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**Public health, Pandemics and Populism: Tanzania's Covid-19 Response**  
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**Public health, Pandemics and Populism: Tanzania's Covid-19 Response**

**Bachelor Thesis**

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**Leiden University**

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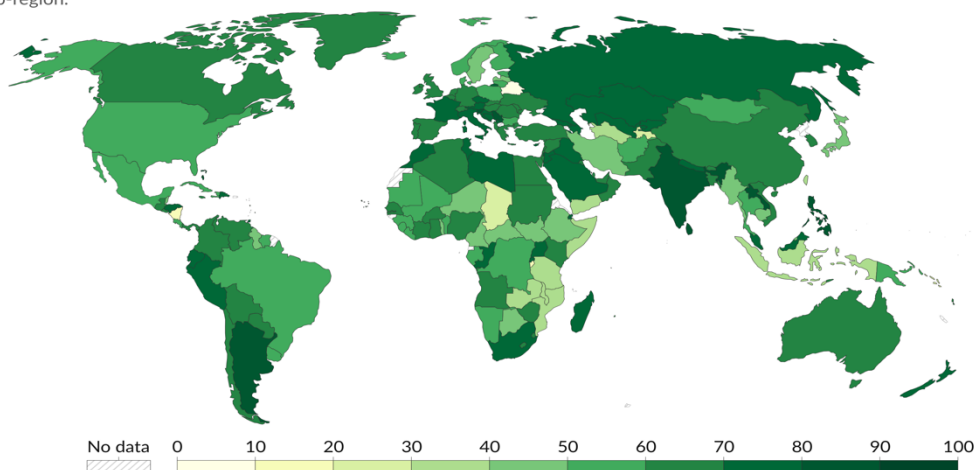
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## Introduction

In March 2020, the World Health Organization declared Covid-19 a pandemic. In response to the rapid and global spread of the disease, different countries instated different kinds of measures in different degrees, that of course triggered different outcomes (Singh & Ogbolosingha, 2020). The COVID-19 Containment and Health Index, created by the Oxford Coronavirus Governmental Response Tracker (OxCGRT), shows the vastly different governmental reactions. Combining thirteen response metrics (including closures of public places, restrictions on public gatherings and public events, and testing and vaccination policy), this index portrays the strictness of governmental responses to COVID-19 based on a score from 0-100.

### COVID-19 Containment and Health Index, Mar 31, 2020

This is a composite measure based on thirteen policy response indicators including school closures, workplace closures, travel bans, testing policy, contact tracing, face coverings, and vaccine policy rescaled to a value from 0 to 100 (100 = strictest). If policies vary at the subnational level, the index is shown as the response level of the strictest sub-region.



Data source: Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford – Last updated 24 July 2023

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*Graph 1: COVID-19 Containment and Health Index, March 31, 2020 – OxCGRT*

The graph represents differing national strategies and academia has looked into a variety of responses, such as denialism in Brazil and the US, and effective containment strategies in China, Singapore and South Korea (Natsios, 2020; Mendonca & Caetano, 2021; Chen et al., 2021).

In Sub-Saharan Africa, the first case of COVID-19 was reported on February 27<sup>th</sup> of 2020 in Nigeria, and it did not take long before it spread all across the region. Despite the general challenges that the region faces in context of containing public health emergencies – relating

to lack of resources and state-capacity, low accessibility of health services, poverty and a large informal sector - national responses too differed vastly (Agwanda, et al., 2021). Uganda, for example, is a country often praised for its response. Measures were taken by the government of President Yoweri Museveni already before the first case was recorded in the country, focusing on travel restrictions, diffusion of concentration points of people, and obligatory quarantine for all persons coming in from abroad (Sarki et al, 2020).

This stands in stark contrast with the response of neighboring country Tanzania, whose approach was characterized by simplification, denialism and dismissal of the pandemic, i.e. through the refusal to wear facemasks and to ship in vaccines from overseas, publicly doubting their quality without offering scientific proof, and through refusing to implement disease containment policies (Makoni, 2021).

This thesis will answer the following question: why did some governments show such a delayed response to COVID-19? It will yield an explanation for Tanzania's delayed national COVID-19 response, based on both a comparative case methodology and a comparative historical analysis. First, the governmental response strategies of Tanzania will be compared and contrasted with those of Uganda, in order to elaborate the differences in attitudes and measures/policies for tackling the pandemic. Then, utilizing a Most Similar Systems Design, an analysis of the relevant similarities between Tanzania and Uganda in terms of the contexts in which their Covid-19 responses took place will rule out the most obvious explanations for differing outcomes. Finally, through taking an in-depth look at Tanzania, I will argue it is necessary to supplement the historical path dependencies with more contemporary political-institutional developments, relating to the 2020 Tanzanian Presidential elections. These elections, marked by an unforeseen electoral threat, created a momentum that gave Magufuli the opportunity for his avoidant response. With the freedom to act in whichever way he wanted, I then show that Magufuli opted for medical populism in relation to the COVID-19 pandemic as a way to substantiate his ideology of nationalism, paternalism, and unity and, therefore, as an electoral strategy in order to secure his and his parties' victory.

Academically speaking, this research contributes the broadening literature on the relationship between institutions and political behavior and public health policy. In addition to this, it supplements the limited literature on populism in Sub-Saharan Africa by showing how it can manifest itself in specific contexts and policy areas. Sub-Saharan Africa has witnessed a wave

of transitions to democratic systems, which for this region has come paired with an increase in the appropriation of populist leadership. Although populism is on the rise globally, its occurrence in Sub-Saharan Africa is under-researched compared to other regions (Nyaburi & Agwanda, 2019). This might have to do with certain contextual issues, given that this region is characterized by an historical lack of well-institutionalized political parties and personalistic rule through presidential systems that concentrate power in the hands of the executive (Resnick, 2017).

### In comparison: Tanzania's and Uganda's national Covid-19 responses

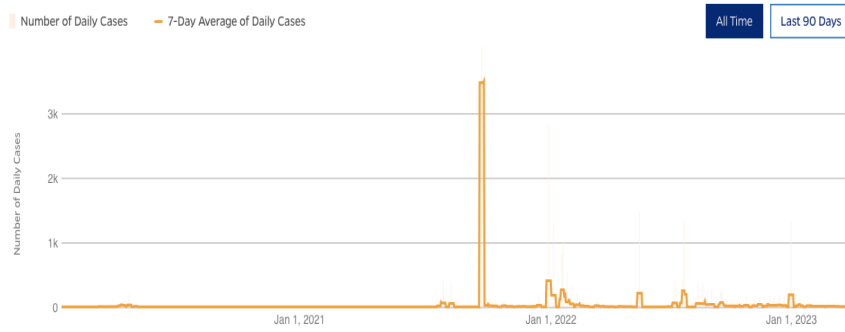
When comparing the two responses, the COVID-19 case incidence for both countries should be discussed. Interestingly, the graphs below actually suggest a more effective response strategy from Tanzania than from Uganda. However, looking at the circumstances in which the data was collected, something else becomes clear: as part of the narrative adopted around the crisis, Magufuli's government widely discouraged testing for COVID-19 and actively discredited the available testing equipment (Mwakideu, 2021). In addition to this, the high levels of denialism that characterized the Tanzanian governmental response to the pandemic led President Magufuli to declare the country free of COVID-19 halfway through 2020, thanks to God and the prayers of the people: 'I want to thank Tanzanians of all faiths. We have been praying and fasting for God to save us from the pandemic that has afflicted our country and the world. But God has answered us.'<sup>1</sup>

A country officially free of COVID-19 can stop keeping track of – already biased numbers of - case incidence, which Tanzania did around May 2020 (BBC, March 2021). After that, however, videos widely alleged to show government secret night burials of COVID-19 casualties started to spread, leading many to seriously doubt the governments portrayal of the disease in the country (E.g. Karume, F., April 28 2020; Paget, 2022). Graphs such as the ones presented above, thus, should be interpreted critically.

