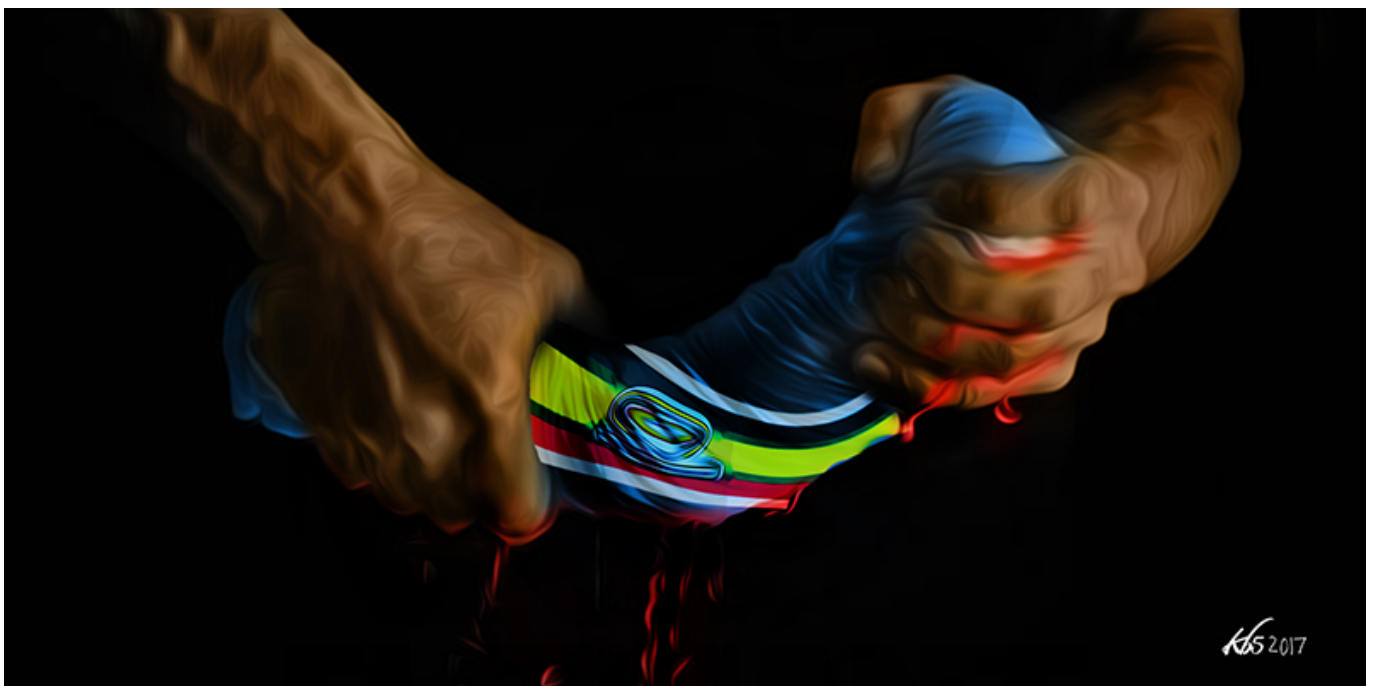




# COVID-19 Response: What Uganda and Rwanda Got Right and What Kenya, Tanzania and Burundi Didn't

By Patrick Mugo Mugo



Across East Africa there is a pattern of disparity in the implementation of COVID-19 control measures. While there is no single template for the implementation of the respective containment measures, Uganda and Rwanda have taken proactive actions ranging from lockdown to swift public health measures that are showing early signs of bearing positive fruit in the form of minimal community transmission.

Kenya, on the other hand, despite having employed partial and targeted measures, such as swift contact tracing exercises and cessation of movement coupled with a dusk-to-dawn curfew that initially slowed down the spread of virus, has hit a snag. There are emerging signs of setbacks and weaknesses due to increased community transmission that have been attributed to the disjointed and unrealistic nature of Kenya's COVID-19 control measures.

