undergoing a major political transformation and experiencing significant instability, the pandemic has forced the postponement of elections that had been scheduled for August, essentially until a time of the current government's choosing. The delay may make practical sense, but it is fodder for those who distrust the intent of the federal government – if you're expecting a power grab and to be disenfranchised, this looks like what you were expecting, regardless of the actual intent. The consequence may be more instability.

Just looking at elections, the pandemic is changing political dynamics well beyond Ethiopia. Delays can certainly appear self-serving to incumbents. But for those willing to forge ahead with polls despite the public health risks like leaders in Guinea and the late President of Burundi, it has forced opponents to choose between asking their supporters to engage in a risky exercise or to decline to participate, and has provided an opportunity to avoid the scrutiny of observers. In almost every scenario, democratic legitimacy suffers.

There is some truth to the idea that COVID-19 is a gift to authoritarians, because the draconian social controls that may be required to respond to highly contagious infectious disease can be used as cover to justify crackdowns on opposition politicians, manipulation of vital humanitarian assistance, notably access to food, and emergency overriding of mechanisms meant to prohibit private gain at the public's expense – all trends one can find in Zimbabwe, for example, where opposition protests have led to arrests for violating lockdown orders, where the ruling party maneuvers to distribute desperately needed food aid, and where the government was recently compelled to cancel inflated contracts with a medical supplier allegedly linked to the President's son. In Sudan, where a fragile transition – one long-desired by the U.S. - is underway, the economic dislocation caused by the virus and the difficulty in responding to it risks undermining support for civilian leadership and strengthening the hands of security forces resisting reforms.

But while the crisis can provide convenient pretexts to authoritarians, it can also expose the gaps between the way the state is supposed to function, in service to its citizens, and the reality in practice. A global health and economic crisis cannot be intimidated out of existence by a strongman. And where security forces have killed civilians in the course of operations intended to enforce disease-control measures, as has happened in Kenya, Uganda, and South Africa, they feed resentment of state authority.

I want to flag, particularly for this committee, that these issues of trust and how they play out are tremendously illuminating. The reaction to COVID-19 can tell us a great deal at a fairly granular level about who is trusted, who is not, and where voices of authority are found in different societies – whether it's popular musicians putting public health messages to music, community radio stations busting myths about

the virus, or religious leaders guiding behavior change. This moment helps to map out authentic influence, and that helps us to understand these places better.

The reaction also points to where societies are especially vulnerable to misinformation and manipulation. Social media is a major source of information about COVID-19 – ahead of radio and television in recent polling in South Africa, Nigeria and Kenya. And in these societies, as in ours, social media can fuel the spread of inaccurate information, stoke grievances, and create flashpoints in a charged environment. Longstanding concerns about Africans being used as unwitting experimental subjects for medical science, or the target of shadowy agendas aimed at covertly suppressing population growth – can be activated and harnessed to other agendas at a time of crisis when trust is in short supply. It's worth paying close attention.

Implications for US Policy

When I look at what all of this means for the future of U.S.-Africa relations and US interests, I come away with four broad, interrelated conclusions that have implications for U.S. policy.

First, there can be no doubt that the United States' credibility, the appeal of our governance model, the perception of our capacity for global leadership have been tarnished. Our own shambolic response to the pandemic has created a sense, as one respected civil society leader in east Africa said to me, of a state in decline. All of our flaws are on global display, which of course has only been compounded by the horrific instances of police brutality in America and the realities of systemic racism that they expose.

So the United States will have a great deal of work to do to reassert some leadership in pursuit of a more just and stable world. We can start with leading a well-coordinated, high profile effort to address not just the threat of the virus but also the food security issues on the continent – traditionally an area of American strength – and to work toward a more farsighted approach to debt relief than has been mustered to date. We must be a powerful actor in ensuring that an eventual vaccine is available to all, not merely to the wealthy. But it is also important that we speak frankly about what has gone right and what has not in our country, and model what transparency and accountability can bring to the table.

Second, the United States should continue to support the forces working to protect democracy and the rule of law. That means working with civil society to help them fight abuse of emergency powers, track COVID assistance spending, and ensure that accurate and reliable information is available to citizens. We should deploy meaningful resources to focus on conflict prevention and track indicators of increasing unrest where the pandemic has stoked suspicion and tension, and work with other partners to push for inclusive political dialogues that can provide a framework to move societies toward their revised electoral calendars.

Third, the United States' obsession with pinning the blame for the pandemic on China is self-defeating in the African context. It's absolutely true that China is going for broke in asserting leadership in Africa, but dire warnings about China's intent merely look self-serving, and abandoning the WHO only cedes the field to Beijing. The United States needs to focus on what we have to offer, provide an example that others might wish to emulate, and to robustly engage the kind of multilateral, institutionalized response that is the only plausible way to work toward a stable and prosperous post-covid partnership with African states.

Finally, assertive leadership coming from Africa, that is unified, specific, savvy and direct about African interests, has emerged in response to the crisis and will likely outlast COVID-19. This is to be welcomed, and the United States needs to find ways to reorient its policy and practices to meet it. We should work together to identify the lessons learned from this crisis and pursue reforms to international institutions, including but not limited to the WHO, to operationalize that learning. This will mean creating more space for African equities in institutional architecture, but it can also mean more meaningful and fruitful partnerships in pursuit of shared interests.

Thank you for this opportunity.