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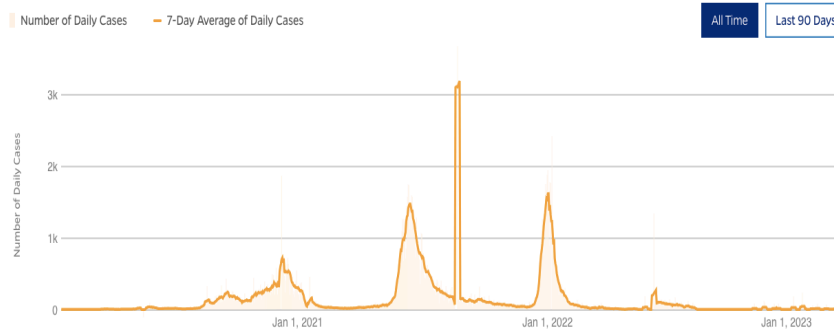
<sup>1</sup> <https://www.bbc.com/news/world-africa-52966016>

### Number of Daily Cases



Graph 2: Daily cases of Covid-19 in Tanzania according to John Hopkins Coronavirus Research Center

### Number of Daily Cases

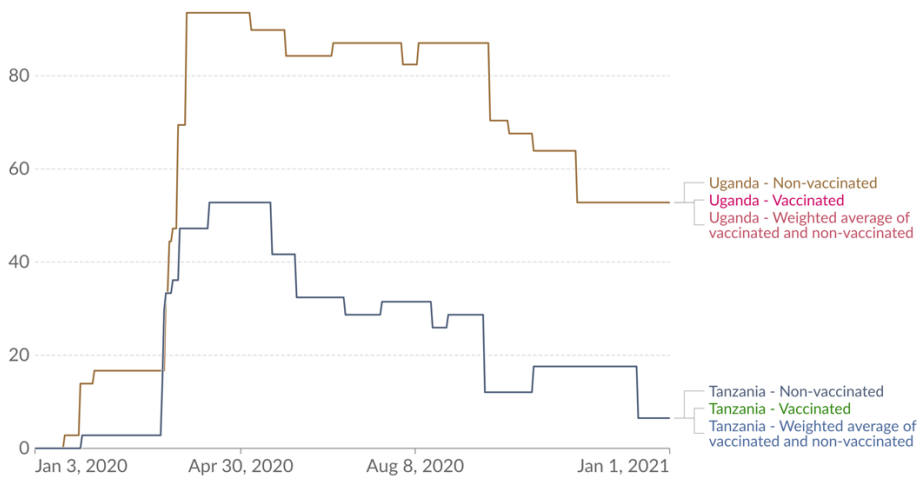


Graph 3: Daily cases of Covid-19 in Uganda according to John Hopkins Coronavirus Research Center

Now turning to policy responses, OxCGRT has created a stringency index, scoring strictness of national response related to nine areas of policy (such as lockdowns and closures of public places).

## COVID-19: Stringency Index

The stringency index is a composite measure based on nine response indicators including school closures, workplace closures, and travel bans, rescaled to a value from 0 to 100 (100 = strictest).



Data source: Hale, T., Angrist, N., Goldszmidt, R. et al. A global panel database of pandemic policies (Oxford COVID-19 Government Response Tracker). *Nat Hum Behav* 5, 529–538 (2021). <https://doi.org/10.1038/s41562-021-01079-8>  
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Graph 4: Covid-19 Stringency Index - OxCGRT

The graph above shows the differences in policy response for both Tanzania and Uganda during 2020. Uganda's stringency-score increases dramatically in March 2020. Around this time, after the first case was recorded in the country, regulations were strengthened and the national Ugandan government adopted an effective crisis-response, based on risk communication, testing, contact tracing on local levels, as well as social and physical distancing rules (Sarki et al., 2020). The president ceased private and public transport and discouraged unnecessary movements, as well as instated a curfew. The Prime Minister's office (at the time occupied by the ruling parties' Ruhakana Rugunda) became the heart of policy design meant to keep the spread of the disease under control, with the head of the armed forces in charge of conducting the operations. Against the background of authoritarianism in Uganda, these operations that were meant to impose the lockdown measures often were violent (Parker et al., 2020; Cheeseman, 2021).

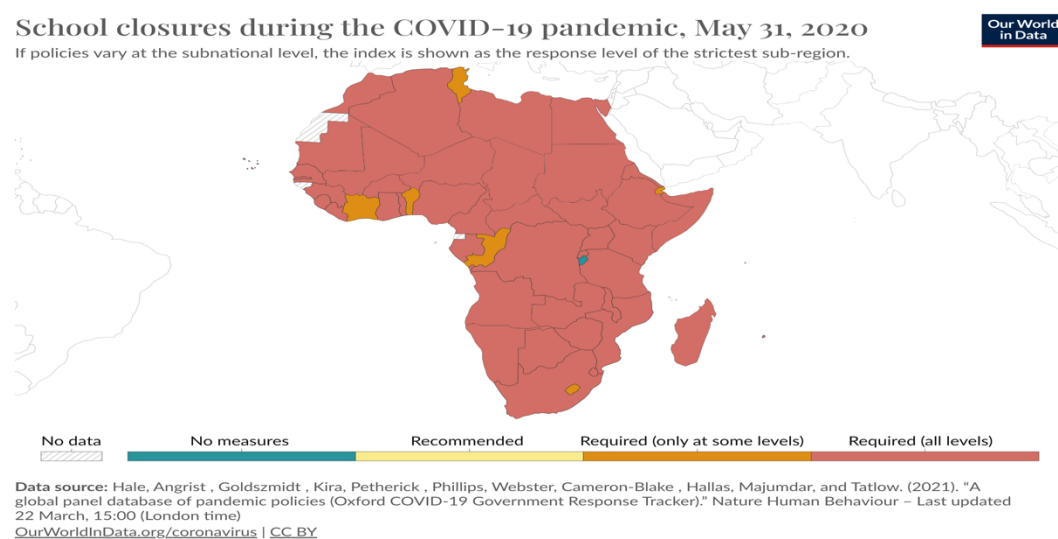
The situation in Tanzania was quite different. Initially, the government adopted a straightforward approach that included gathering medical and protection materials, advancing testing and treatment capacities, and spreading public health campaigns targeting social distancing and sanitation. After the first case was reported, obligatory quarantine for people entering the country was instated and the dispersion of collective gatherings was ensured (Paget, 2022). Graph 4 mirrors this by showing an increase in Tanzania's stringency-score,



but the response was never as strict as in Uganda, and starting March 20<sup>th</sup> the difference began to increase rapidly.

