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Learning from experience: Are African governments prepared for another pandemic?

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Introduction

According to the Africa Centres for Disease Control and Prevention (CDC) (2020), Africa's first case of COVID-19 was recorded in Egypt in mid-February 2020. Six months later, the continent's death toll exceeded 19,000, representing 3% of global COVID-19 mortality. As the virus spread across Africa, governments began to enforce national lockdowns and other restrictions to minimise the impact of the pandemic.

In addition to being a global health emergency, COVID-19 had other wide-ranging consequences. Many parts of government bureaucracies, as well as the private sector, shut down except for "essential" workers (Wickham, 2022). Children were unable to go to school for months, increasing dropout rates with knock-on effects on their nutrition and mental health (UNICEF Africa, 2022; Kidman, Breton, Behrman, & Kohler, 2022). Moreover, African governments' responses to the pandemic affected trends in poverty on the continent. For example, Afrobarometer analyses found that "more restrictive government responses were associated with larger increases in lived poverty" (Mattes & Patel, 2022, p. 1).

Faced with economic uncertainty and mobility restrictions, Africans turned to their governments for support and a coordinated public health response to the pandemic. The latest Afrobarometer surveys in 39 countries document how citizens experienced the pandemic, their views on how their governments handled the pandemic, and whether they think their governments are prepared for future health emergencies.

Responses indicate that about one in seven households experienced a case of COVID-19, while more than a quarter suffered the loss of a primary source of income. Despite the severe economic effects of the pandemic, fewer than a quarter of households received pandemic-related assistance from the government. Most respondents say that the distribution of relief was unfair and that corruption claimed funds intended for the pandemic response.

Even so, most Africans say their government managed the pandemic well.

When it comes to giving up democratic rights during a pandemic, a majority of Africans accept the use of the military or police to enforce public health mandates, but censoring the media and postponing elections are more controversial steps.

Africans are divided in their assessments of their governments' readiness for a future pandemic, and a majority say additional investments in such preparations are needed.

Afrobarometer surveys

Afrobarometer is a pan-African, non-partisan survey research network that provides reliable data on African experiences and evaluations of democracy, governance, and quality of life. Nine survey rounds in up to 42 countries have been completed since 1999. Round 9 surveys (2021/2023) cover 39 countries. (See Appendix Table A.1 for a list of countries and fieldwork dates.)

Afrobarometer's national partners conduct face-to-face interviews in the language of the respondent's choice that yield country-level results with margins of error of +/-2 to +/-3 percentage points at a 95% confidence level.

This 39-country analysis is based on 53,444 interviews. The data are weighted to ensure nationally representative samples. When reporting multi-country averages, all countries are weighted equally (rather than in proportion to population size).

Key findings

Effects of COVID-19

- On average across 39 countries, 14% of respondents say that they or someone in their household became sick or tested positive with COVID-19.

- About twice as many (29%) say that a household member lost a job, a business, or a primary source of income due to COVID-19.
    - At least half of Kenyans (55%) and Ugandans (50%) report the loss of a main income source.

Vaccine uptake and safety

- About six in 10 respondents (58%) say they received a COVID-19 vaccine, ranging from 15% in Gabon to 95% in Mauritius.
    - Economically well-off respondents (72%) are more likely to report having been vaccinated than their poorer counterparts (54% among those experiencing high lived poverty).
- Half (50%) of citizens say they trust their government "somewhat" or "a lot" to ensure the safety of any vaccines offered to them.

Government response and assistance

- Fewer than one in four respondents (23%) say their household received pandemic-related assistance from the government.
    - And only 27% think that government assistance was distributed fairly. This perception was much higher among households with no experience of lived poverty than among those who experienced high levels of material deprivation (38% vs. 21%).
- Most Africans say that "a lot" (46%), "some" (22%), or "a little" (12%) of the funds intended for the pandemic response were lost to corruption.
- Citizens were only moderately satisfied with their government's efforts to provide assistance to vulnerable households (42%), to minimise educational disruptions (54%), and to resource health facilities (56%).
- But overall, two-thirds (66%) of Africans say their government managed the pandemic response "fairly well" or "very well."

Limiting democracy

- Two-thirds (67%) of Africans endorse the use of the military or police to enforce public health mandates during a pandemic, but fewer than half think such an emergency justifies postponing elections (49%) or censoring the media (42%).

Future pandemics

- About half (51%) of Africans believe that their government is "somewhat" or "very" prepared for a future public health emergency.

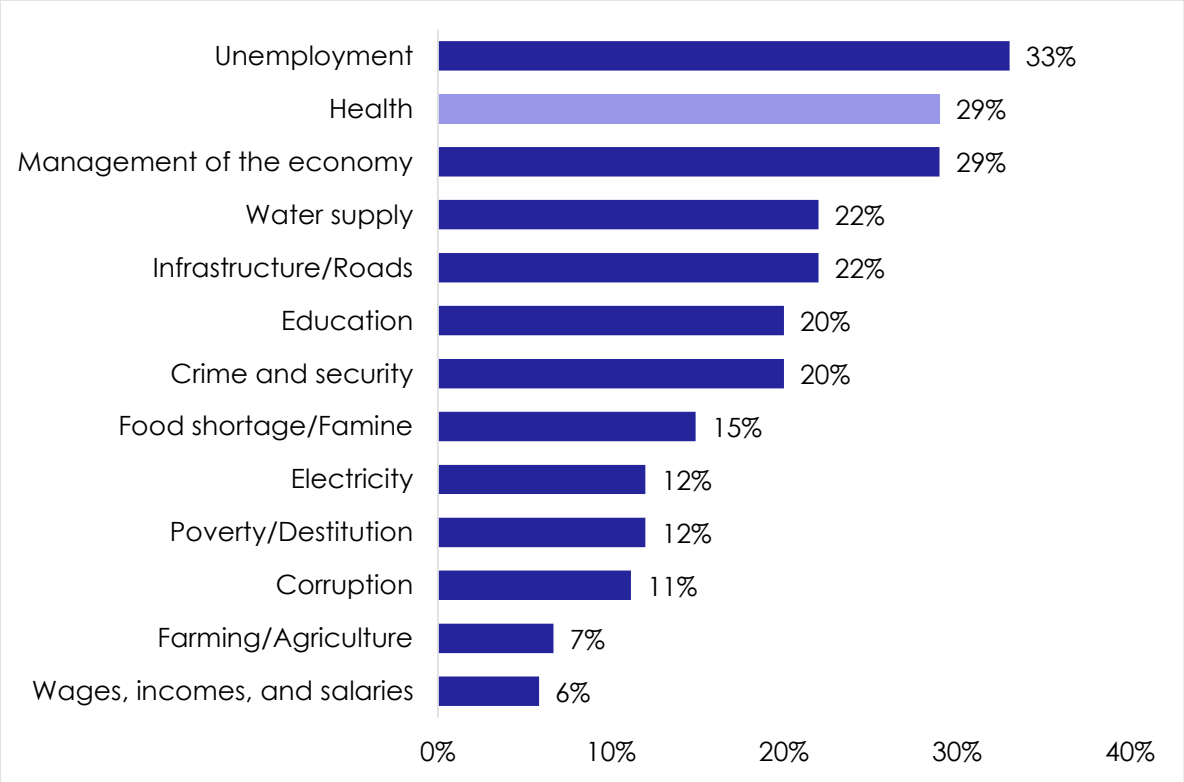
- Almost six in 10 (58%) say their government should invest more in preparations for a future health emergency like COVID-19, even if it means fewer resources are available for other health services.

Health as a citizen priority

Even before the pandemic, health was among the most pressing issues on the continent. In Round 6 of Afrobarometer surveys (2011/2013, 34 countries), 23% of respondents cited health as one of the three most pressing issues the government should address (Dome, 2015), while in Round 7 (2016/2018, 34 countries), this proportion was 27% (Coulibaly, Silwé, & Logan, 2018). When Afrobarometer asked citizens in its most recent survey round, conducted between late 2021 and mid-2023, the issue had become even more prominent. Three out of 10 Africans (29%) mention health-related issues (including illness/sickness, HIV/AIDS, and COVID-19), making it the second-most-frequently cited issue across the continent, following unemployment (33%) and on par with management of the economy (29%) (Figure 1).

Citizens' attitudes toward the broader health-care system have recently been analysed elsewhere (Ossé & Krönke, 2024). We focus here on Africans' perceptions of how their government has dealt with the pandemic and whether they think their country is prepared for future pandemics.

Figure 1: Most important problems for government to address | 39 countries | 2021/2023



***Respondents were asked**: In your opinion, what are the most important problems facing this country that government should address? (Figure shows % of respondents who cite each problem as one of up to three priorities. The "health" category includes answers coded as "illness/sickness," "HIV/AIDS," and "COVID-19.")*

Effects of COVID-19

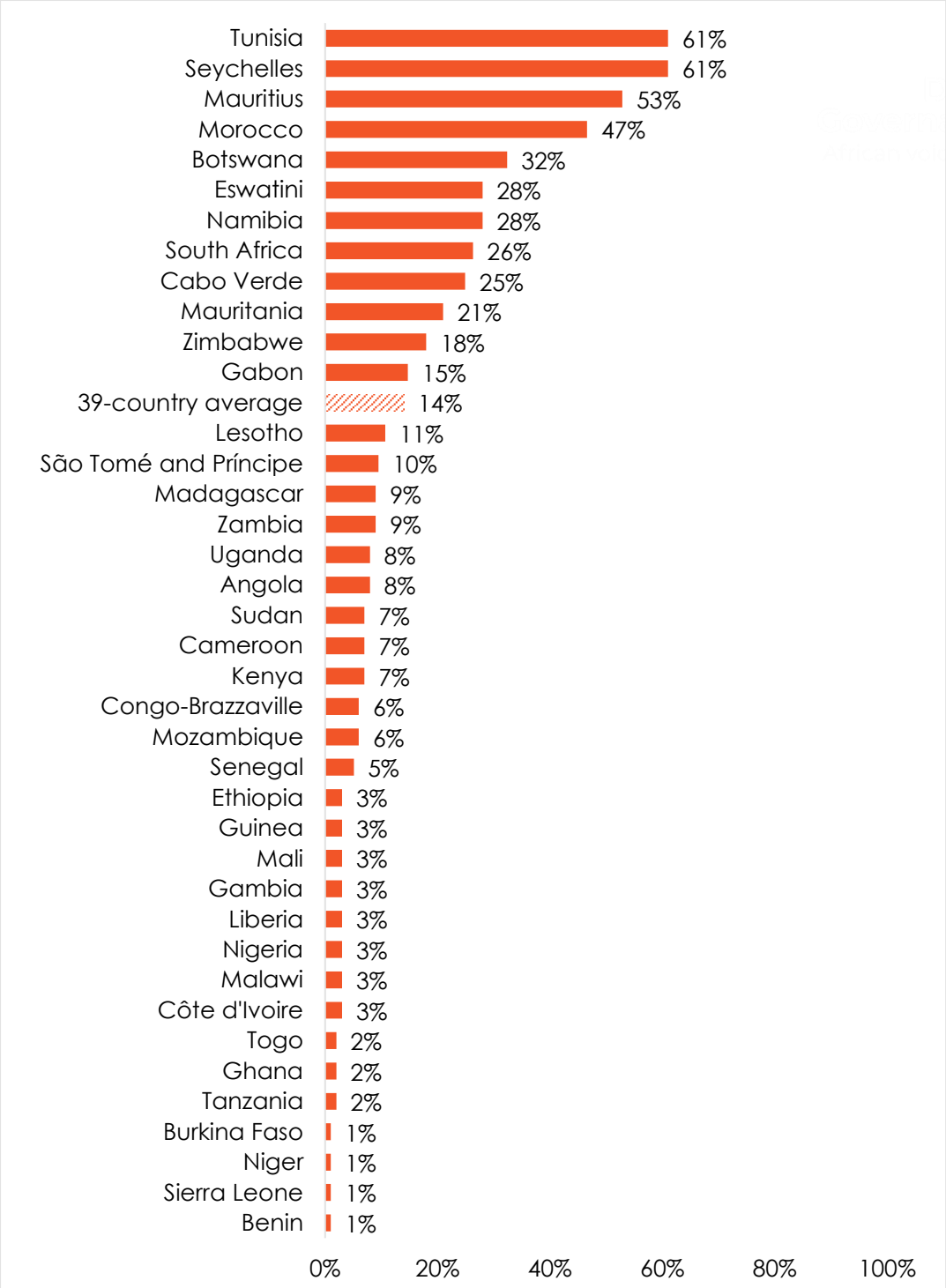
Testing positive for COVID-19

The 39 countries surveyed by Afrobarometer contain more than three-fourths of Africa's population, making the data presented here an important reference point for how COVID-19 affected the daily lives of Africans.

On average, 14% of respondents say that someone in their household became sick or tested positive for COVID-19. However, there are substantial differences across countries (Figure 2). Six out of 10 respondents (61%) in Tunisia and the Seychelles say someone in their household was infected, followed by 53% in Mauritius and 47% in Morocco. In contrast, only 1% of respondents report the same in Benin, Sierra Leone, Burkina Faso, and Niger. In 26 countries, not more than one in 10 respondents record incidences of COVID-19 in their households.

The 60-percentage-point difference between countries is likely to have several reasons. In addition to differences in the disease burden, testing capacities vary across countries (African Development Bank, 2021; Bosonkie et al., 2023). Moreover, some people are asymptomatic (Gao et al., 2021), and thus would be unlikely to be captured as positive in this statistic. This suggests that the data presented in Figure 2 are a low estimate of the disease burden across the continent.