Comparatively, Burundi and Tanzania opted for an open COVID-19 control strategy alongside questioning or downplaying the World Health Organization (WHO)'s COVID-19 guidelines. The "genie is still in the bottle" as to whether Burundi and Tanzania are on the right or wrong path because the available data and statistics are at best still very sketchy. Their only comparison for now

could be Sweden and Brazil who have also opted to follow a more open strategy unlike other European and Latin American states, respectively.

Sweden went for jugular by placing emphasis on personal responsibility, which Kenyan government officials tried to sell with noticeable setbacks. In their open COVID-19 strategy, only basic WHO COVID-19 health guidelines were enforced but the lockdown did not affect businesses, which remained open.

The approaches of Burundi and Tanzania can be classified as COVID-19 denialist or comparable to the poetic phrase “dancing with death”. WHO and critics of these two countries argue that the path taken by Burundi and Tanzania puts their citizens’ and their neighbours’ lives at an alarming risk. In their desired strategy, Burundi has ended up prioritising a tense general election and Tanzania has prioritised the economy amid a global pandemic.

Initial reports reveal that states like Rwanda and Uganda that implemented nationwide lockdowns are now reaping decreasing rates of new infections “significantly from [67% rise in the first week after the lockdown to a 27% rise in the second week](#)”. In countries that employed “partial and targeted lockdown along with effective public health measures”, initial reports indicate that they have been “more effective at slowing down the virus”.

Across East Africa, based on available COVID-19 data, Uganda too is categorised in the second option with credit going to her near-perfect public health measures. If the ability to slow down the rate of communal infection within a country is a measure of success in slowing down the spread of coronavirus, then Uganda and Rwanda are worthy of reaping the benefits of lockdown measures. Although it’s early to argue confidently, but going by data available after two to three months of seeking to contain COVID-19, they have within that time recorded limited cases of communal infection.

A study in the US (yet to be peer reviewed) seeking to understand how delayed enforcement of COVID-19 measures might have been a factor in the surge and spike in the cases discloses “[changes of disease transmission rates in US counties](#) from March 15 to May 3, 2020”, It shows “a significant reduction of the basic reproductive numbers in major metropolitan areas in association with social distancing and other control measures”. Further, counterfactual simulations indicate that had the required COVID-19 measures been “implemented just 1-2 weeks earlier, a substantial number of cases and deaths could have been averted”. The study underscores the “importance of early intervention and aggressive response in controlling” the coronavirus pandemic. The study indicates that Uganda and Rwanda’s early and swift intervention resulted in a desirable curve compared to the rest of the region.

In the case of Kenya, there was a delay in enforcing enhanced COVID-19 measures (some of which were disjointed), which resulted in a non-flattening curve due to a surge in cases. The difference between Uganda and Rwanda on one side, and Kenya on the other, is the onset of communal transmission that Kenya is now struggling to contain with minimal success.

In the case of Uganda, Burundi and Rwanda, many argue that their limited foreign interactions or exposure, unlike Tanzania and Kenya, does explain at some level their slow rate of communal infections. Others point to the aspect that lockdown measures did enable Rwanda and Uganda to curtail the infection beyond certain localities where COVID-19 was first reported.

### **Science-based strategy**

Uganda has adopted a science-based containment strategy driven by past experience of battling

other pandemics. In reality, Uganda has been in disease outbreak mode since 2018, and [according to WHO](#), with success stories in tackling Ebola, yellow fever, measles and Crimean-Congo hemorrhagic fever.

In short, Uganda didn't wait for the first confirmed case to spring into action; the country drew on past experiences in battling previous outbreaks like Ebola and yellow fever. When the first case was confirmed, WHO credits Uganda for moving first with "[placing a lot of emphasis on risk communication](#) and community engagement to promote good health practices among members of the public". Uganda knew well that without public understanding and ownership of the process, setback and reversals would keep mounting.

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In contrast, Tanzania has within the same time criminalised COVID-19 discussion across media platforms, especially on social media. In Kenya's case, the norm has been to lecture and dictate to the public about the dangers of the pandemic.

Before lifting the lockdown measures, Uganda, like Rwanda, opted for the science-driven route of informing the masses of the planned next phase. The government engaged [200 survey teams to conduct a rapid assessment](#) exercise to establish the prevalence of COVID-19 among communities – a move based on derived data that sought to know if it was right to relax some of the measures.