Starting from May until September we see a substantial divergence: whereas Uganda's score only lowers a little and seems to remain quite stable, Tanzania's response score impedes rapidly. Magufuli changed tactics and took on a specific negative stance towards a seemingly globally accepted challenge to combat the pandemic. He created a discourse around the pandemic that revolved around downplaying the seriousness of the disease and its threat to the country, as well as sowing suspicion around tests and vaccinations relating to an 'imperialist threat'. He publicly exposed the measures of neighboring states to ridicule and claimed its own health officials to magnify the crisis and inflate its impact. Magufuli reportedly even sent a plane to Madagascar to import a natural, herbal cure for Covid-19, despite the WHO's warnings that the effect of this cure was not scientifically proven (BBC, May 2020).

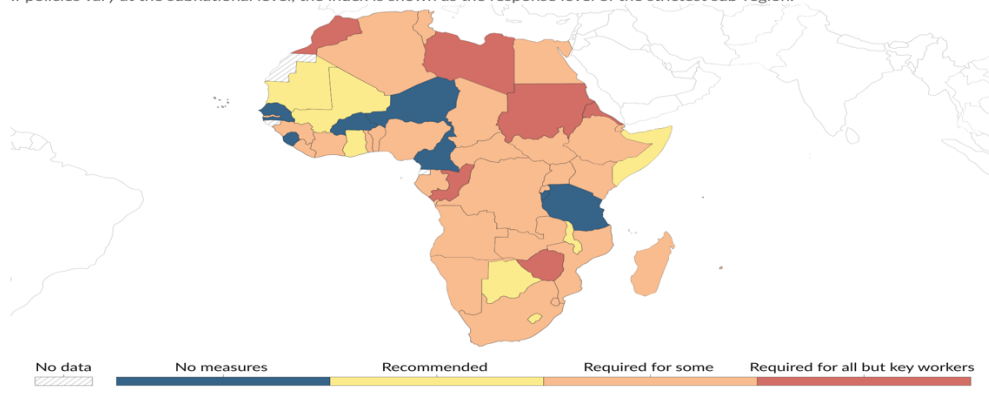
Looking at individual policy responses for both countries in the weeks after Magufuli declared Tanzania free of COVID-19, further underscores the incompleteness of Tanzania's response. Graph 4 and 5 show that, whereas schools and universities were still closed in both countries, there were no workplace restrictions in order in Tanzania, while Uganda closed all workplaces except key professions. Markets in Tanzania remained open and workers were actually encouraged to continue their jobs and serve society (Deutsche Welle, 2020; Chatham House; 2020).



Graph 4: School Closures during the Covid-19 pandemic, May 31, 2020 – OxCGRT

### Workplace closures during the COVID-19 pandemic, May 31, 2020

If policies vary at the subnational level, the index is shown as the response level of the strictest sub-region.

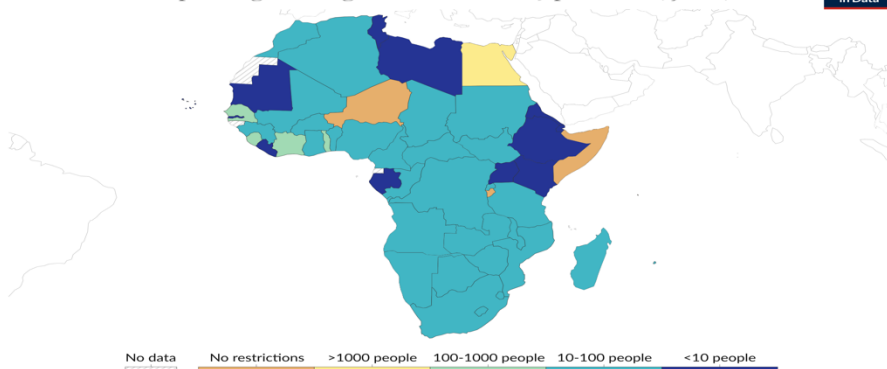


Data source: Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford – Last updated 24 July 2023  
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Graph 5: Workplace closures during the COVID-19 pandemic, May 31, 2020 - OxCGRT

In terms of restrictions on public events, graph 6 shows that Uganda again had imposed stricter limits than Tanzania: a maximum of 10 people per event versus a maximum of 1000. As demonstrated later on in this thesis, the religious elements to Magufuli’s pandemic-discourse justify a policy like this. Relating to this same pandemic-discourse, the data mirrors Tanzania’s loose testing policies, as can be seen in graph 7.

### Restrictions on public gatherings in the COVID-19 pandemic, June 1, 2020

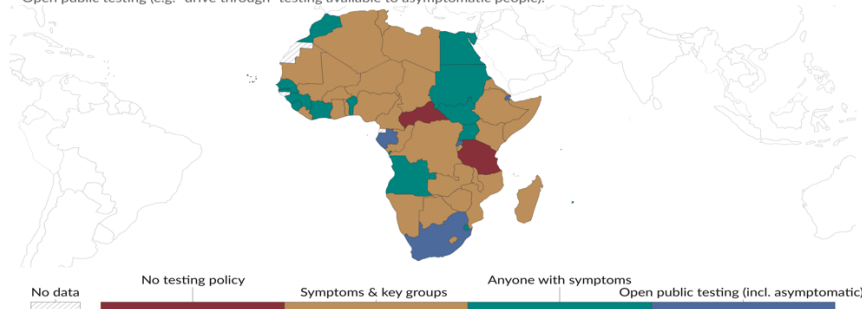


Data source: Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford – Last updated 24 July 2023  
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Graph 6: Restrictions on public gatherings in the COVID-19 pandemic, June 1, 2020 – OxCGRT

## COVID-19 testing policies, May 31, 2020

- No testing policy.
- Only those who both (a) have symptoms and also (b) meet specific criteria (e.g. key workers, admitted to hospital, came into contact with a known case, returned from overseas).
- Testing of anyone showing COVID-19 symptoms.
- Open public testing (e.g. "drive through" testing available to asymptomatic people).



Data source: Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford - Last updated 24 July 2023

Note: Our data on COVID-19 tests and positive rate is no longer updated since 23 June 2022.

[OurWorldInData.org/coronavirus](https://OurWorldInData.org/coronavirus) | CC BY

Graph 7: COVID-19 testing policies, May 31, 2020 - OxcGRT

## Determinants of public health emergency responsiveness

### The literature

Research identified multiple factors that influence a governments capability to respond to public health emergencies. General consensus is that different health systems lead to different reactive capabilities. Robone et al. (2011) has supplemented the traditional positive association between health care spending and responsiveness with a framework of system-wide determinants of health system reactivity. The framework combines environmental factors with population characteristics factors. The first comprises resources (financial, material, and human), health system organization, and institutional factors (corruption and democratic history), and the second entails, among others, demographic structures. Relating to population characteristics, Churchill et al. (2016) points to a negative influence of ethnic fractionalization on health outcomes.