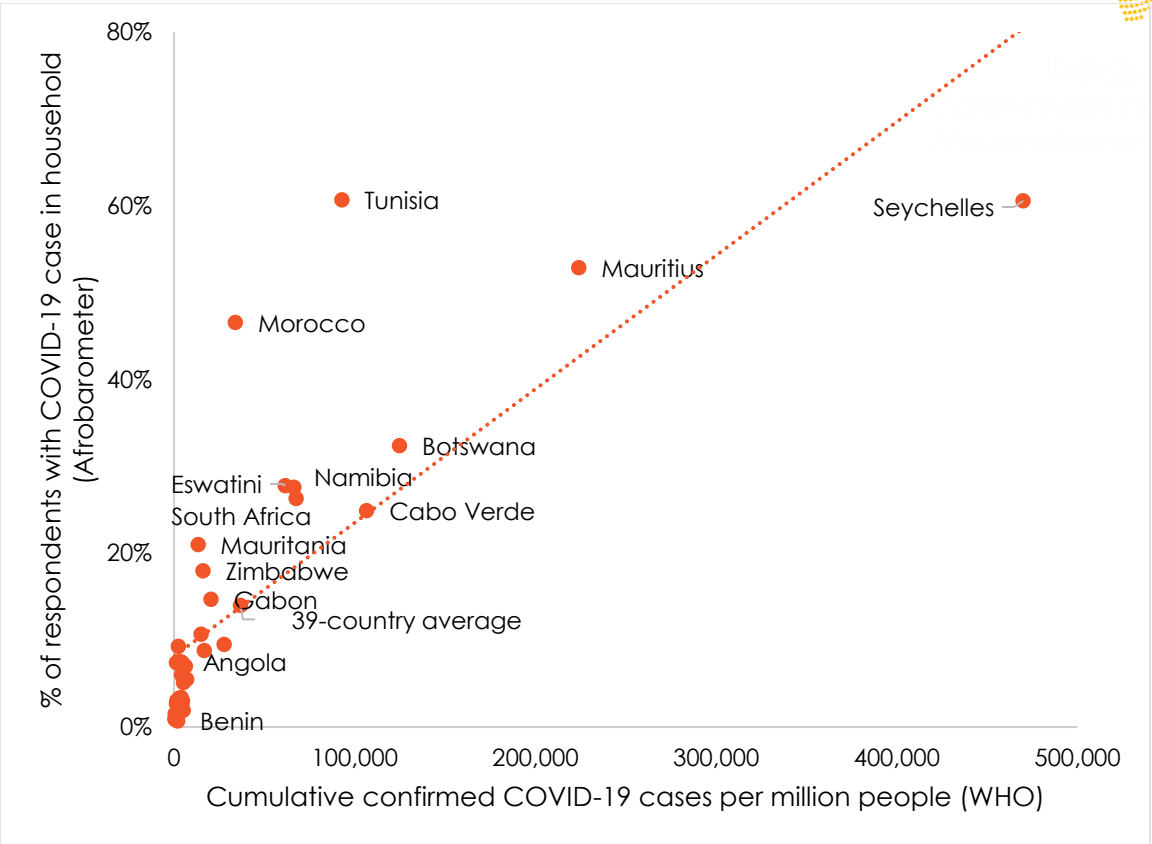
Figure 2: Became ill or tested positive with COVID-19 | 39 countries | 2021/2023



Respondents were asked: *Please tell me whether you personally or any other member of your household have been affected in any of the following ways by the COVID-19 pandemic: Became ill with, or tested positive for, COVID-19? (% who say "yes")*

Nevertheless, comparing survey responses with data gathered by the World Health Organization (WHO) indicates significant congruence (Figure 3). While citizens in countries such as Tunisia and Morocco seem to overreport compared to the WHO data, it is important to note that Afrobarometer survey respondents were asked about the household, not just their own status. Thus, whenever two or more people in a household are infected with COVID-19, the survey undercounts the prevalence of COVID-19 compared to the WHO data.

Figure 3: Became ill or tested positive with COVID-19 | Afrobarometer and WHO comparison | 39 countries | 2020-2023



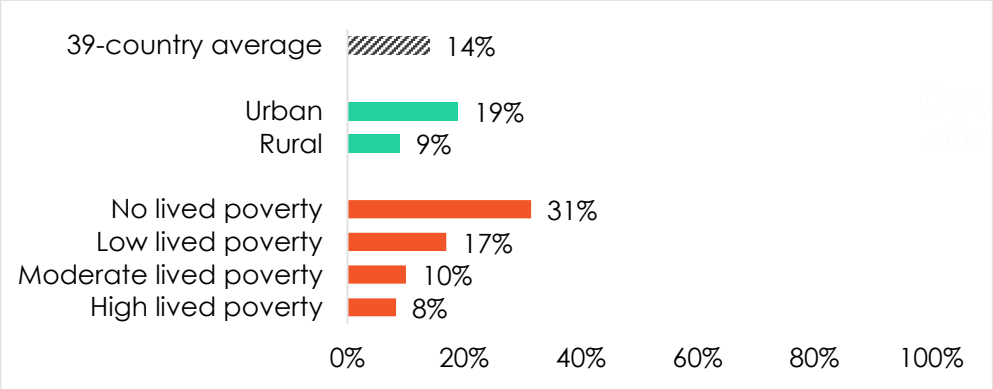
Note: *The World Health Organization (2024) data is from the Our World in Data Dashboard and includes cases from 1 March 2020 to 25 December 2022.*

When fighting any public health crisis, it is important to know who is most likely to fall sick and/or to get tested. Figure 4 shows that respondents in urban areas are more likely to report that someone in their household became sick or tested positive with COVID-19 compared to those in rural areas (19% vs. 9%). This might be for at least two reasons. First, higher population densities in cities makes social distancing more difficult (United Nations, 2020). Second, testing kits are likely to be more accessible in urban areas.

The proportion of COVID-19 cases increases with respondents' economic status, that is, the rich were more likely to report being sick or testing positive for COVID-19 than those experiencing high levels of lived poverty.[1] This finding may seem counterintuitive, as poorer households are less likely to engage in social distancing due to resource constraints (Ekumah et al., 2020). However, considering that wealthier Africans tend to have access to better health care (see Ossé & Krönke, 2024), they are also more likely to be tested for COVID-19.

[1] Afrobarometer's Lived Poverty Index (LPI) measures respondents' levels of material deprivation by asking how often they or their families went without basic necessities (enough food, enough water, medical care, enough cooking fuel, and a cash income) during the preceding year. For more on lived poverty, see Mattes and Patel (2022).

Figure 4: Became ill or tested positive with COVID-19 | by demographic group | 39 countries | 2021/2023



Respondents were asked: *Please tell me whether you personally or any other member of your household have been affected in any of the following ways by the COVID-19 pandemic: Became ill with, or tested positive for, COVID-19? (% who say "yes")*

Loss of a primary income source

The impacts of the pandemic go beyond the heavy burden they placed on health-care systems around the world. COVID-19 also had a significant impact on people's livelihoods. While some people were able to work remotely during lockdowns, others lost their jobs or had to close their businesses. To estimate these economic effects, Afrobarometer asked respondents whether they or a member of their household "temporarily or permanently lost a job, business, or primary source of income."

Across the 39-country sample, 29% of respondents say they lost a primary income source – twice the proportion who report a COVID-19 infection in the household[2] (Figure 5). Seychelles records the smallest proportion of people who lost a major income source (11%) even though it has the largest proportion of people who became sick or tested positive (61%). At the other end of the spectrum, at least half of Kenyans (55%) and Ugandans (50%) report that they lost a job, a business, or a primary income source due to COVID-19.

When we examine who was likely to suffer negative economic consequences from the pandemic, we find that a higher proportion of urban than rural households lost income sources (32% vs. 25%) (Figure 6). The share of households that lost jobs or other revenue sources increases with lived poverty, ranging from 20% of the wealthiest to 32% of the poorest.

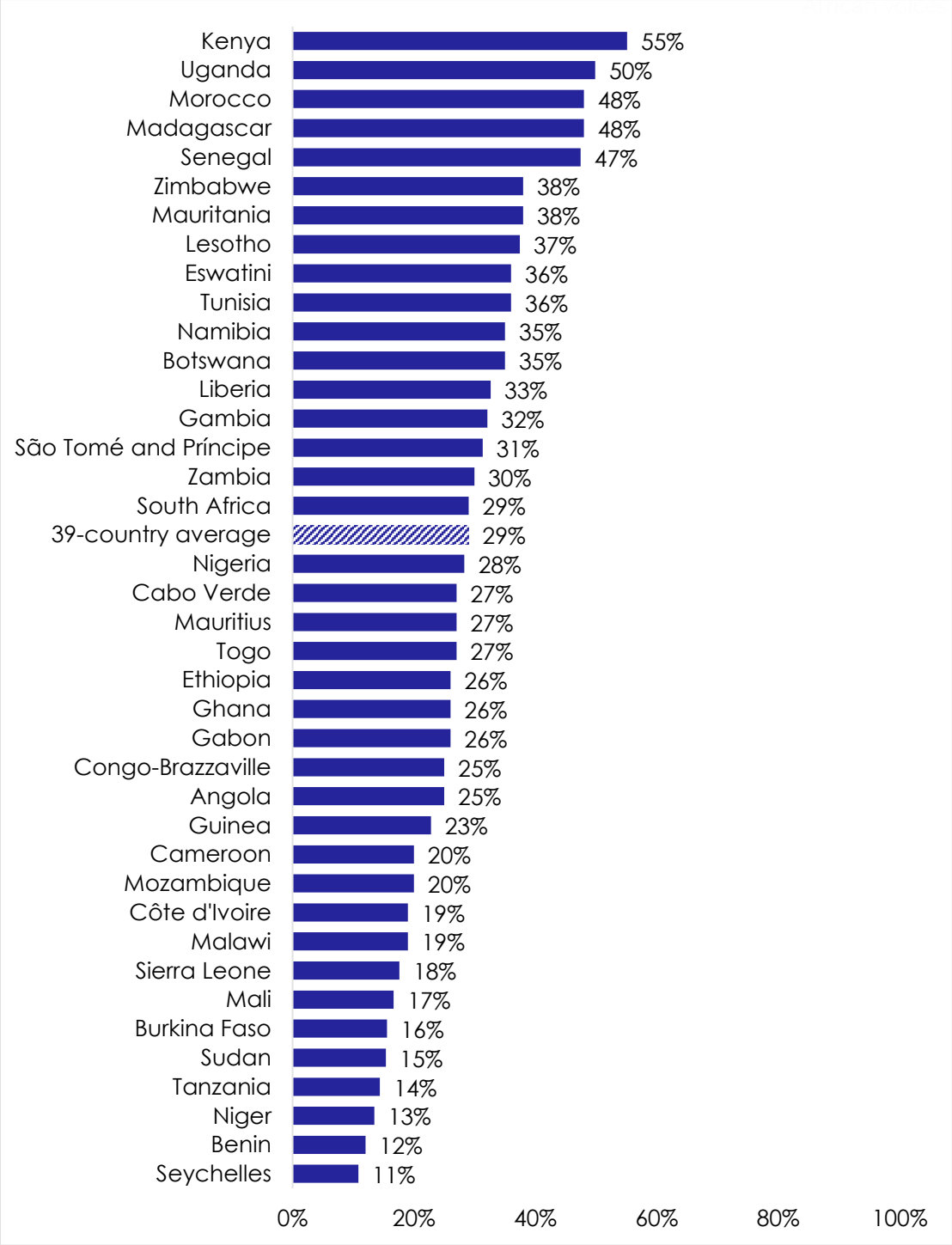
The idea of "essential" and "non-essential" workers was controversial at the peak of COVID-19 (Wickham, 2022), creating significant debate about which professions are essential during a pandemic. While 30% of respondents working in the formal sector (e.g. artisans, supervisors, managers) report the loss of a job or primary source of income in the household, this negative impact affected 35% of people working in the informal or vocational sector (e.g. traders, vendors, unskilled manual workers) and typically more vulnerable to lived poverty.

However, respondents with a computer and frequent access to the Internet are not automatically beneficiaries of remote work that would allow them to avoid losing their source of income; in fact, they are somewhat more likely to report the loss of an income source than those who don't have a computer and those who never use the Internet. This suggests that personal resources by themselves are insufficient to explain economic vulnerability during this time and that the sector one works in matters.

[2] An individual-level correlation test between the health and economic effects returns a Pearson correlation coefficient of 0.137 (2-tailed, significant at the .01 level), suggesting that the two variables move in the same direction, but the correlation is weak.

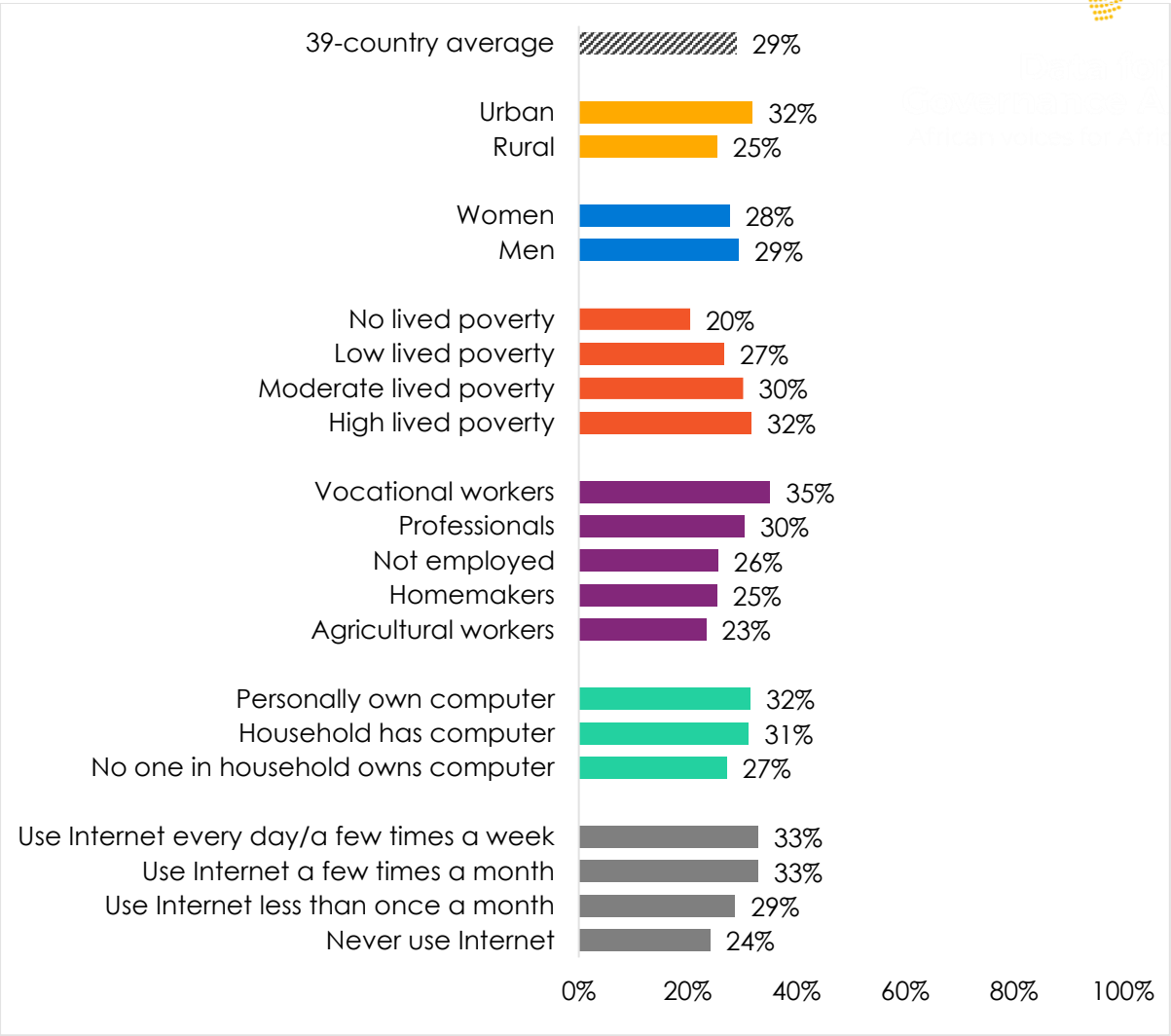
This is also supported by the finding that agricultural workers (23%) were least likely to be negatively affected economically, as the agricultural sector remained important for food production during the pandemic.