The Rwandan Health Ministry opted to "trust the process". Rwanda's decision to partially lift the lockdown was reached after a countrywide health survey across 30 per cent of health facilities in the country. Among the survey samples were 4,500 employees who had continued to work during the lockdown and others who had over time shown COVID-19-like symptoms. The survey, according to Rwanda's Minister of Health, revealed either minimal or zero communal transmission. Therefore, it seemed wise to partially lift the lockdown.

In Kenya, the disjointed COVID-19 control measures have not been informed by any publicly known survey or large-scale mass testing. In sharp contrast, Rwanda directed hospitality businesses to keep contact details of all their customers should there be a need to trace them in case of any COVID-19 infection or exposure. Rwanda has a comprehensive COVID-19 approach that shows that political will does count when it comes to enforcing measures.

Uganda and Rwanda's swift action in containing the spread of coronavirus has drawn attention to the remarkable gains registered by authoritarian and autocratic regimes. Some argue that the citizens of Rwanda and Uganda have little or no room to defy government-enforced directives as the price of defiance is substantially high.

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brutality against civilians during the curfew hours (which has resulted in the death of at least 15 people) further broke the trust between the people and the government.

Kenya's COVID-19 strategy, which has borrowed heavily from "partial and targeted" lockdown strategies, hasn't shown the desired success. A plausible explanation could be the disjointed nature of public health measures despite successful contact tracing. The reversals emerging in Kenya also have more to do with the pushback from the population that has felt belittled or somehow lectured upon to adhere to the measures.

Kenya's inexperience in handling pandemics points to the challenges of its political leadership and its failure to prioritise the well-being of citizens. While the Kenyan public has been castigated for its "lack of discipline", the shaky roll-out of health measures puts into doubt the commitment of the leadership to contain the crisis.

Tanzania and Burundi have followed the "open strategy" similar to that of Sweden and Brazil. Throughout the COVID-19 pandemic, Tanzanian President John Magufuli has cut a resolute posture of a COVID-19 denialist. Tanzania has placed a ban on reporting on or updating COVID-19 cases in Tanzania; the last COVID-19 update was on April 29 and by then fatalities stood at 21 people.

In comparison, Sweden, which has employed "open strategy" or "softer lockdown" of keeping schools, restaurant and business open, has produced one of the ["world's highest death rates, relative to population."](#) However, the Swedish government has declined to change strategy. COVID-19 fatalities stood at "6.25% per million inhabitants per day in a rolling seven-day average between May 12 and May 19" and slightly below global COVID-19 fatalities that stood at 6.6%. Sweden emerges as the ["highest in Europe"](#) and just above the United Kingdom which had 5.57% death per million" (Reuters, 19 May 2020).

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According to Kenya's Health Minister, Mutahi Kagwe, Kenya's fatality rate by mid-May stood at 5.6%, just below global fatality rate of 6.6% by a single percentage point, but still the highest in East Africa. (Health Ministry Press Briefing, 20 May 2020)

Despite Sweden's open strategy, ["only 7.3% of people in Stockholm"](#) had developed the antibodies needed to fight the disease by late April", which is below the "70-80% needed to create '[herd immunity](#)' in a population", implying that Sweden, Tanzania, Brazil and Burundi's open strategy will continue to hurt for some time.

A question that can't be answered for now is if the open strategy will hurt more or less when compared with other nations that opted for lockdowns or targeted measures. By the end of May, Brazil, which had also opted for a sort of open strategy, "became the [second country with highest](#) COVID-19 infections behind USA".

### **The perils of high-handed leadership**

While there are a couple of factors fueling the surge and spike in COVID-19, one unmistakable commonality among the countries with the highest infections is that their "high-handed leaders have downplayed the severity of the crisis and embraced outlandish conspiracy theories, ensuring that

outbreak is worse than it should have been". In some countries, it is also difficult to get access to accurate and reliable data, so it is hard to ascertain if cases are rising or not. Therefore, in countries like Tanzania and Burundi, it has become difficult to assess whether fatality and infection rates are above or below the global average.