Besides health systems, failure to pass policy decisions could offer an explanation for inadequate response to health crises. The question of why some governments are quicker than others with turning new medical knowledge into policy has been related to the way a society's institutions of governance are built. The constraints this can have on policy making has been theorized by Tsebelis (2002) into veto players theory, which entails that the number of decision-making points (veto gates) a policy has to go through are possible barriers to the

passing of these legislations. The more veto gates are present, the higher the chances a particular policy that is proposed by the executive gets cast away in one of them.

According to Tsebelis (1995), relevant distinctions can be made between presidential systems and coalition governments in parliamentary systems (containing multiple veto players) on the one hand, and two-party systems, dominant parties and minority governments in parliamentary democracies (containing single veto players) on the other hand.

Contemporary problems with public health systems and the combat of diseases have been linked in the literature to historical roots. Within historical legacies, elements such as colonialism and the proliferation of ideological commitment of the ruling party have been identified as influencing the way health policy is carried out (Coovadia et al., 2009; Croke; 2012). According to Hacker (1998), national health policy is a consequence of historical development of political institutions that create policy decisions and the variations in feedback this generates. In his research he supplements historical processes and policy path dependencies with the concept of critical junctures, to show how policy outcomes are influenced by alternative paths decision-makers take during those moments dubbed critical junctures.

Historical-institutionalists often make use of the idea of critical junctures to argue that times of contingency ‘during which the usual constraints on action are lifted or eased’ create an opening in political space, giving certain actors the opportunity to change the developmental path. This opportunity would not have been present had the alleviations of these usual constraints not been present (Falleti, 2014). According to McKie (2017), critical junctures create insecurities for political elites and their capabilities to stay in power in the future political contexts. This opening can then affect the choice calculations of political leaders in fundamental manners.

Scholarly literature has identified various constraints on governmental action. Twigg’s (2020) analysis on COVID-19 as a critical juncture states that, in Denmark, government co-operation with a strong civil society procures public health. Norway’s COVID-19 response is characterized as a good one, due to capable politicians and bureaucracies. Research shows how bureaucrats possess political power that mobilizes support in favour of or against bad policy. Harris (2015) argues that Thailand’s universal coverage policy is a result not of the innovative political leadership of the prime minister, but rather of an autonomous bureaucracy

employing various strategic resources on the political, bureaucratic, civil and international level to push their desired public health reform. A bureaucracy capable of influencing the political agenda like this, can also mobilize support against policies it deems inaccurate, thereby constraining the executive.

### The Tanzanian and Ugandan context compared

#### *Socioeconomic and political factors*

For comparative case studies to be well grounded, the cases should be sufficiently alike in terms of more general relevant independent variables. Table 1 shows the political and socioeconomic circumstances that Tanzania and Uganda operate in are similar. The countries border each other and show similar climates, economic structures, and colonial legacies (Croke, 2012). Based on Freedom House, levels of democracy are similar, as well as Corruption Perception Scores. Both countries allocate a similar percentage of their national budget to the health sector. Although ethnic fractionalization is rated higher in Uganda, the theory suggests that would have led to a worse COVID-19 response than Tanzania, which is in striking contrast with reality.

<b>Indicator</b>	<b>Tanzania</b>	<b>Uganda</b>	<b>Source</b>
<i>Ethnic - fractionalization index</i>	<i>0.591</i>	<i>0.883</i>	<i>Historical Index of Ethnic Fractionalization (2013)</i>
<i>Freedom House rating</i>	<i>40</i>	<i>34</i>	<i>Freedom House (2020)</i>
<i>Human Development Index</i>	<i>0.548</i>	<i>0.525</i>	<i>United Nations Development Program (2019)</i>
<i>% National budget to health sector</i>	<i>7</i>	<i>7.4</i>	<i>UNICEF (2018)</i>
<i>Corruption Perception Index</i>	<i>37</i>	<i>28</i>	<i>Transparency International (2020)</i>

Table 1. Socioeconomic and political indicators of Tanzania and Uganda

### *Health systems*

Similar issues in terms of health systems arise for both countries: lack of personnel, medicines and equipment, as well as insufficient funds to tackle the increasing burden of disease (WHO, n.d.; Afrobarometer, 2021). Further similarities appear as both Tanzania and Uganda experienced a period of institutional health sector reform in the 1990s, characterized by decentralization of health services to the local level (Croke, 2012). Both countries had experiences with previous pandemics such as HIV/AIDS. Prevalence rates of this disease come in at around six percent for both countries. National AIDS Control Programs were established, similarly focussing on surveillance, research, and education (Bujra & Baylies, 2002; Okware, 1987)

Academia actually points towards an easier path of Tanzania to combat public health issues. According to Paget (2022), Tanzania's initial response to the COVID-19 pandemic was enabled by relatively experienced health care system in terms of endemic communicable diseases that had trained Tanzania's health system in terms of testing and tracking practices (Paget, 2022). Ogbo et al. (2019) shows that, over the period of 2004-2016, child- and premature mortality rates have halved, and infant- and under five mortality rates have declined as well. This further underlines Croke's (2012) argument about the pace of Tanzania's child mortality decline over the period of 1995-2007 and how this occurred substantially faster in Tanzania than in Uganda.

The above shows a similar shortage of financial, material and human resources for Tanzania and Uganda. In addition to this, there is data that shows the increasingly good reputation of Tanzania's healthcare system and a history of improvement in basic health outcomes. An explanation for the divergence in COVID-19 responses from the two countries is thus not found here, as the evidence again points to a better response from Tanzania.

### *Veto Gate Analysis*

Tanzania and Uganda are both ruled through presidential republics. Through veto gates analysis, these types of systems are characterized as having relatively many veto points. In Tanzania's presidential republic, the constitution gives the President the power to appoint his cabinet from the MP's. When appointed, these new ministers are not required to abandon their seats in the legislature. On the one hand, this leads to closer communications between

the executive and the legislative powers. On the other hand, this decreases the legislative check on government, as both party loyalties and the authoritarian elements to the Presidents' rule create less incentives to vote against government proposals. In Tanzania, the President is also the chairman of the ruling party, meaning he has power over legislators of the party outside of the national legislature. In addition to this, reappointing judges into positions of the executive branch allows for the President to circumvent judicial checks on governmental action (Constitutionnet.org; Cheeseman et al., 2021).

Uganda shows many similarities to Tanzania in this regard: the President has the power to elect the ministers from the MP's, thereby tying the legislature to the executive. The President is also the chair of the leading party and is able to use this position to control party decisions through party loyalties. The authoritarian elements to his rule make him unafraid to threaten party-affiliates challenging the agreed party position in the legislature (Khisra, 2018).