Figure 5: Lost primary income source because of COVID-19 | 39 countries | 2021/2023



Respondents were asked: *Please tell me whether you personally or any other or any other member of your household have been affected in any of the following ways by the COVID-19 pandemic: Temporarily or permanently lost a job, business, or primary source of income? (% who say "yes")*

Figure 6: Lost primary income source because of COVID-19 | by demographic group | 39 countries | 2021/2023



Respondents were asked: *Please tell me whether you personally or any other or any other member of your household have been affected in any of the following ways by the COVID-19 pandemic: Temporarily or permanently lost a job, business, or primary source of income? (% who say "yes")*

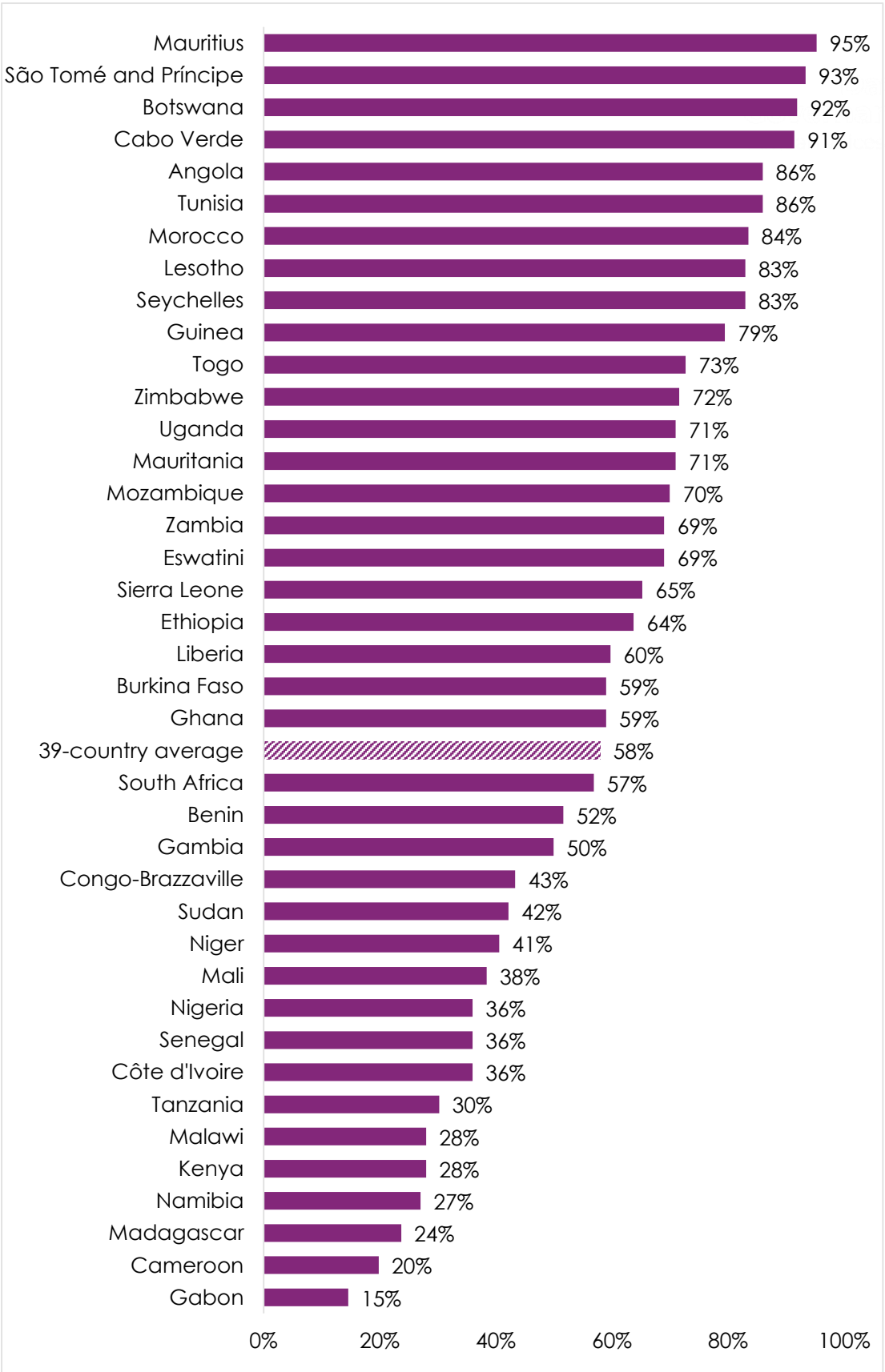
Vaccine uptake and safety

Globally, vaccines became publicly available in late 2020, and rollouts in African countries started in early 2021 and progressed very slowly. According to the WHO regional office, by the end of 2021 (WHO, 2022), about 179.3 million doses of COVID-19 vaccines had been administered in 47 African countries, and 76,162,804 people (6.8% of the population) were fully vaccinated (Masresha, Ruiz, Atuhebwe, & Mihigo, 2022).

Survey findings suggest that vaccine uptake increased dramatically in the following months (Figure 7). During the time in which Afrobarometer conducted its fieldwork, self-reported vaccination rates ranged from 15% in Gabon to 95% in Mauritius, with a continental average of 58%. The five countries that report the largest proportions of COVID-19 infections (Tunisia, Seychelles, Mauritius, Morocco, and Botswana) are also among the top 10 countries in reported COVID-19 vaccinations.[3]

[3] At the individual level, a positive and statistically significant correlation exists between becoming sick or testing positive with COVID-19 and receiving a COVID-19 vaccination (r=155; p<0.001).

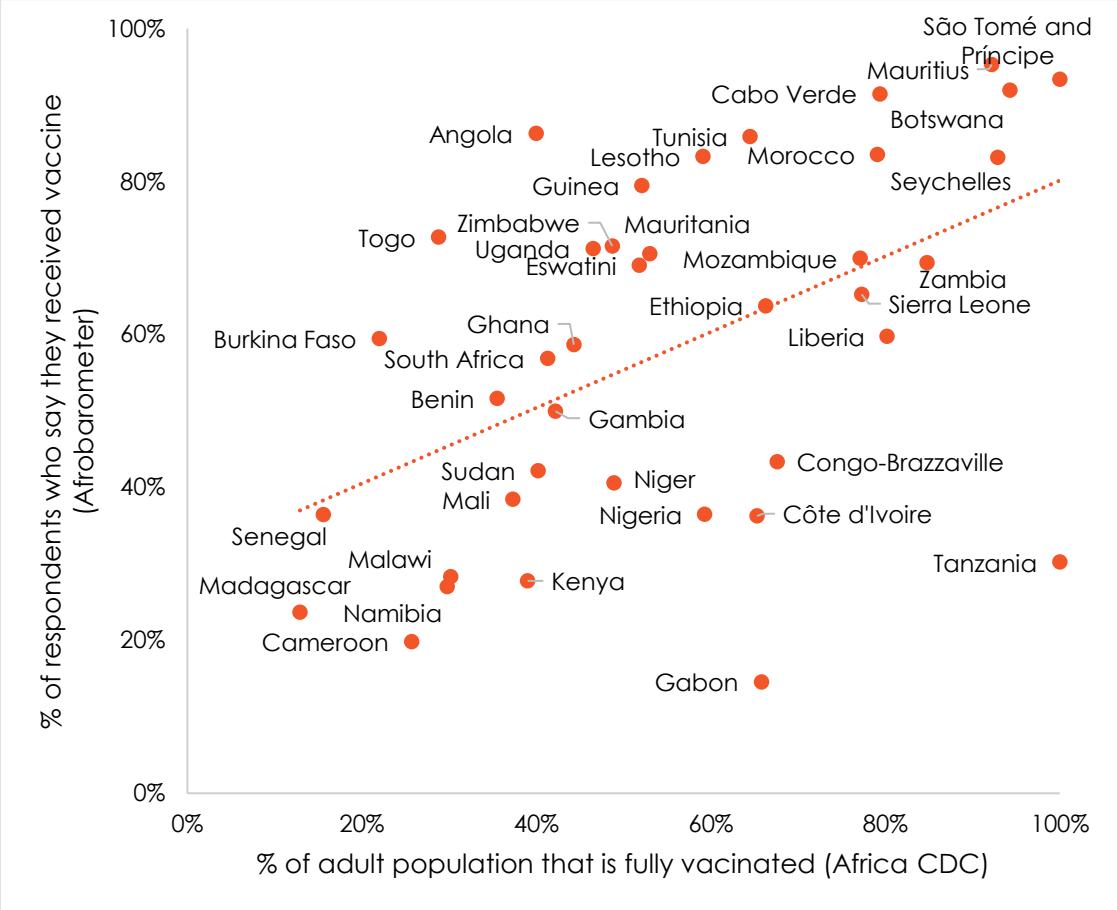
Figure 7: Received COVID-19 vaccination | 39 countries | 2021/2023



Respondents were asked: *Have you received a vaccination against COVID-19, either one or two doses? (% who say "yes")*

One might wonder to what extent citizens and governments over-report vaccine uptake. Social desirability bias might lead individuals to say they were vaccinated even if they were not, and countries might inflate their reported vaccination rates to project government efficiency. While we can't provide conclusive answers to this question, a comparison of survey responses and official data collated by the Africa CDC suggests that the two are relatively consistent (r=0.508, p<0.001) (Figure 8).[4]

Figure 8: Received COVID-19 vaccination | Afrobarometer and CDC Africa | 2020-2023

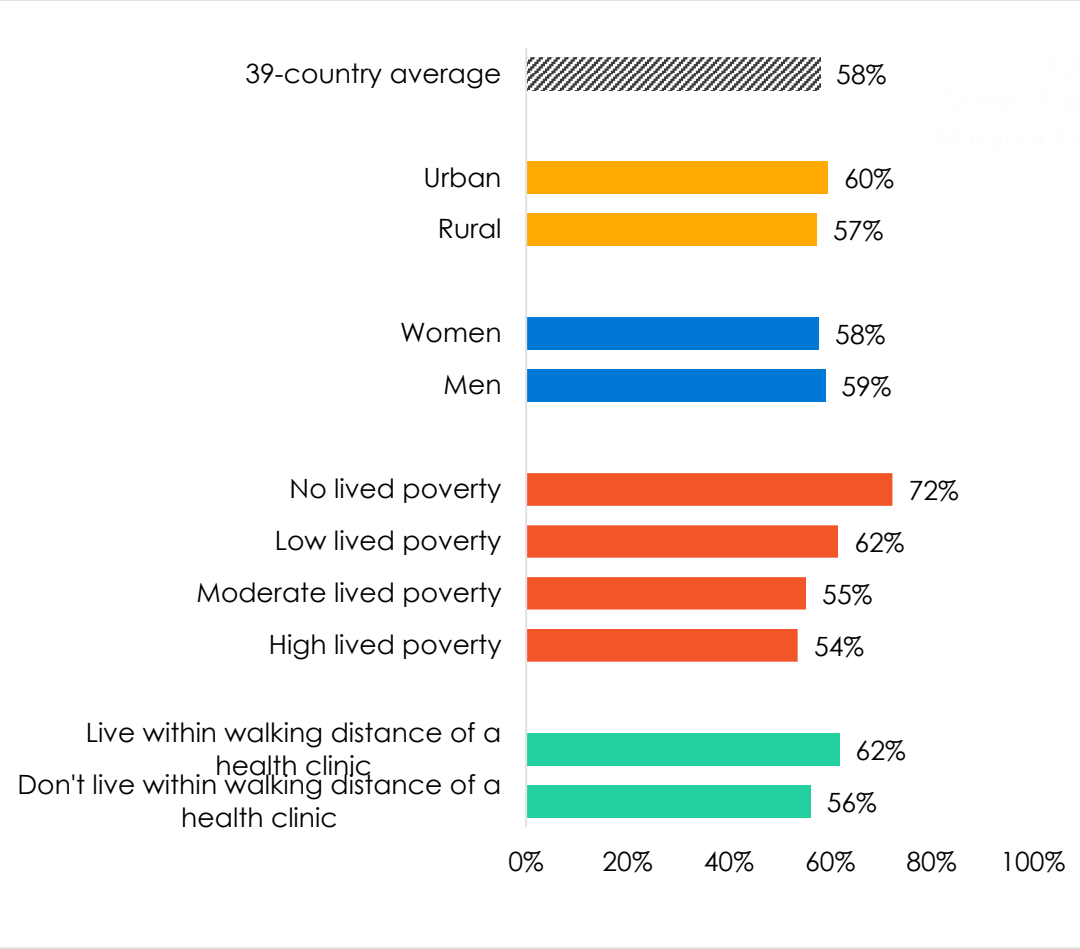


***Note**: The Africa CDC vaccination statistics are based on the eligible population aged 18 and above.*

Breaking down the data by demographic variables, we see that citizens living in enumeration areas with a nearby medical clinic (62%) are more likely to be vaccinated than those who do not live close to a clinic (56%). In contrast, the difference between urbanites and rural dwellers, as well as between men and women, is negligible (Figure 9). As on the question regarding COVID-19 infections, economically better-off Africans are also more likely to report having received vaccinations than their poorer counterparts.