Shockingly, President Magufuli, a former chemistry and mathematics teacher, has emerged as an outright advocate for alternative approaches to the pandemic. He has told all and sundry that Tanzania will not be "ruled" by COVID-19 global politics and that the economy is "more important than the threat posed by coronavirus" (*The Guardian*, 19 May 2020). And he has thus resisted shutting down the economy and has gone ahead with permitting the tourism industry and schools to reopen with minimal COVID-19 prevention measures. WHO and critics of President Magufuli have suggested that his perceived COVID-19 denialism or delayed response might have exacerbated the spread of the coronavirus in Tanzania.

While Tanzania has given priority to economic concerns over COVID-19 threats, Burundi has sacrificed COVID-19 threats at the altar of a tense political transition. Although Pierre Nkurunziza officially died of "cardiac arrest", there are those who suspect his death to be due to COVID-19. His wife, [Denise Bucumi Nkurunziza of Burundi, was flown to Nairobi for COVID-19 treatment on May 30<sup>th</sup>](#), which fuelled rumours of a correlation.

Burundi faces uncertain times ahead. It still remains in the COVID-19 denialist club. The leadership has disregarded any UN agency's or foreign institution's COVID-19 concerns. Since the confirmation of COVID-19 cases in the country, the Burundian government advised the population to observe strict hygiene procedures. Yet throughout the campaigning period, none of these directives were adhered to, with even Burundi's key government leaders calling on the masses during the election campaign not to fear COVID-19.

The late President Pierre Nkurunziza bragged that Burundi was the only country where [public and religious gatherings](#) were still happening and that God would protect Burundians. In reality, Burundi has one of the worst political climates in Africa, and within this context, the population faces serious repercussions if they publicly acknowledge suspected COVID-19 infections or deaths.

Amid COVID-19 concerns, Burundi went ahead with general electoral process including campaigning with [minimal observance of social](#) distancing, notwithstanding the risk of the spread of coronavirus. In essence, reminiscent of previous elections in Burundi, the months leading up to the [vote were marked by violence](#) among political groups competing for power.

It was during the tense general election that a WHO representative and three WHO experts coordinating COVID-19 responses were [expelled](#) from the country (Al Jazeera, 14 May 2020). And they were only a few among a long list of expelled experts that included representatives of the UN Human Rights Commission, Amnesty International and Human Rights Watch.

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The coronavirus pandemic arrived in Burundi to find the leadership in government and the participating opposition completely entrenched in survival mode and showing little regard for the welfare of the majority of Burundians. Prior to the 2015 coup attempt, Burundi had a vibrant civil

society that had mobilised some of the most vocal mass pro-democracy protests in May 2015. All these civil society organisations and the independent media have since been scuttled and most of their professionals have gone into exile.

Therefore, to expect the COVID-19 pandemic to scare or move the will of Burundi's leadership is to expect too much. This leadership has midwived the final phase of a five-year violent political transition that has counted at least 1,700 among the dead and another 400,000 as refugees (Africa Center for Strategic Studies, 24 September, 2019). All that many can hope for is that by the time the election campaigns were kicking off, communal transmission had not set in. Any communal transmission that might have happened then might have been accelerated by the campaigning and voting process that observed no social distancing.

At the moment, Burundi's transitional and subsequent new government priority will be to settle in after a tense and unpredictable political transition that was preceded by five years of the politics of violence and intimidation.

With the COVID-19 pandemic not showing any signs of relenting anytime soon, pressure is mounting from populations on the governments of East Africa to ease or revise COVID-19 measures. In reality, all the East African states face socio-economic challenges that make efficient containment of their populations difficult to enforce (International Center for Not-For Profit Law, 21 May 2020).

The need for political survival is driving some East African leaders to act with precision, while others exhibit a hands-off approach that points to a contemptuous attitude towards their populations. Some believe that downplaying the COVID-19 threat will vindicate them. In Uganda and Rwanda, the fear of an authoritarian state is driving compliance, while in Kenya and Tanzania, the broken social contract between the people and their government is undermining the process.

In essence, the litmus test brought by COVID-19 is how far the respective East African leaders will go to protect their people. The genie is still in the bottle.

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