Theoretically, both Tanzania and Uganda should have multiple veto points, in the form of the legislature, the executive, and the judiciary. However, the reality explained above shows how all veto points are controlled by the same person - the President-, thus actively reducing the number of veto points to one. Legislation should therefore have no problem passing through if the President is in favour. This leads to believe that President Magufuli, had he wanted to, could have instated COVID-19 policies relatively easily.

### *Historical legacies*

Theory points to the historical roots of contemporary public health outcomes. This creates a sense of inevitability and the idea that Tanzania's COVID-19 response could not have been avoided. To investigate this, it is necessary to look at the countries' post-colonial history.

Tanzania gained independence in 1961, after which the Chama Cha Mapinduzi (CCM) has become the leading party to date. It is argued that the CCM as a party has been built on authoritarian foundations with coercive attributes, such as the violent repression of political opposition, media censorship, and clientelism. This explains, at least partially, the party's constant overwhelming electoral victories. (Cheeseman et al., 2021).

Historically speaking, this has not stood in the way of a serious commitment to the improvement of the countries' health system. At the time of independence, the provision of basic health services was seriously lacking. All resources were directed to a small group of colonial administrators and elites, leaving the rest of the Tanzanians in poor health conditions. The CCM, founded and first led by President Mwalima Nyerere, committed to the improvement of the countries' public health. His strong personal convictions on the importance of public health for the general development of the country had an increasingly positive impact on the provision of basic health services, both in urban and rural areas. During the 70's and 80's, Tanzania reformed its health care system based on commitments towards accessibility for all, the basis of which was laid out in the 1967 Arusha Declaration, devoted to sustainable development on the account of socialism and self-reliance (Kopoka, 2000).

Nyerere's ideas on public health proved resilient. Even though he stepped aside as the President in 1985, his mentality persisted as the main ideological benchmark for Tanzanian politics (Croke, 2012). The Tanzanian leaders following Nyerere also assigned high value to the Tanzanian health system. President Jakaya Kikwete – John Mugufuli's predecessor -, for example, showed high involvement in international efforts to combat Malaria disease. In September 2009, he instigated the African Leaders Malaria Alliance at the UN General Assembly, in an effort to control malaria in the continent. In the opening statement of the first working session, President Kikwete said the following: 'I see this meeting of ours today as the watershed in our efforts and quest to control and eliminate malaria in our respective countries and therefore in the entire African continent. By establishing ALMA today, we are now creating a critical forum and mechanism for advocacy, action, and follow-up on the implementation of these noble goals.'<sup>2</sup>

CCM has thus historically shown a strong commitment towards public health and the countries' health system. In Uganda, Museveni showed resilient leadership when it came to tackling the HIV/AIDS epidemic in the late 80's and early 90's, but his interest in public health declined in the years after. This came hand in hand with an increasing operationalization of ethnic and regional identity through decentralization and nepotist tactics (Croke; 2012).

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<sup>2</sup> Kikwete, J.M.: His Excellency President of Tanzania statement at the ALMA meeting at the occasion of the African Union Summit. Kampala; 2010.



This analysis contrasts the lack in response of President Magufuli during the COVID-19 pandemic. It suggests that, when compared to Uganda, Tanzania should have the more effective COVID-19 policy strategy, based on its historical commitment to public health, continued ideological importance of ideas and norms relating to it, and the ideologically institutionalized CCM. This insinuates, rather than Tanzania's response to the pandemic being inevitable, that other, non-historical factors were at play causing such behavior specifically surrounding the presidential term of Magufuli. The next chapter provides a possible explanation for this puzzle, based on critical juncture theory already briefly mentioned above.

### Tanzania: electoral threat as critical juncture

To say the COVID-19 response of Tanzania is historically rooted and an inevitable occurrence, would be to ignore the role of contemporary political events and their implications on policy outcomes. This is where the concept of critical junctures becomes analytically relevant. Tanzania and Uganda have already been compared against this background before. Croke (2012) focused on diverging declines in child mortality rates between countries and concludes that, in Tanzania, institutionalization of political succession enabled continued strengthening of the health care system and effective policy implementation. This was enabled by the ruling party, which acted in a way that prevented personalist leadership and corrupt practices around the elections. CCM thus constrained the presidency in such a way that enforced respect for term-limits. Contrasting, the President of Uganda wanted to remain in power by altering rules around political succession on the dawn of the 2006 elections, which he enabled through decentralization and patronage. These actions caused the incapability of the ruling party in Uganda to function as a security mechanism for respecting term-limits, which indirectly took its toll on the health system.

The above illustrates how specific circumstances surrounding elections can play a role in opening up political space by alleviating the usual constraints on political action. In the next section of this analysis, I argue that the context of the 2020 Tanzanian Presidential elections formed a critical juncture, which paralyzed the conventional restrictions and gave Magufuli carte blanche to respond to COVID-19 in whichever way he deemed best. As I will show now, this context was largely characterized by an unforeseen increased electoral threat. In

order to understand how this caused the immobilization of constraints, the following question must be answered: why were these usual constraints incapable of interfering with Magufuli's plans? The next section will explain this specifically for the party, the bureaucracy, and civil society

*The party: Chama Cha Mapinduzi*

CCM had thus been able to constrain the presidency historically. However, with Magufuli as a leader, things changed. President Magufuli came into office after the 2015 Presidential elections. In these elections the popular vote for opposition had increased to 40 percent for the presidential vote, and 45 percent for the legislative seats. Contrasting, in the 2010 elections CCM won with 79 percent for the presidential vote and 62 percent for the legislative seats (Collard, 2020; Makulilo, 2012).

The increased electoral threat came at a time of fragmentation within CCM that was the cause of the economic and political liberalization that occurred after Nyerere stepped down from the Presidency. Globalization inspired liberalizations as the global consensus was that opening up the political and economic spheres for actors across the world would trigger development (Liviga, 2011). This sparked competitiveness between the different factions of the CCM that related to patronage. The creation of a rich business elite inspired alliances of CCM factions, splintering the party. This internal political competition has functioned as a restraint on personalist leadership in the President's office. Rather than ethnicity or region, different factions within the CCM are defined by personal networks and in the early 2000's the parties' landscape consisted of a variety of factions – backed by different wealthy bankers – keeping each other in check (Gray, 2015).

With the increased electoral threat in mind, Magufuli's main priority became the re-centralizing of control over the party, upon which he based his policy decisions. He justified this based on a return to the time of Nyerere and a centralization of nationalism, paternalism, and unity, creating a great nation of Tanzania that would win the national struggle against imperialism (Paget, 2020).

Magufuli was able to reform the party constitution to counter factionalization. This was made possible because Magufuli's strongest competitor for the position of party leader had defected

to the opposition after his loss, leaving CCM's strongest faction without its most important backer (Collord, 2020). Reforms strengthened the position of chairman - i.e. the President himself - of the fundamental party organizations, such as the National Executive Committee and the Central Committee, and their membership was cut substantially. This reinforced the expulsion of many party-members aligned to rival factions. Magufuli chaired the highest party committees and appointed most of their members, and, interestingly, during his first term, almost no debates took place within those committees. Evidence points not towards an absence of conflict or cleavage, but rather to the nature of Magufuli's chairmanship, which was characterized by blackmail and threats (Osei & Bruhn, 2023; Collord, 2020).