[4] If Tanzania and Gabon – two clear outliers – are excluded, the correlation is even stronger (r=0.67, p<0.001).

Figure 9: Received COVID-19 vaccination | by demographic group | 39 countries | 2021/2023



Respondents were asked: *Have you received a vaccination against COVID-19, either one or two doses? (% who say "yes")*

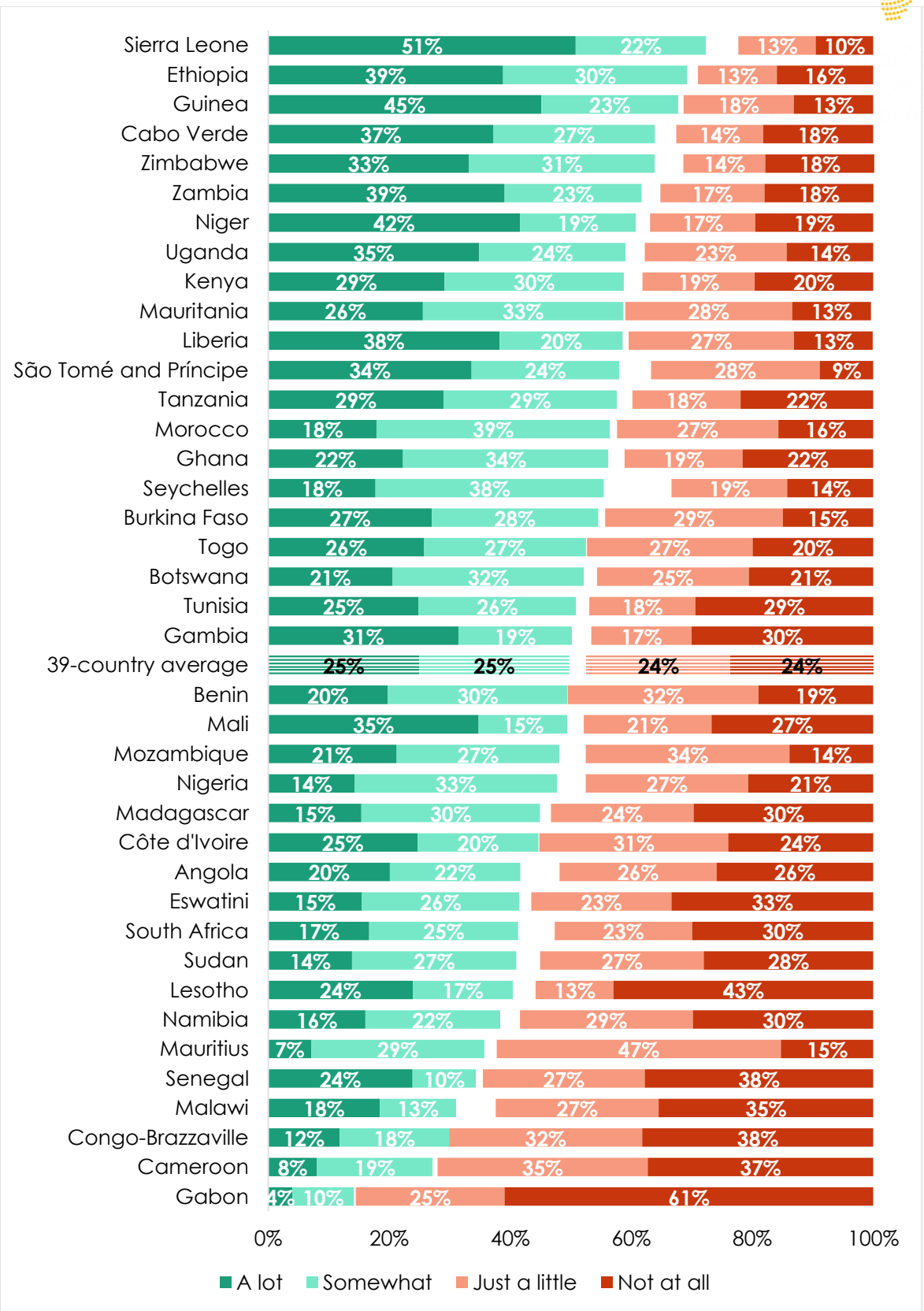
COVID-19 vaccine hesitancy was reported around the world (Ackah et al., 2022; Lazarus et al., 2022; Majid, Ahmad, Zain, Akande, & Ikhlaq, 2022). And since it was mostly governments that provided vaccines, an important related question is whether citizens trust their governments to ensure that vaccines they receive are safe (Kugarakuripi & Ndoma, 2022).

On average across 39 countries, half of respondents say they trust their government "somewhat" or "a lot" to ensure the safety of any vaccines offered to them (Figure 10). In Sierra Leone, 72% of respondents express trust in the government to ensure vaccine safety, compared to 69% and 68% in Ethiopia and Guinea, respectively.[5]

At the other extreme, fewer than one in three citizens trust their government to ensure vaccine safety in Gabon (14%), Cameroon (27%), Congo-Brazzaville (30%), and Malawi (31%).

[5] Due to rounding, percentages for combined categories reported in the text may differ slightly from the sum of sub-categories shown in figures (e.g. for Sierra Leone, 51% "trust a lot" and 22% "trust somewhat" sum to 72%).

Figure 10: Trust government to ensure safety of COVID-19 vaccine | 39 countries | 2021/2023



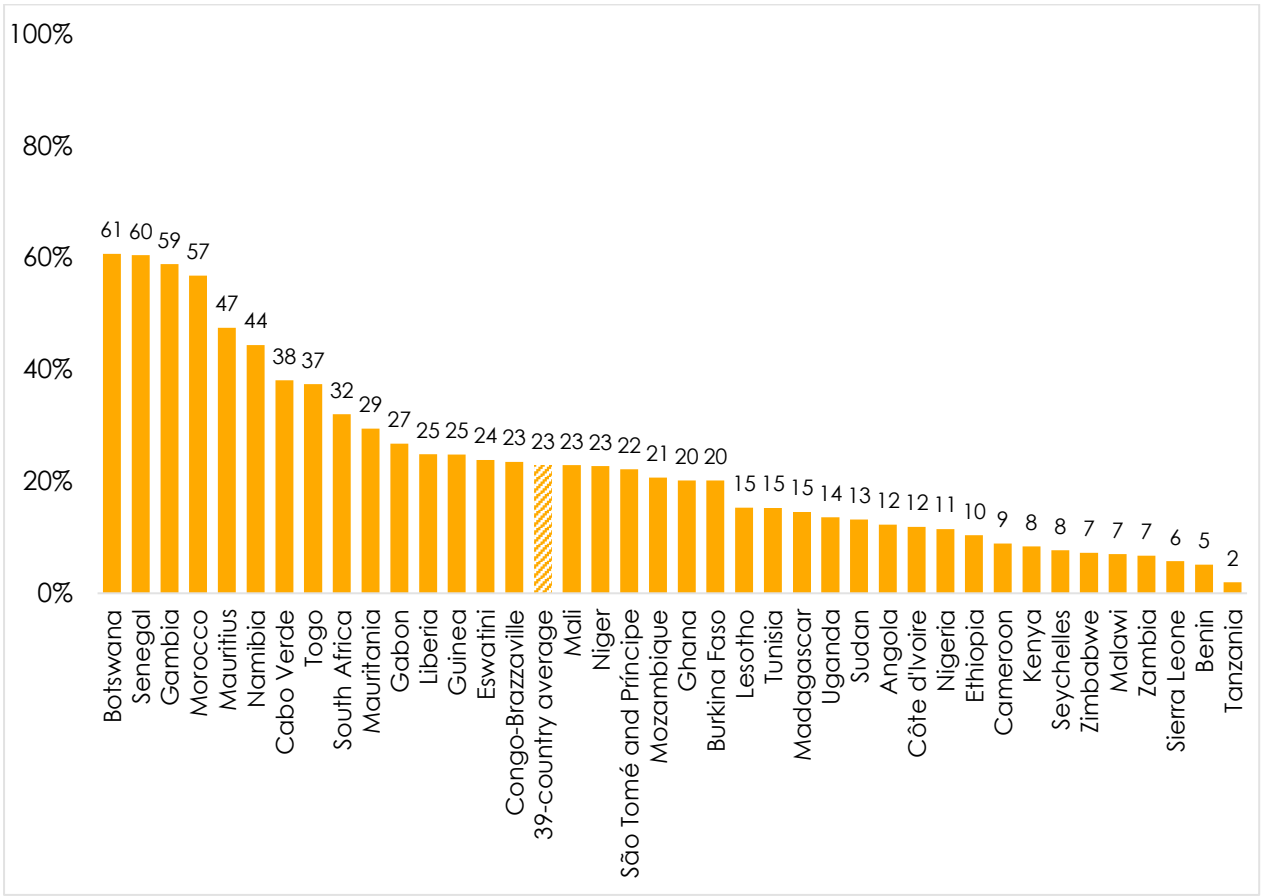
Respondents were asked: *How much do you trust the government to ensure that any vaccine for COVID-19 that is developed or offered to [this country's] citizens is safe before it is used in this country?*

Government response and assistance

The pandemic put unusual and unequal constraints on people's ability to provide for themselves, contributing to an increase in lived poverty in Africa (Mattes & Patel, 2022). To help them weather the pandemic, many governments provided at least basic levels of assistance to their citizens. Although some countries had much deeper pockets than others to rely on, their policy responses and eventual distribution of relief packages to citizens were also shaped by varying levels of state capacity (Capano, Howlett, Jarvis, Ramesh, & Goyal, 2020; Dorlach, 2022).

On average across 39 countries, fewer than a quarter (23%) of Africans say they received pandemic-related assistance such as cash, food, and bill payment from their government (Figure 11). Majorities report benefiting from aid in Botswana (61%), Senegal (60%), the Gambia (59%), and Morocco (57%). But in nine countries, fewer than one in 10 respondents report the receipt of COVID-19 relief from the government, including just 2% in Tanzania and 5% in Benin.

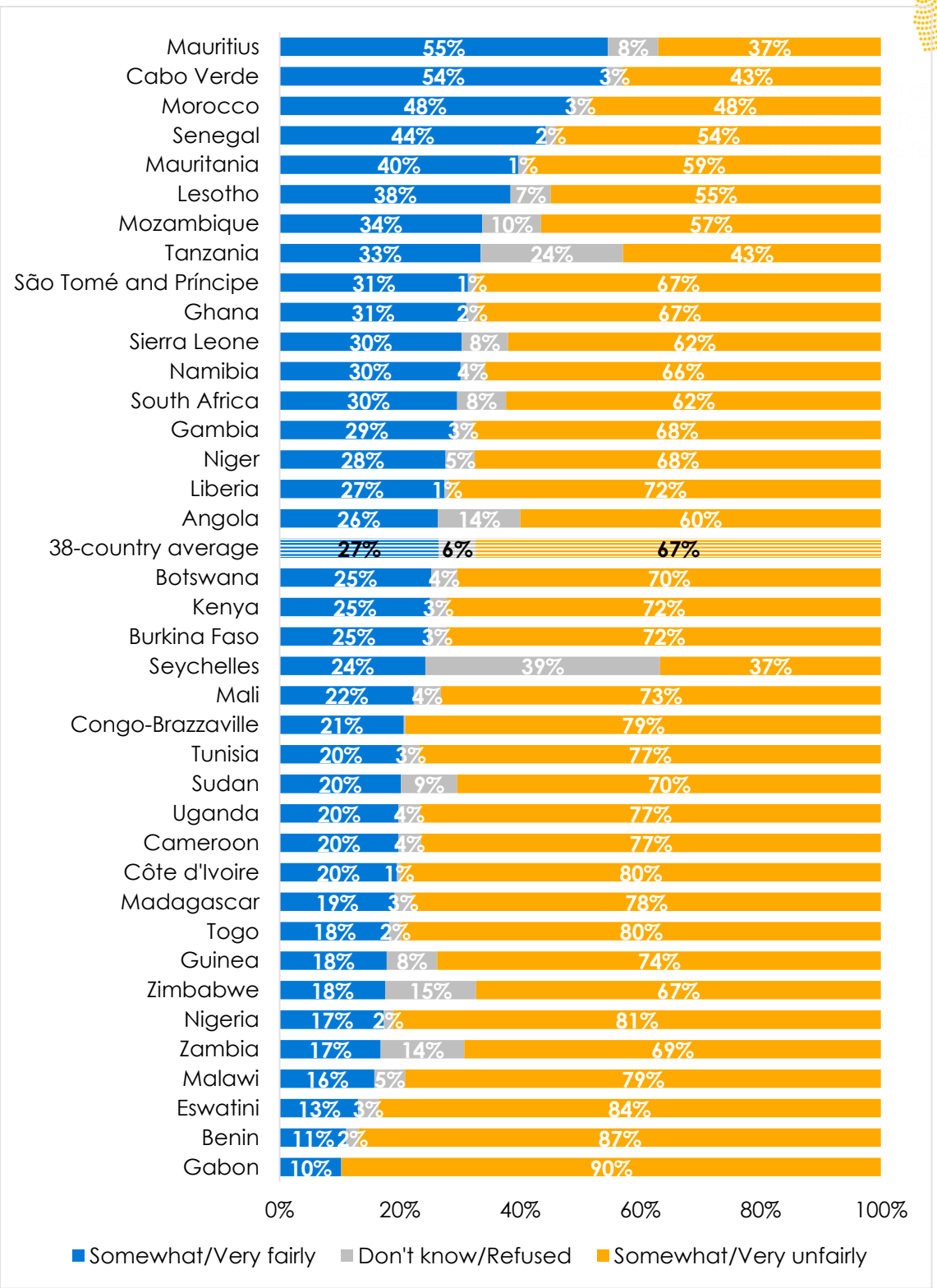
Figure 11: Received pandemic-related government assistance | 39 countries | 2021/2023



Respondents were asked: *Since the start of the COVID-19 pandemic, have you or your household received any assistance from government, like food, cash payments, relief from bill payments, or other assistance that you were not normally receiving before the pandemic? (% who say "yes")*

As with any distribution of emergency relief, a key question is whether it was distributed fairly. Across Africa, two-thirds (67%) say this was not the case (Figure 12). Only in Mauritius (55%) and Cabo Verde (54%) do more than half of respondents think the distribution of assistance was fair, while more than eight in 10 citizens disagree in Gabon (90%), Benin (87%), Eswatini (84%), and Nigeria (81%).