Party-institutions previously were able to secure Presidential behaviour in accordance with the norm (Croke, 2012). The relevant change that occurred after Magufuli's election in 2015 was the unforeseen, imminent electoral threat for CCM. It was under the guise of fear of losing power that Magufuli was able to undo the factionalization of CCM and centralize its power into his own hands. It enabled him to fundamentally alter the foundations of the party, thereby allowing him to silence the party officials that otherwise might have constrained his increasing authoritarian practices and policy decisions. If they wanted to push back, Magufuli had effectively taken away their power to do so. When COVID-19 dawned upon Tanzania, the way CCM was operating had changed so fundamentally that it was no longer capable of limiting the actions of president Magufuli.

### *Civil society*

According to Laebens and Luhrmann (2021), civil society utilizes a multitude of mechanisms to constrain governmental action, such as media attention and popular engagement. For Tanzania, however, such a role is hardly possible. In line with his authoritarian leadership style, Magufuli increased media suppression and censorship. The operational space for Tanzanian civil society has historically known periods of expansion and shrinkage. As (superficial) esteem for democratic norms is often utilized in (semi-)authoritarian regimes to keep the people satisfied, the CCM of the 90's – feeling unthreatened due to the election results - opened up a little to opposition parties and civil society. However, when the 2010 elections showed a substantial decrease in the number of votes for CCM, a strong crack down on civil society began (Cheeseman et al., 2021).

CCM's ideology of national unity and state centralization has historically meant that, in times of challenges to the regime, the party rectifies rebellious voices. The results of the 2015 elections posed a threat that inspired a more authoritarian stronghold on civil society. This caused a limit on the possible actions for civil society organizations in terms of the Covid-19 pandemic: whereas they could inform the public and stress the importance of personal hygiene measures, they could not function as an advocate for state policy or a mobilizer of citizens. Again, reliance on international or transnational actors was hardly possible due to Magufuli's nationalist, paternalistic, and unifying discourse that created an image of the state looking out for the people. The legitimacy of this narrative, which dates back to Nyerere, made it easier to ignore the advice of global actors and go against global norms. State control over the public space made it so that civil society organizations were not capable of directly challenging the national covid-19 response (Patterson, 2022).

### *The bureaucracy*

Historically, Nyerere had never provided the bureaucracy with the agency to set the development agenda. Rather, the ruling party leadership was responsible for this. The strongly present element of centralization in his ideology led to a top-down approach with little room for civil servant agency. Add to this Tanzania's general low state capacity, and the bureaucracies' ability to counter high-level rulings becomes strongly limited (Patterson, 2022).

The delegitimization of the bureaucracy was strengthened by Magufuli's 'war' on corruption (Paget, 2020). Despite the CCM itself being accused of corruption multiple times, Magufuli redirected these allegations by framing the bureaucracy as the corrupt bad seed in the system. There is good political reason for Tanzania specifically to employ such a discourse. Traditionally, bureaucrats have had a lot of power in post-independence Tanzania and have even been described as being the dominant class in the country (Paget, 2020b). In the light of the growing electoral threat and more substantial political opposition on the local level, it was crucial for Magufuli to find a way to discard the corrupt image of his party. By employing the narrative of a corrupt bureaucracy, Magufuli could accept the assertions of corruption, while shifting them from the apex of government to the bureaucracy. As a part of this narrative, Magufuli fired numerous officials for corrupt practices and discharged civil servants for falsifying transcripts, in the light of a rhetoric that framed bureaucrats not only as lazy, but as

the embezzlers of the countries' money. This narrative not only won substantial popular support for his rule, but also provided Magufuli with the capability of discarding internal party conflicts in the light of a ready-to-use corruption assertion, enabling an image of the party and the Presidency as 'clean', and certain individuals as 'bad seeds' (Paget, 2020a; Paget 2020b; Carlitz et al., 2021).

Magufuli also did not shy away from firing health officials that opposed his views on COVID-19, and replacing them with those in line with him. When he fired the sitting health minister for countering Magufuli's assertions that steam therapy heals people from COVID-19, he replaced him with a prominent Doctor, who had already supported Magufuli's claims against large-scale testing (Saleh, 2020).

In addition to this, Magufuli's ruling narrative contained an implicit abhorrence of intervention by international actors, and criticism from donors and international organizations on the countries' COVID-19 policies was disregarded in the light of this ideology. Local health officials thus had to operate against a background of confusing national policies. Their ability to push back was limited as their normal allies – NGO's, international actors, and the media – were delegitimized by the regime (Patterson, 2022).

#### *What now?*

As the above analysis shows, the usual constraints on governmental actions were alleviated against the background of the 2020 Presidential elections, in which the CCM faced an unforeseen electoral threat. When COVID-19 dawned upon Tanzania, Magufuli thus had the ability to pick a course of action out of a wide range of possibilities that were not plausible before. I argue that his political strategy of choice became populism. In line with Peterson's (2020) argument that discourses shape the actions of leaders, I explain that the ideological foundations of Nyerere – based on nationalism, unity and paternalism – laid the foundation for such an approach. The persistence of these ideological norms set in place by Nyerere in the minds of both the people and the government of Tanzania, made populism a logical choice for Magufuli to secure the position of the party in the wake of the 2020 elections.

Nyerere's ideas persist as the main ideological benchmark for Tanzanian politics until today (Croke, 2012). The CCM has historically derived its legitimacy from Nyerere's great ideological legacy, that centralized nationalism, unity, and paternalism and reflects his

perceived position as ‘Father of the Nation’, who unified many ethnic groups under the same flag and language (Osei & Bruhn, 2023). Magufuli legitimized his rule by portraying a restoration of Nyerere’s values, which Tanzania – according to himself – had strayed from under the recent liberalizations. His ideology of developmental nationalism focused on links to Nyerere (and opposition to him as unpatriotic), anti-imperialism and foreign influence rhetorics, and a defense of the poor (Paget, 2020). Self-reliance was the key for an independent Tanzania that could avert all Western and imperialist influence.

During the pandemic, populism became a political tool for Magufuli that could combine these ideological elements from Nyerere’s time into a contemporary discourse that allowed him to stress the importance of the party in its role of defending the people against the corrupt bureaucracy and the international establishment that is out to dominate the country. This was a crucial connection for Magufuli, as it strengthened the position of CCM as critical for the proliferation of a unified Tanzania in the light of the coming elections. (Patterson, 2020). In order to further explain the relevance of populism for Magufuli’s discourse against the background of COVID-19 and the upcoming elections, I will now turn to a theoretical discussion of populism, after which I will link this to Magufuli’s policies and discourse

## Political strategies: the advance of medical populism in the wake of the 2020 Tanzanian Presidential elections

### (Medical) Populism in the literature

Certain conditions are associated more closely than others with the occurrence of populism. Often, deteriorating political and/or economic conditions are linked to populism. However, in his research on populism in Latin-America, Weyland (1999;2001) finds that it is rather the more general occurrence of a crisis that facilitates populism, and not necessarily the varying causes of this crisis. In addition to (and somewhat contrasting with) this, populism is sometimes also seen as being facilitated by representative democracies. A large electorate can become estranged from its rulers and can lose trust in the establishment’s problem-solving abilities. This creates room for populist ideas that claim to give power back to the people (Deiwiks, 2009).