Figure 12: COVID-19 relief assistance distributed fairly | 38 countries* | 2021/2023

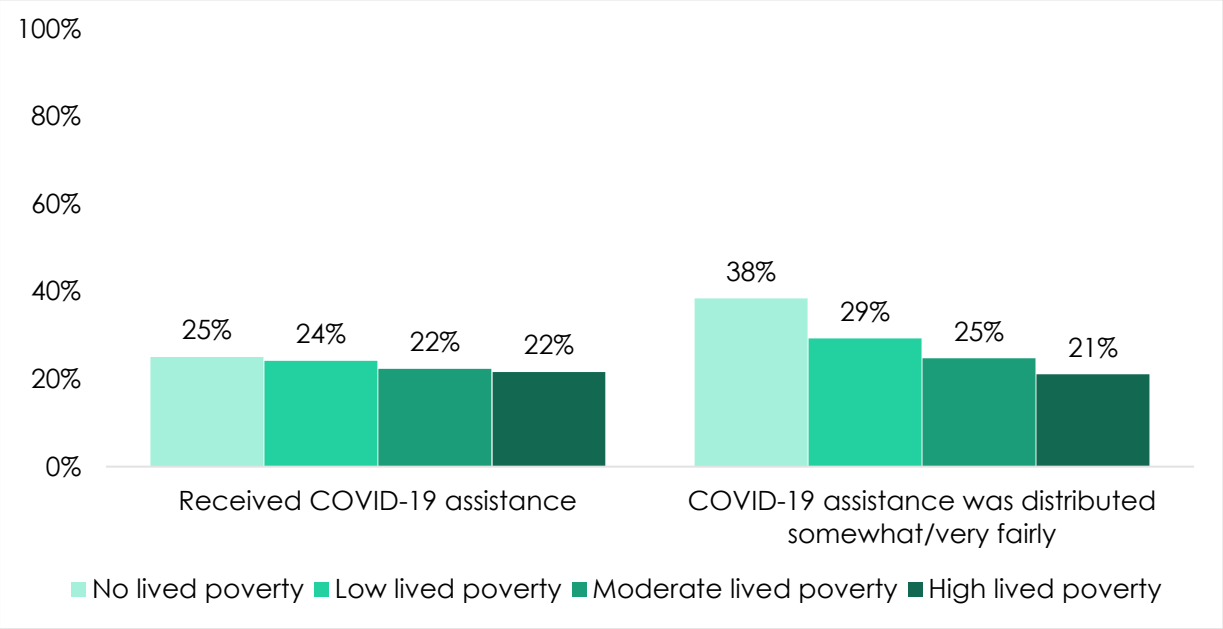


Respondents were asked: *Do you think that the distribution of government support to people during the COVID-19 pandemic, for example through food packages or cash payments, has been fair or unfair?*
** Question was not asked in Ethiopia.*

Citizens are likely to benefit from government relief programs to varying degrees. In particular, there may be good reasons to channel support to the poorest in society.

Ironically, those who did not experience material deprivation (as measured by Afrobarometer's Lived Poverty Index) were slightly more likely to receive COVID-19 relief than those experiencing high lived poverty (25% vs. 22%) (Figure 13). And the best-off respondents are far more likely to say that the distribution of COVID-19 relief was fair than the poorest respondents (38% vs. 21%).

Figure 13: COVID-19 relief assistance | by lived poverty | 39 countries | 2021/2023



Respondents were asked:

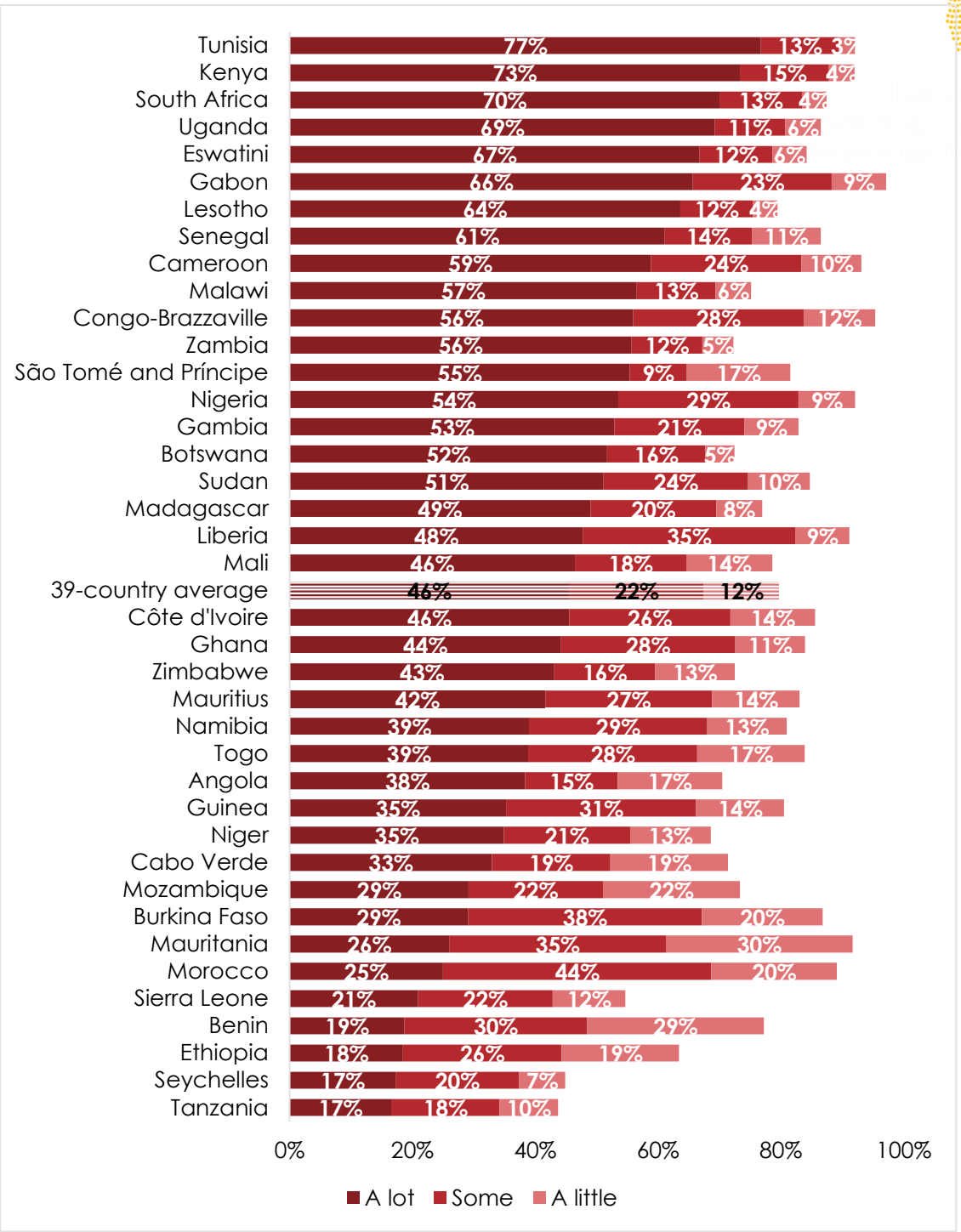
Since the start of the COVID-19 pandemic, have you or your household received any assistance from government, like food, cash payments, relief from bill payments, or other assistance that you were not normally receiving before the pandemic? (% who say "yes")
Do you think that the distribution of government support to people during the COVID-19 pandemic, for example through food packages or cash payments, has been fair or unfair?

The charge of pandemic profiteering is often levelled against pharmaceutical and other companies that make large profits from the sales of vaccines, foods, and energy (Oxfam, 2020; Al Jazeera, 2022). However, a second group that was often implicated in pandemic-related corruption scandals is government officials and politicians, accused of offences ranging from the diversion of COVID-19 funds (Fauvet, 2023) to the hoarding of COVID-19 relief packages (Aluko, 2020).

On average, almost half (46%) of citizens say "a lot" of government funds meant to combat and respond to COVID0-19 were lost to corruption, while 22% think "some" and 12% think "a little" were stolen (Figure 14). Only 7% say none of the funds were lost to corruption.

About three-fourths of Tunisians (77%) and Kenyans (73%) believe that corruption claimed "a lot" of resources intended for the fight against COVID-19, the majority view in 17 countries. Fewer than one in five citizens share this assessment in Tanzania (17%), Seychelles (17%), Ethiopia (18%), and Benin (19%).

Figure 14: Level of COVID-19 corruption | 39 countries | 2021/2023



Respondents were asked: *Considering all of the funds and resources that were available to the government for combating and responding to the COVID-19 pandemic, how much do you think was lost or stolen due to corruption?*

We can examine citizens' evaluations of government performance during the pandemic more closely in three key areas: providing assistance to vulnerable households, minimising disruptions to children's education, and ensuring that health facilities had adequate resources.

Table 1 displays the country scores on each of these aspects, as well as an average score (last column).

Table 1: Provision of relief materials and resourcing health facilities | 39 countries | 2021/2023

Country	Providing relief	Minimising education disruption	Resourcing health facilities	Average
Ethiopia		74%	77%	75%
Sierra Leone	59%	77%	81%	72%
Tanzania	61%	75%	79%	72%
Cabo Verde	66%	71%	71%	69%
Senegal	66%	62%	74%	67%
Zambia	46%	75%	75%	65%
São Tomé and Príncipe	61%	67%	67%	65%
Liberia	53%	61%	64%	59%
Botswana	54%	63%	61%	59%
Mozambique	59%	56%	61%	59%
Mauritania	53%	60%	59%	57%
Ghana	50%	59%	61%	57%
Seychelles	38%	66%	65%	56%
Burkina Faso	42%	60%	64%	55%
Niger	50%	56%	59%	55%
Togo	42%	65%	57%	55%
Malawi	40%	60%	63%	54%
Benin	28%	70%	62%	53%
Mali	44%	57%	58%	53%
Namibia	39%	61%	57%	52%
Morocco	58%	48%	50%	52%
Kenya	36%	62%	57%	52%
South Africa	41%	57%	56%	51%
Côte d'Ivoire	38%	57%	58%	51%
39-country average	*42%*	*54%*	*56%*	*50%*
Guinea	42%	48%	56%	49%
Mauritius	51%	46%	47%	48%
Gambia	48%	47%	46%	47%
Cameroon	38%	49%	52%	46%
Angola	37%	42%	48%	42%
Madagascar	27%	45%	52%	41%
Tunisia	43%	45%	34%	41%
Uganda	33%	35%	53%	40%
Eswatini	32%	38%	41%	37%
Zimbabwe	29%	28%	47%	35%
Nigeria	26%	37%	40%	34%
Congo-Brazzaville	26%	40%	35%	34%
Sudan	32%	34%	29%	31%
Lesotho	29%	21%	31%	27%
Gabon	13%	23%	30%	22%
Key	70-100%	60-69%	50-59%	40-49%
	30-39%	0-29%		

Respondents were asked: *How satisfied or dissatisfied are you with the government's response to COVID-19 in the following areas: Providing relief to vulnerable households? Ensuring that disruptions to children's education are kept to a minimum? Making sure that health facilities have adequate resources to respond to the COVID-19 pandemic? (% who say "fairly well" or "very well")*

Across 39 countries, citizens are less satisfied with the provision of relief materials (average: 42%) than with government efforts to minimise disruption to education (54%) and to ensure adequate resourcing of health facilities (56%).

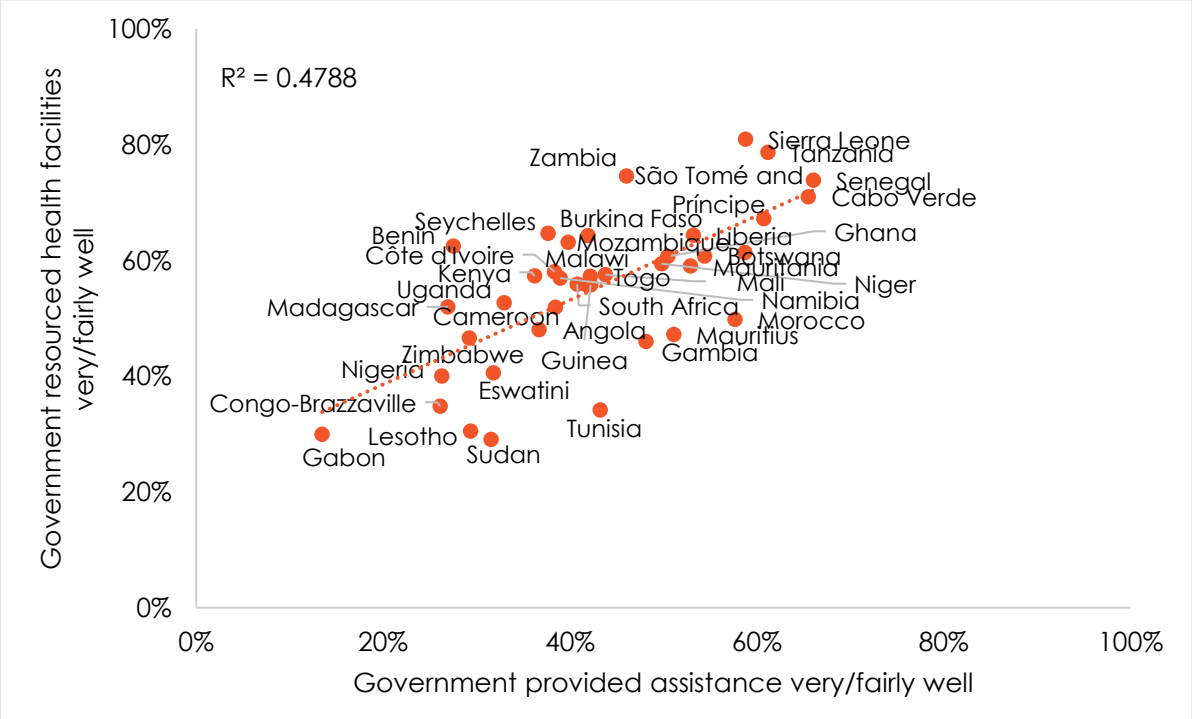
The country-level variation is great on all indicators. With regard to assistance, for example, evaluations are harshest in Gabon (13% satisfied), followed by Congo-Brazzaville and Nigeria (26% each). In contrast, two-thirds of Cabo Verdeans (66%) and Senegalese (66%) express satisfaction with the provision of assistance.

Among the 38 countries with scores in all three response areas, Gabon (22%), Lesotho (27%) and Sudan (31%) record the lowest average performance, while Tanzania (72%), Sierra Leone (72%), and Cabo Verde (69%) fare best.

In many instances, countries that perform well in one area also do relatively well in another area. In Tanzania, Cabo Verde, Senegal, and São Tomé and Príncipe, satisfaction is consistently above 60%. On the other hand, Gabon, Lesotho, and Sudan consistently score below 40%. Figure 15 illustrates a positive linear association between the provision of relief and the adequate resourcing of health facilities.

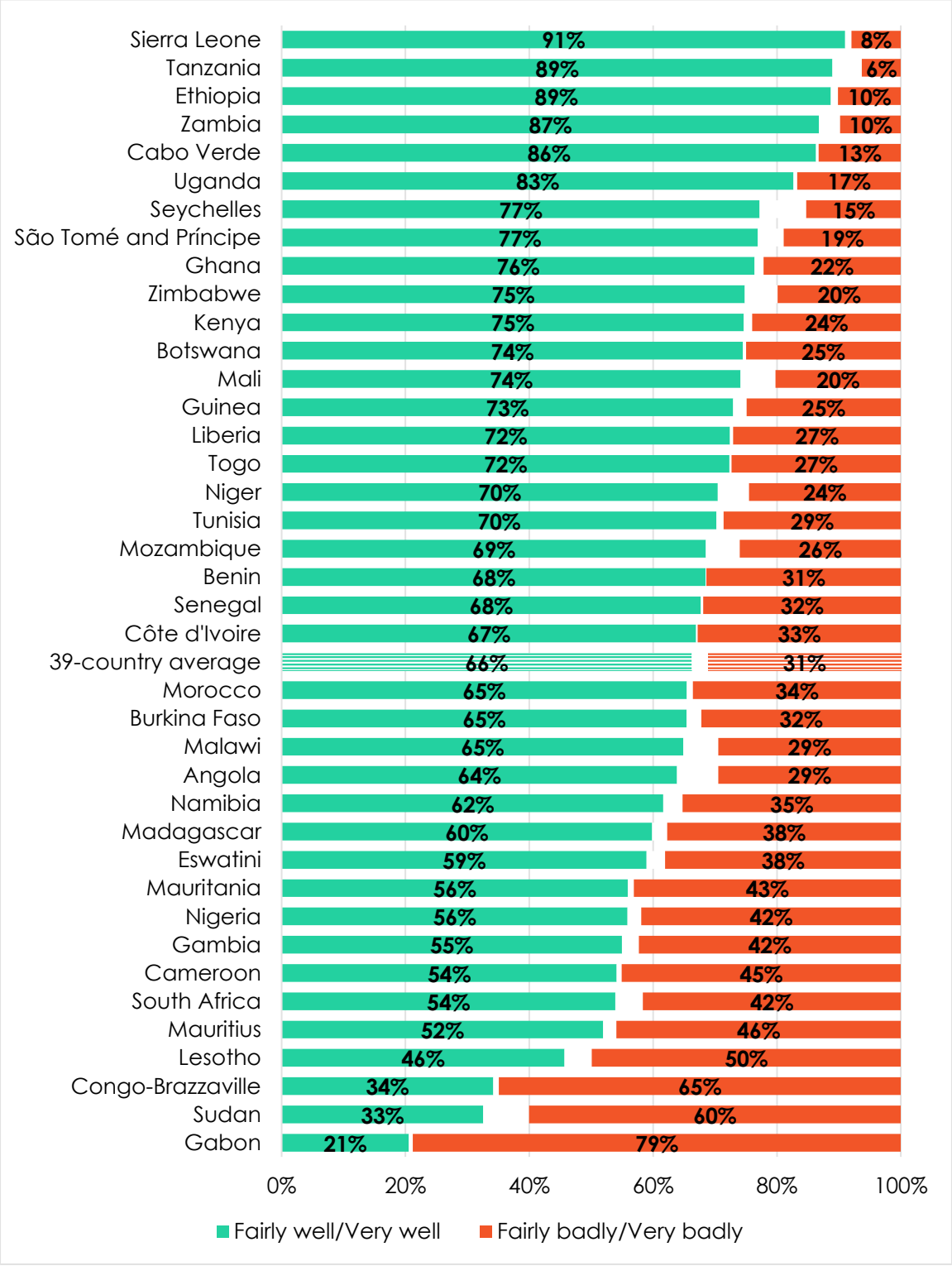
However, in the eyes of citizens, countries did not always perform consistently well (or poorly) across all three areas. In Madagascar, for example, only 27% of respondents report satisfaction with the provision of assistance, but 45% and 52%, respectively, are satisfied with the government's efforts to minimise disruptions in education and resource health facilities. Seychelles, Namibia, Sierra Leone, Burkina Faso, Togo, Benin, Côte d'Ivoire, Kenya, Madagascar, Uganda and Malawi record differences of at least 20 percentage points between two areas. This might suggest that governments vary in their capacity to respond across different areas, but it is also plausible that governments vary in which measures they prioritise (World Health Organization, 2022).

Figure 15: Provision of assistance and resourcing of health facilities | correlation | 39 countries | 2021/2023



When asked for a summary evaluation of how their government managed the COVID-19 pandemic, two-thirds (66%) of Africans say it did "fairly well" (423%) or "very well" (23%) (Figure 16). Nine out of 10 citizens approve of their government's performance in Sierra Leone (91%), Tanzania (89%), and Ethiopia (89%). In only four countries is approval a minority view: Lesotho (46%), Congo-Brazzaville (34%), Sudan (33%), and Gabon (21%).

Figure 16: Handling managing COVID-19 response | 39 countries | 2021/2023



Respondents were asked: *How well or badly would you say the current government has managed the response to the COVID-19 pandemic?*

Public approval of government performance has been a valuable currency throughout the COVID-19 pandemic and is likely to matter in future public health crises as well. Therefore, an important question is which aspects are most likely to drive citizens' overall approval ratings. While a comprehensive analysis is beyond the scope of this paper, an exploratory analysis can test to what extent evaluations of a government's ability to provide material relief, minimise disruptions to education, and resource health facilities shape citizens' overall view of government performance. As can be seen in Table 2, satisfaction with the provision of assistance is only very weakly associated with overall performance evaluations. Meanwhile, the other two factors – minimising educational disruptions and resourcing health facilities – display much stronger correlations. These results hold even after we account for respondents' gender, age, education, material wealth, and location (urban vs. rural). (See Table A.2 in the Appendix for the regression results.) These results, as well as additional analyses along these lines, have the potential to guide future government action in similar crises.

Table 2: Individual-level correlation: Satisfaction with provision of assistance and resourcing of health facilities vs. government handling of COVID-19 response | 39 countries | 2021/2023

		Handling of COVID-19 response
Satisfaction with government	Providing assistance	.097**
	Minimising education disruptions	.327**
	Resourcing health facilities	.386**

***Note**: ** Correlation is significant at the 0.01 level (2-tailed).*

Public support for limiting democracy during a public health crisis

In moments of crisis, citizens often look to their government for help. At the same time, our findings regarding government corruption and performance indicate that there are also instances in which citizens' voices and mechanisms of accountability have an important role to play. In the face of social-distancing measures, school closures, and strained health-care systems, to what extent are African citizens comfortable with government overriding aspects of democratic accountability and political restraint?

Afrobarometer asked citizens three related questions: When the country is facing a public health emergency like the COVID-19 pandemic, do you agree or disagree that it is justified for the government to temporarily limit democracy or democratic freedoms by taking the following measures: 1) Censoring media reporting? 2) Using the police and security forces to enforce public health mandates like restrictions on public gatherings or wearing face masks? 3) Postponing elections?

On average, Africans are more likely to concede the use of the security apparatus to enforce public health mandates (67% average) than the postponement of elections (49%) and censorship of the media (42%). But countries vary widely in their acceptance of limits on democracy. Looking at average agreement with all three measures, Gabon records the lowest score (26%), followed by Angola (30%) and Malawi (30%). Liberia has the highest average at 80%, followed by Ethiopia (71%), Morocco (70%), and Mali (70%).

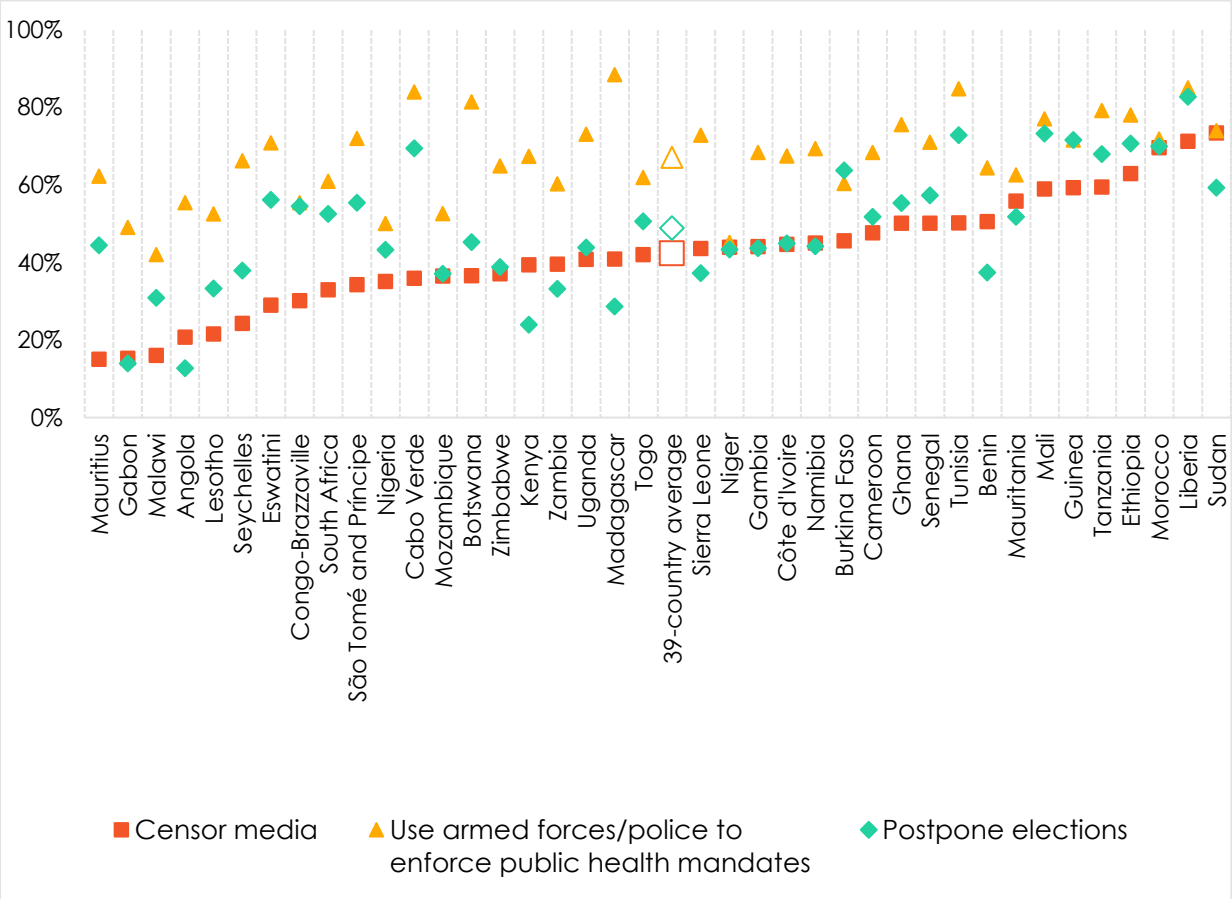
Media censorship during a pandemic is widely acceptable in Sudan (73%), Liberia (71%), and Morocco (70%), but only 15% of Mauritians and Gabonese agree. In Mali, 77% of the respondents agree that the government should be able to use security forces to enforce public health mandates, compared to fewer than half in Malawi (42%), Niger (45%), and Gabon (49%).

Throughout 2020 and 2021, several African countries were scheduled to hold national elections, including some high-visibility contests. For example, after a court annulled the results of their 2019 presidential election, Malawians went to the polls in June 2020 and

elected Lazarus Chakwera as the country's new president. Similarly, in Ghana a hotly contested election went ahead in December 2020, producing a hung Parliament (137 members each from the New Patriotic Party and the National Democratic Congress). Meanwhile, the 2021 Zambian election produced an electoral turnover despite a hostile environment for opposition political parties. Given these landmark elections, it is perhaps not surprising that only 31% of Malawians, 55% of Ghanaians, and 33% of Zambians favour government temporarily limiting democracy by postponing elections.

The extent to which citizens are prepared to limit democratic accountability and rights not only varies across countries, but also within countries across different measures. For example, in Kenya, only one-quarter (24%) of citizens agree that the government is justified in postponing elections, while two-thirds (67%) endorse using the security apparatus to enforce health mandates (Figure 17).