Theoretically, populism is most notably defined as entailing a clear distinction between a powerful and corrupt political establishment and a people that is subjected to this dominant

system (e.g. Mudde, 2004). This research is performed against the background of populism defined not as a core identity, but as a characteristic that occurs in all political ideologies and all over the world (Krause & Haughton, 2009). The emphasis lies on the presence or absence of populist elements in certain responses/policies, the criteria of which are based on the more elaborate and context-specific definition of medical populism outlined below.

The theory of medical populism relates to this and provides a framework for the way public health crises are dealt with by populist answers. The framework employs a definition of populism centered around its occurrence as a political style, stressing its qualities across different political and cultural contexts, while at the same time still demarcating it as a specific and distinguishable response to moral panics as a consequence of health crises (Lasco & Curato, 2019). This research specifically emphasizes that approach of populism, as it focusses on populist elements in political action and policies, rather than centralizing populism as an all-encompassing political identity that is either present or absent in the political leadership. This way, we can distinguish between specific technocratic crisis-responses and populist crisis-responses, even between and within countries that are generally perceived by researchers as having populist leadership, such as Tanzania and Uganda.

Medical populism operates on the condition of the politicization of a public health emergency and the concept has three characteristics (Lasco & Curato, 2019):

1. Appeal to ‘the people’ as the opposite of the ‘establishment’, which is the system that failed to protect the people from public health crises. The actors that the system is comprised of can range, among others, from state-level decision-makers to medical expert communities.
2. Performance of crisis: together with the distrust of the people against the establishment, spectacular and dramatized depictions of the crisis provide populists with the base narrative necessary to justify taking prompt action. Central to medical populism specifically is that the leeway for these pivotal actions is legitimized by the life and death matters that a public health emergency portrays.
3. Simplified discourse, dramatized performance: populists simplify public health emergencies greatly, while offering ‘quick fixes’ to complex issues.

Medical populism in Magufuli’s COVID-19 response

### *The people vs the establishment*

Magufuli utilizes a discourse that emphasizes a dichotomy between the people of Tanzania and the establishment that he portrays as a collaboration between the bureaucracy/local health officials and ‘the West’ or ‘the imperialists’ that are interfering with the national project of Tanzania. Magufuli directed an investigation on the national laboratory by sending test swabs taken from animals and labeled under human names. On live television he then announced that false positives resulted from these tests, thereby ‘proving’ that Covid-19 was being framed as a larger threat than it was in reality. He blamed this on foreign scheming and domestic collusion, partially facilitated by the WHO, and he said the following: ‘Some workers may have been put on the payroll of imperialists’<sup>3</sup>

Magufuli also questioned the reliability of the Covid-19 testing kits. He claimed these to be programmed to give manufactured positive results, because of the way they were programmed by Western countries (Mwakideu, 2021). Statements such as these ones display high compatibility with the medical populist frame laid out above, as well as a high agreement with Magufuli’s ideological project in terms of a fight against corruption and foreign control.

On vaccinations, Magufuli said the following, showing his efforts to pit the Tanzanian people against the ‘imperialists’: ‘You should stand firm. Vaccinations are dangerous. If the white man was able to come up with vaccinations, he should have found a vaccination for Aids by now; he would have found a vaccination of tuberculosis by now; he would have found a vaccination for malaria by now; he would have found a vaccination for cancer by now.’<sup>4</sup>

### *Performance of crisis*

Magufuli employed a narration of the ‘war’ against corruption and imperialism. According to this discourse, corrupt local health officials cooperated with imperial international organizations to control Tanzania through COVID-19 (Paget, 2020). In speeches, Magufuli described Tanzania’s struggle with the pandemic as ‘warfare’, indicating it as a ‘Western Plot’ (BBC, 2020). In a speech, he also publicly questions test-results, stating that: ‘either the

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<sup>3</sup> <https://qz.com/africa/1857369/covid-19-puts-tanzania-president-magufuli-in-bad-light-for-votes>

<sup>4</sup> <https://www.africanews.com/2021/01/27/president-magufuli-warns-tanzanians-against-covid-19-vaccines/>

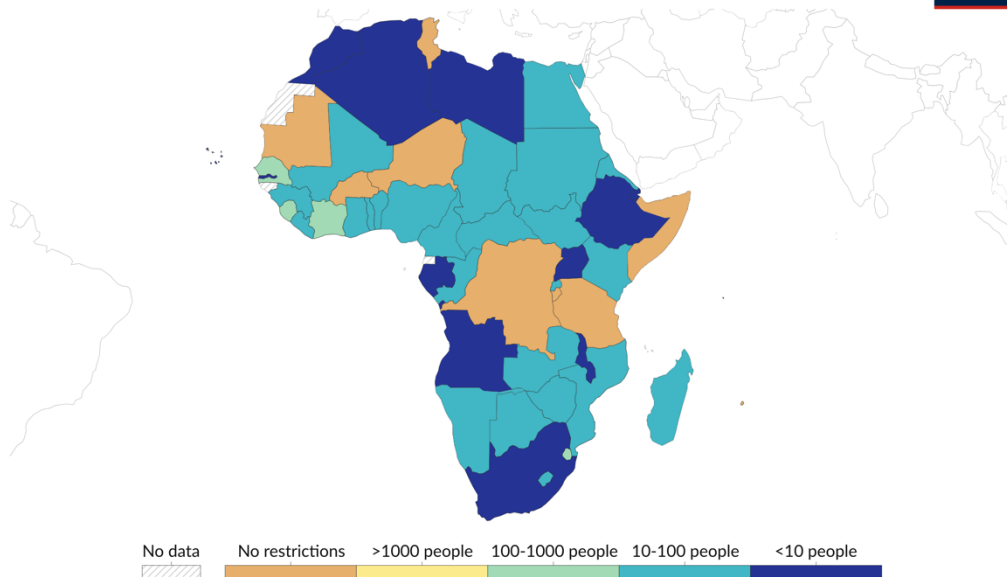


staff of that particular laboratory, have been bribed by the imperialists, or they have no expertise’, and later: ‘it could also be a sabotage, because this is a war.’ (Magufuli 2020).

Contrasting the above, other national leaders denied COVID-19 existed at all. A prominent example of this is President Bolsonaro of Brazil, whose COVID-denialism has been linked to populism as well (Natsios, 2022). The performance of crisis is thus absent here. For Magufuli, however, this element was crucial. With the upcoming elections, a performance of COVID-19 (and its relations to corruption and war) as a health crisis that Magufuli and his administration were able to triumph formed a huge advocate for an election campaign based on the greatness of both Magufuli and his rule and of Tanzania as a nation (Paget, 2022).