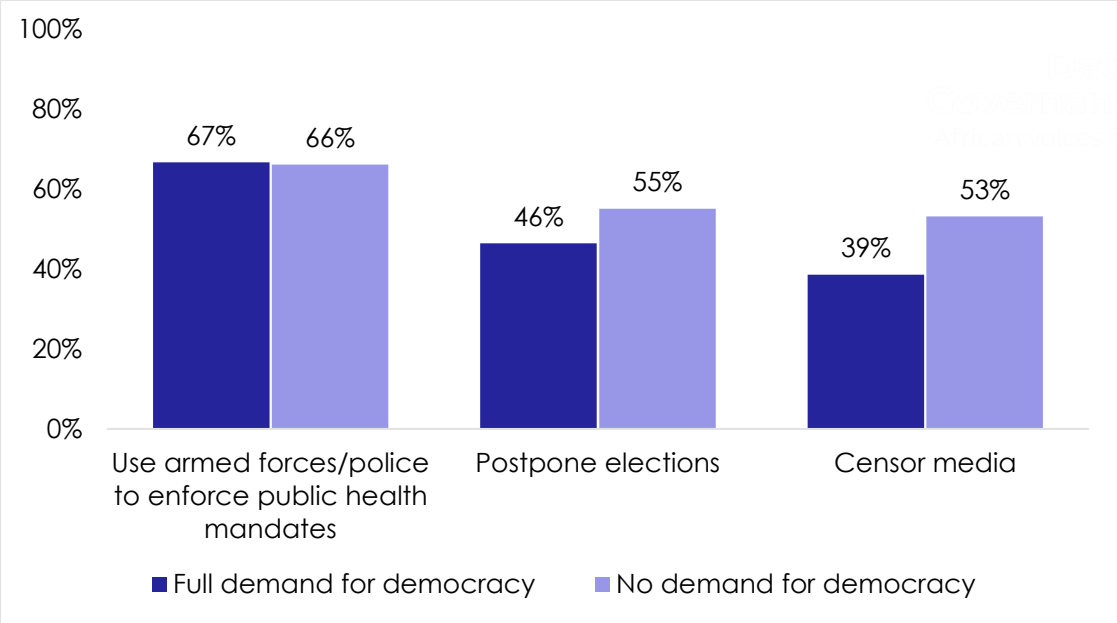
Figure 17: Limiting democracy during a public health crisis | 39 countries | 2021/2023



Respondents were asked: *When the country is facing a public health emergency like the COVID-19 pandemic, do you agree or disagree that it is justified for the government to temporarily limit democracy or democratic freedoms by taking the following measures: Censoring media reporting? Using the police and security forces to enforce public health mandates like restrictions on public gatherings or wearing face masks? Postponing elections? (% who "agree" or "strongly agree")*

As one might expect, citizens who are strongly committed to democracy are less likely to agree to curtailment of broad democratic rights by censoring the media (39% vs. 53%) and postponing elections (46% vs. 55%) (Figure 18). However, we find virtually no difference when it comes to a narrower intervention such as the use of the armed forces or the police to enforce public health mandates (67% vs. 66%).

Figure 18: Support for limiting democracy | by level of support for democracy | 39 countries | 2021/2023



Full demand for democracy: *% who prefer democracy to any other kind of government and reject all three authoritarian alternatives that the survey asked about (one-person rule, one-party rule, and military rule)*
No demand for democracy: *% who do not prefer democracy and do not reject any of the three alternatives.*
This index was originally designed by Bratton, Mattes, and Gyimah-Boadi (2005).

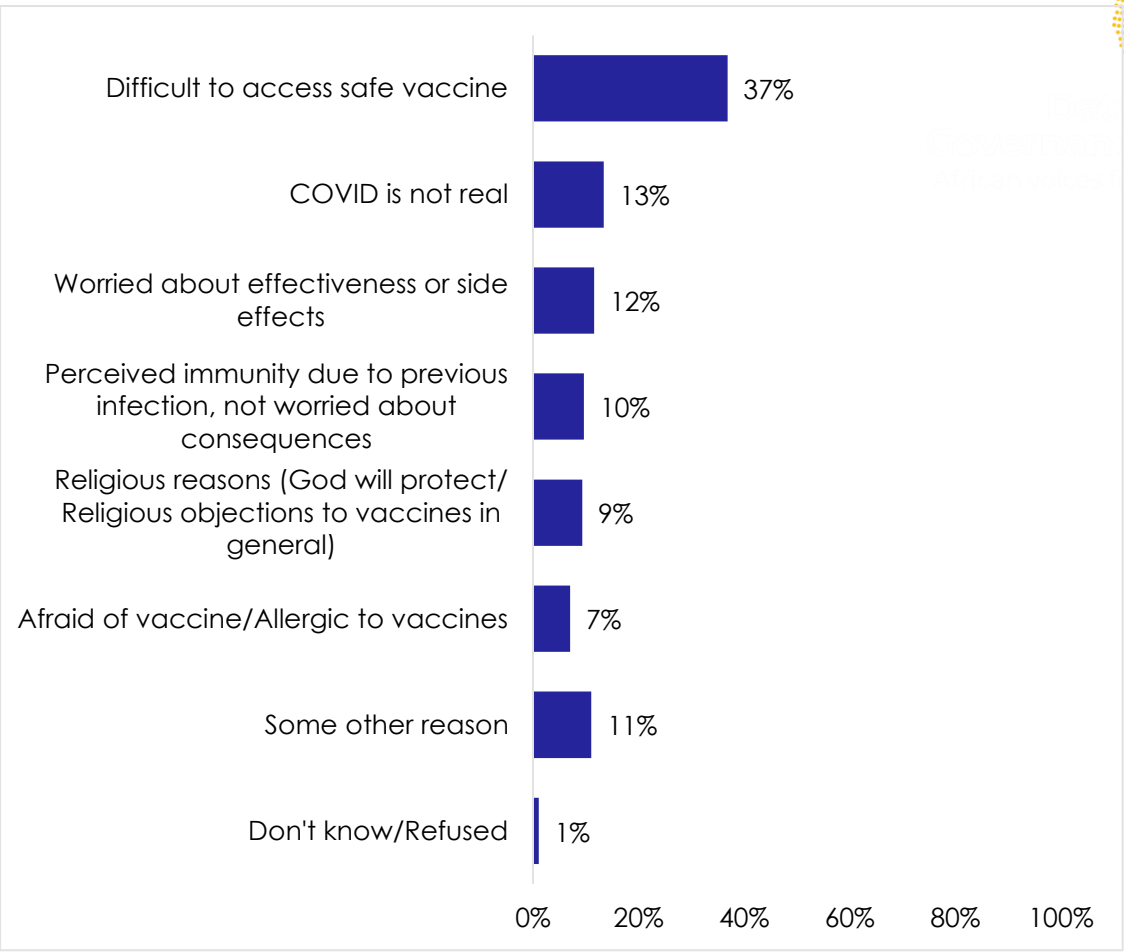
Future pandemics

Three years after COVID-19 was declared a "global health emergency," the World Health Organization reclassified it as a "global health threat," officially declaring the end of the pandemic (British Medical Journal, 2023). Although the acute threat of COVID-19 has decreased, it is unlikely to have been the last pandemic. Indeed, climate change might increase the possibility of another pandemic (Heymann, Ross, & Wallace, 2022).

Whenever the next pandemic might occur, governments are likely once again to face the challenge of having to administer vaccines to citizens. In addition to significant administrative challenges, our findings suggest that many Africans do not trust that their government will provide safe vaccines (Figure 10). What might be the reasons behind their vaccine hesitancy, and could future governments overcome these in case of another pandemic? To explore answers to this question, Afrobarometer asked citizens who reported not taking the vaccine about the main reason behind their decision.

As shown in Figure 19, more than a third (37%) say it is due to the difficulty of accessing safe vaccines. But 13% say it's because COVID-19 is not real, and 12% say they refuse vaccines because they doubt their effectiveness or worry about their side effects (see Table A.3 in the Appendix for a more detailed description of the answer categories). This suggests that governments will not only need to improve their capacity to ensure vaccine safety, but will also need to make substantial investments in public education campaigns.

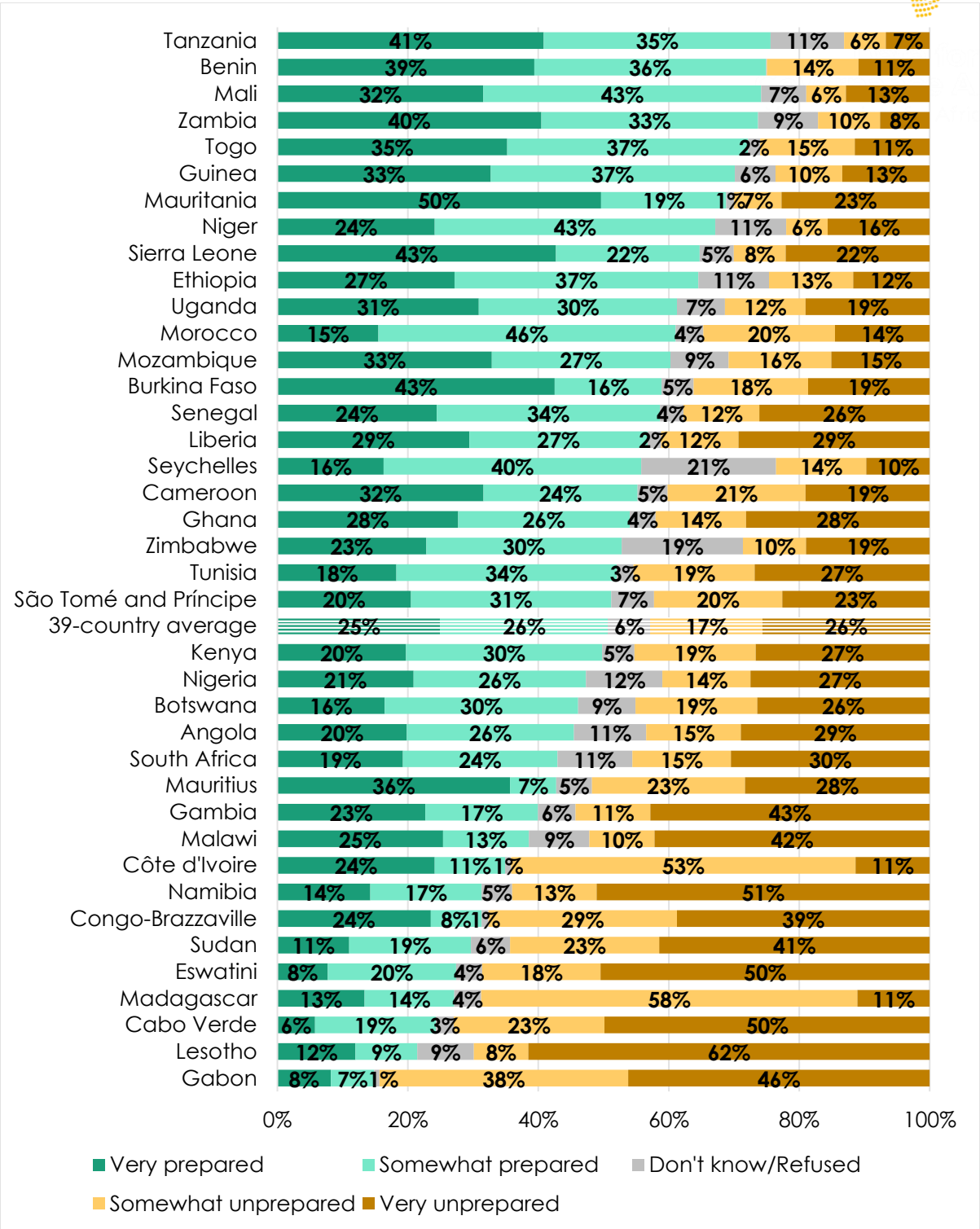
Figure 19: Main reasons for vaccine hesitancy | 39 countries | 2021/2023



Respondents who say they are unlikely to try to get vaccinated were asked: *What is the main reason that you would be unlikely to get a COVID-19 vaccine? (Respondents who say they received a vaccine are excluded.)*

Based on their experience with the COVID-19 pandemic, citizens were asked how prepared they think their government is to deal with future public health emergencies. On average, 51% of Africans believe that their government is "somewhat" (26%) or "very" (25%) prepared, while 43% think it is unprepared (Figure 20). Three-fourths of citizens are confident in their government's preparedness in Tanzania (76%), Benin (75%), Mali (74%) and Zambia (74%). At the other extreme, 84% of Gabonese say their government is unprepared to deal with future health emergencies, as are 73% of Cabo Verdeans, 70% of Basotho, and 69% of Malagasy.

Figure 20: Government preparedness for future health emergencies | 39 countries | 2021/2023

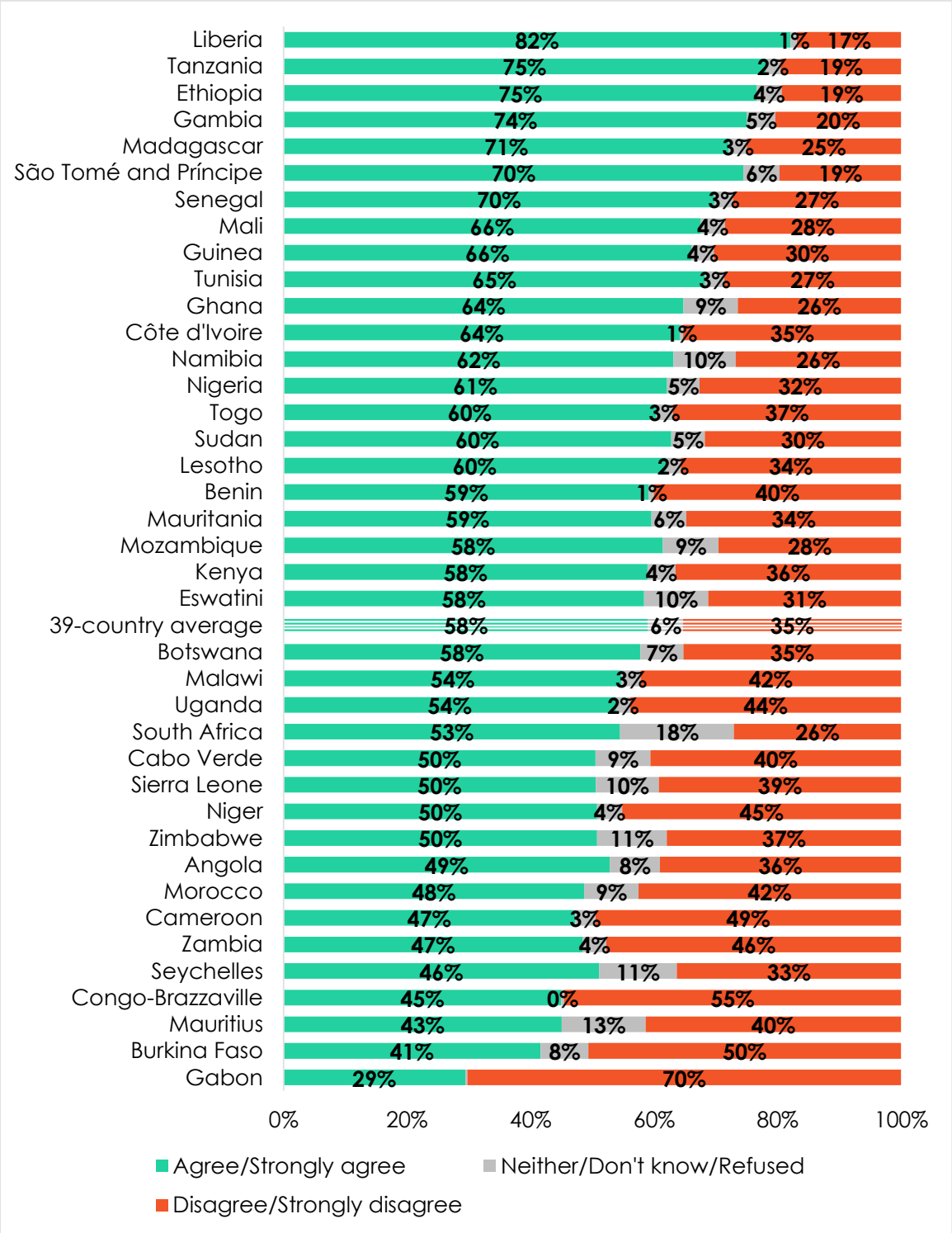


Respondents were asked: *After experiencing the COVID-19 pandemic* in (country)*, how prepared or unprepared do you think the government will be to deal with future public health emergencies?*

Although many aspects of citizens' lives have returned to familiar patterns, and governments have reverted to focusing on other challenges, current governments as well as citizens need to ensure that their countries are prepared for the next pandemic. But do citizens want their government to invest more in preparations for future health emergencies? Almost six out of

10 respondents (58%) want to see additional investments, "even if it means fewer resources are available for other health services" (Figure 21). This number rises to 82% in Liberia and 75% in Tanzania and Ethiopia. In contrast, fewer than half of citizens in nine countries agree, including just 29% of Gabonese.

Figure 21: More investments for future health emergencies? | 39 countries | 2021/2023



Respondents were asked: *Do you agree or disagree with the following statement: Our government needs to invest more of our health resources in special preparations to respond to health emergencies like COVID-19, even if it means fewer resources are available for other health services?*

What explains this variation in citizen evaluations? Drawing on several performance indicators introduced earlier, we can get a glimpse of what is likely to be part of the explanation.

Table 3 shows the correlation between different dimensions of government performance and 1) perceived preparedness for future emergencies and 2) support for investing more in preparations for future health emergencies. Starting with government preparedness, Africans who believe that their government managed the response to the COVID-19 pandemic well are, as might be expected, more likely to say that it is prepared for future health emergencies. This is true for the overall measure (managing the COVID-19 response) as well as the three specific aspects (provision of assistance, minimising education disruptions, and resourcing health facilities). Interestingly, distributing assistance fairly ($r=.114$, $p>.01$) is more strongly correlated with perceptions of government preparedness than whether someone received a relief package at all ($r=.034$, $p<.01$). Building on the importance of fairness, high levels of perceived government corruption have a negative effect on evaluations of preparedness for future pandemics.

With regard to support for more investment in preparations for future health emergencies, the results are weaker but still statistically significant.

Overall, this is good news for governments that have performed well in dealing with the pandemic. However, it should also serve as a warning to elected officials and government bureaucracies that they are unlikely to start with a clean slate when dealing with the next public health emergency. For example, governments that are perceived as failing to adequately resource their health facilities or to minimise disruptions to the education system during the pandemic might consider improving their crisis-response capacities and sharing their efforts with the public.

Table 3: Bivariate correlation between government performance dimensions and preparedness for future pandemics | 39 countries | 2021/2023

	Government preparedness for future health emergencies	More investment for health emergencies
Government handled COVID-19 response fairly/very well	**.387****	**.168****
	(43,080)	(44,842)
Government provided assistance fairly/very well	**.067****	**.063****
	(42,491)	(44,359)
Government minimised education disruptions fairly/very well	**.232****	**.097****
	42,947	44,883
Government resourced health facilities fairly/very well	**.286****	**.120****
	(42,814)	(44,680)
Level of COVID-19 corruption high (some/a lot)	**-.238****	**-.074****
	(38,853)	(40,157)
Received COVID-19 relief assistance	**.034****	**.033****
	(43,503)	(45,557)
COVID-19 relief assistance distributed somewhat/very fairly	**.114****	**.037****
	(42,691)	(44,643)

Note: *Table shows Pearson correlation. ** Correlation is significant at the 0.01 level (2-tailed). Number in parentheses is sample of correlation. "Don't know," "refused," and "missing" responses are excluded.*

Conclusion

The COVID-19 pandemic had significant health and economic consequences for many Africans and often compounded existing challenges for their governments. Although in many ways people's daily lives have returned to "normal," it is important to analyse governments' performance during this challenging time to derive lessons for future health crises. The findings presented in this paper speak to four areas: government assistance to vulnerable households, vaccine uptake and safety, trade-offs between democratic rights and public safety during a crisis, and governments' preparedness for future pandemics.

First, countries' ability to maintain crucial government functions during a crisis is an important dimension of state capacity. The COVID-19 pandemic went on for multiple years, which meant that differences in countries' ability to minimise disruptions to the health and education systems likely compounded over time. While families have continued to feel the impacts of the pandemic long after it was officially declared over, the data presented here suggest that some countries have been better at limiting the negative consequences than others.

Second, rolling out safe vaccines to a population that is informed and willing to take newly developed drugs requires not only technical capacity, but also public trust in the government. The survey data reveal that this was often not achieved. Poor people are less likely to report having taken the vaccine than the wealthy, and only half of respondents trust their government to ensure vaccine safety. Even though two-thirds of respondents say that overall, their government managed the response to COVID-19 well, vaccines are clearly an area where governments can improve their technical capacities as well as their public information campaigns.

Third, governments' management of the pandemic meant that they sometimes tried to limit citizens' democratic freedoms and rights. The extent to which people are prepared to accept these limitations varies not only across countries, but also within countries across different types of freedoms and rights. Faced with hard choices, Africans do not automatically give their government a blank check to do whatever it wants. These findings also have important implications for future crisis responses of electoral management bodies, which must strike a balance between making sure that citizens can exercise their democratic rights during a campaign season and on Election Day while also being protected from the dangers of a health crisis (Macdonald & Molony, 2021).

Fourth, half of Africans in the 39-country sample believe that their government is prepared to combat future pandemics, but almost as many don't, though these numbers vary widely by country. A clear majority, in any case, say their government needs to invest more health resources in special preparations to respond to future health emergencies.

Ultimately, these findings not only provide an assessment of how governments handled the COVID-19 pandemic but may also serve as a milepost for governments learning to strike a fine balance between competing demands during, after, and possibly in advance of a public health crisis.

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Appendix

Table A.1: Afrobarometer Round 9 fieldwork dates and previous survey rounds

Country	Round 9 fieldwork	Previous survey rounds
Angola	Feb.-March 2022	2019
Benin	Jan. 2022	2005, 2008, 2011, 2014, 2017, 2020
Botswana	June-July 2022	1999, 2003, 2005, 2008, 2012, 2014, 2017, 2019
Burkina Faso	Sept.-Oct. 2022	2008, 2012, 2015, 2017, 2019
Cabo Verde	July-Aug. 2022	2002, 2005, 2008, 2011, 2014, 2017, 2019
Cameroon	March 2022	2013, 2015, 2018, 2021
Congo-Brazzaville	June-July 2023	NA
Côte d'Ivoire	Nov.-Dec. 2021	2013, 2014, 2017, 2019
Eswatini	Oct.-Nov. 2022	2013, 2015, 2018, 2021
Ethiopia	May-June 2023	2013, 2020
Gabon	Nov.-Dec. 2021	2015, 2017, 2020
Gambia	Aug.-Sept. 2022	2018, 2021
Ghana	April 2022	1999, 2002, 2005, 2008, 2012, 2014, 2017, 2019
Guinea	Aug. 2022	2013, 2015, 2017, 2019
Kenya	Nov.-Dec. 2021	2003, 2005, 2008, 2011, 2014, 2016, 2019
Lesotho	Feb.-March 2022	2000, 2003, 2005, 2008, 2012, 2014, 2017, 2020
Liberia	Aug.-Sept. 2022	2008, 2012, 2015, 2018, 2020
Madagascar	April-May 2022	2005, 2008, 2013, 2015, 2018
Malawi	Feb. 2022	1999, 2003, 2005, 2008, 2012, 2014, 2017, 2019
Mali	July 2022	2001, 2002, 2005, 2008, 2013, 2014, 2017, 2020
Mauritania	Nov. 2022	NA
Mauritius	March 2022	2012, 2014, 2017, 2020
Morocco	Aug.-Sept. 2022	2013, 2015, 2018, 2021
Mozambique	Oct.-Nov. 2022	2002, 2005, 2008, 2012, 2015, 2018, 2021
Namibia	Oct.-Nov. 2021	1999, 2003, 2006, 2008, 2012, 2014, 2017, 2019
Niger	June 2022	2013, 2015, 2018, 2020
Nigeria	March 2022	2000, 2003, 2005, 2008, 2013, 2015, 2017, 2020
São Tomé and Príncipe	Dec. 2022	2015, 2018
Senegal	May-June 2022	2002, 2005, 2008, 2013, 2014, 2017, 2021
Seychelles	Dec. 2022	NA
Sierra Leone	June-July 2022	2012, 2015, 2018, 2020
South Africa	Nov.-Dec. 2022	2000, 2002, 2006, 2008, 2011, 2015, 2018, 2021
Sudan	Nov.-Dec. 2022	2013, 2015, 2018, 2021
Tanzania	Sept.-Oct. 2022	2001, 2003, 2005, 2008, 2012, 2014, 2017, 2021
Togo	March 2022	2012, 2014, 2017, 2021
Tunisia	Feb.-March 2022	2013, 2015, 2018, 2020
Uganda	Jan. 2022	2000, 2002, 2005, 2008, 2012, 2015, 2017, 2019
Zambia	Aug.-Sept. 2022	1999, 2003, 2005, 2009, 2013, 2014, 2017, 2020
Zimbabwe	March-April 2022	1999, 2004, 2005, 2009, 2012, 2014, 2017, 2021

Table A.2: Factors contributing to approval of government performance in handling the COVID-19 pandemic | 39 countries | 2021/2023

		Unstandardised coefficients		Std. coeff. beta
		B	Std. error	
	(Constant)	**2.076*** **	0.028	
Satisfaction with government	Providing assistance	**0.003*** **	0.000	0.045
	Minimising education disruptions	**0.135*** **	0.005	0.142
	Resourcing health facilities	**0.266*** **	0.005	0.282
Demographics	Location (ref.=urban)	**0.125*** **	0.009	0.065
	Gender (ref.=male)	0.004	0.008	0.002
	Age (cat.: 18-35 / 36-45 / 46-55 / 56 and over)	**0.038*** **	0.004	0.045
	Education	**-0.051*** **	0.005	-0.052
	Lived Poverty Index	**-0.080*** **	0.005	-0.078
Adj R^2		.183		
Observations		42,796		

*Note: ***p is significant at 95%*

Table A.3: Main reasons for vaccine hesitancy | 39 countries | 2021/2023

Category	Reason unlikely to vaccinate	% of full sample	% of un-vaccinated
Difficult to access safe vaccine	Don't trust the vaccine/Worried about getting fake or counterfeit vaccine	4	18
	Vaccine is not safe	4	15
	Don't trust the vaccine source/Will wait for other vaccines	<1	2
	Don't trust the government to ensure the vaccine is safe	<1	1
	I don't know how to get the vaccine	<1	1
	It is too difficult to get the vaccine, e.g. have to travel far	<1	<1
	Vaccine will be too expensive	0	<1
COVID is not real	COVID doesn't exist/COVID is not real	3	13
Worried about effectiveness or side effects	Vaccine may cause other bad side effects	2	7
	Vaccine is not effective/Vaccinated people can still get COVID	1	3
	Vaccine may cause infertility	<1	1
	Vaccine may cause COVID	<1	1
	Effective treatments for COVID are or will be available	0	<1
Some other reason	Some other reason	1	5
	Vaccine was developed too quickly	1	4
	I will get the vaccine later	<1	1
	People are being experimented on with vaccines	<1	1
	Vaccines are being used to control or track people	<1	1
	I will wait until others have been vaccinated	<1	<1
Perceived immunity due to previous infection, not worried about consequences	Not worried about COVID/COVID is not serious or life-threatening/not deadly	1	5
	I am at no risk or low risk for getting COVID/Small chance of contracting COVID	1	4
	I already had COVID and believe I am immune	<1	1
Religious reasons	God will protect me	2	9
	Religious objections to vaccines in general or to the COVID vaccine	<1	<1
Afraid of vaccine/ Allergic to vaccines	Afraid of vaccines in general	1	4
	Don't like needles	1	2
	Allergic to vaccines	<1	1
Don't know/ Refused	Don't know	<1	1
	Refused to answer	<1	1
Sample	Applicable (unvaccinated)	24	100
	Not applicable (already vaccinated)	76	
	Total	100	

Respondents who say they are unlikely to try to get vaccinated were asked: *What is the main reason that you would be unlikely to get a COVID-19 vaccine? (Respondents who say they received a vaccine are excluded. Categories are ranked from largest to smallest. See Figure 19 for graphic representation of categories.)*

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About Data for Governance Alliance

The Data for Governance Alliance is a four-year project that promotes data-based advocacy and engagement between pan African civil society organisations (CSOs) and African Union organs. The project is led by Afrobarometer with partners, including CDD Ghana, the Institute for Development Studies at the University of Nairobi, the Institute for Justice and Reconciliation and Laws.Africa. The project is funded by the European Union.

Data for Governance Alliance

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