### *Simplified discourse, dramatized performance*

Magufuli greatly simplified the pandemic and downplayed its seriousness. He was quick to dismiss medical experts, such as the head of the national testing laboratory and the head of the Government Medical Stores Department, thereby sowing seeds of doubt on the professionalism of some officials, and even connecting them to imperialists (Al-Jazeera, 2020). A solution was offered in the form of herbal medicines from Madagascar, which was also framed in the discourse of distrust with Western medicine and thereby the anti-imperialist rhetoric. In addition to this, religion and prayer in churches and mosques was seen as the fix for the disease (Meek, 2023). As can be seen in the graph below, there were indeed no restrictions on public gatherings starting from September 2021, indicating the permissibility of religious gatherings. This continued until the project’s data collection stopped at the end of 2022. Then, Magufuli took it one step further and even claimed the complete disappearance of the disease in the country in May 2020, creating a national narrative around Covid-19 based on its eradication throughout the entire country.



Data source: Oxford COVID-19 Government Response Tracker, Blavatnik School of Government, University of Oxford – Last updated 24 July 2023  
[OurWorldInData.org/coronavirus](https://OurWorldInData.org/coronavirus) | CC BY

*Graph 6: Restrictions on public gatherings in COVID-19 pandemic, September 17, 2021 – OxCGRT*

Concluding the above, it is now clear that Magufuli's use of populist and authoritarian leadership styles legitimized his COVID-19 response based on an historically well-established ideology of nationalism, unity, and paternalism. Thereby, it substantiated the discourse that the CCM knew what was best for the people and could secure the interests of the Tanzanian nations. This performance was crucial, as the 2020 elections were coming up, and Magufuli faced the threat of removal from his office by the electorate. A narrative that promoted the successful eradication of the disease throughout the country would underscore Magufuli's great leadership qualities, and – adding to the centralization of the party and repression of civil society and opposition - secure electoral victory. Notably, this strategy seems to have worked. In the 2020 elections, Magufuli managed to win by a landslide, officially getting 84 percent of the presidential vote and 97 percent of legislative seats (Cheeseman et al., 2021).

### Alternative explanations

#### *Bad policy advice*

Magufuli's response, rather than being inspired by populism in the wake of the elections, could just have been a result of bad advice. However, both international organizations and

NGO's – albeit limitedly - did urge Tanzania to take a more serious crisis-response. The WHO Director-General and Regional Director for Africa urged Tanzania in multiple efforts to start releasing COVID-19-statistics again and to employ public health measures that are established to have the desired effect in order to prevent the spread of the disease, as well as to prepare vaccination efforts (WHO, February 2021). A Tanzanian NGO, co-issued a statement with the Open Government Partnership that warned for governments increasing neglect of checks and balances, as well as the decreasing amount of available information and reliable statistics in relation to COVID-19 (CSIS, May 2020; OPG, April 2020).

This indicates that advice on the seriousness of the pandemic was available, albeit not necessarily from institutions that normally advise a President as well (such as the bureaucracy). To ignore this advice and continue his approach was thus a conscious choice of Magufuli.

#### *Economic development*

Economic development could be a motivation against executing public health policies that could possibly hamper growth. Magufuli did use economic motives for justifying the loosening up of anti-disease spreading measures. It pleaded that lockdowns would impede with economic stability, and it has been argued that the Tanzanian market has been spared some of the economic disturbance of the pandemic that was seen in other markets (Collins, 2020).

I argue however, that these economic motives, rather than being independent reasons for not implementing COVID-19 policies, fed into Magufuli's wider discourse of protecting the Tanzanians and their state. Economic protection was a means to maintain this narrative, rather than a goal in itself. This is underscribed by World Bank data, which shows similar GDP annual growth rates over the course of the pandemic for both Tanzania and Uganda (World Bank, n.d.).

#### *Political strategy: libertarianism*

The question might arise of why Magufuli, who had the ability to pick whatever political strategy he wanted, choose populism. As explained above, populism formed the best strategy

to pursue Magufuli's discourse in the light of the upcoming elections. A different strategy would be libertarianism. According to Natsios (2020), political ideology influences perceptions on the severity of the pandemic and the measures needed to tackle it. Libertarianists, skeptic of government intervention in general, would agree with Magufuli's refusal to intervene in society with COVID-19 measures. In the US, holder of strong libertarian values, intervention of this kind was shied away from (Chen et al., 2021). However, the governance of Tanzanian society, being justified by the state as acting as a kind of father to the nation that knows and does what is best for all, does not substantiate such a libertarian, laid back role for the state. Libertarianism, thus, does not substantiate the reliance on Magufuli's discourse of nationalism, paternalism, and unity in the same way populism does.

## Conclusion

This thesis has attempted to explain delayed national COVID-19 responses, by means of the case of Tanzania. Historical factors alone are not enough to explain this response. Rather, contemporary political and institutional factors should be taken into account together with the post-independence, historical legacy of the ruling CCM party. This historical legacy partially facilitated the authoritarian leadership Magufuli employed during his first term, but it was the prospect of the 2020 elections with the face of an unforeseen increased electoral threat that truly provided the grounds for his leadership. These elections created a time of uncertainty and, therefore, a not previously present opening in political space that allowed Magufuli to completely seize control of the party, repress civil society, and silence the bureaucracy. The normal and common constraints for policy making were alleviated, leaving Magufuli with a total freedom to respond to the COVID-19 pandemic as he pleased. With the increased threat of electoral loss, Magufuli chose medical populism as an electoral strategy for dealing with the pandemic. This strategy was well substantiated through the discourse that originated from Nyerere's centralization of nationalism, paternalism, and unity, and thus formed a logical choice. During the pandemic, populism became a political tool for Magufuli that could combine these ideological elements from Nyerere's time into a contemporary discourse that allowed him to stress the importance of the party in its role of defending the people against the corrupt bureaucracy and the international establishment that is out to dominate the

country. This strengthened the position of CCM as critical for the proliferation of a unified Tanzania, and thus was used to decrease the electoral threat

Broader speaking, this argument is in line with Croke (2012) in that intermediate institutions matter. The party strength is relevant in that it can constrain the Presidency and its policy-making ability. A party with formalized rules and organs with capabilities of independently correcting its leader can prevent personalization of politics and the shutting down of checks and balances, which may have an effect on the way public health crises are dealt with.

### *Limitations & recommendations*

Globally speaking, populism was a common response to the Covid-19 pandemic worldwide and research has already focused on its manifestation in Europe (Bobba & Hube, 2021), Brazil (Faris et al, 2022), and the US (Agnew, 2020). Populism is much less researched in Sub-Saharan Africa. The grounds on which it occurs and their differences and similarities to the rest of the world are therefore not as well known. For Tanzania, electoral threats to power combined with an easing of constitutional constraints paved the way for adoption of populist leadership. However, this is contrasting the US and Brazil, where populism paired up with electoral success (Mendonca & Caetano, 2021). It might therefore be possible that the argument of this study is limited to countries that bear historical and institutional resemblances to Tanzania or Sub Saharan Africa as a whole. Further research might focus on other enablers of populism in this region. For example, (lack of) economic development has been identified as a global cause for populism (Ocampo, 2019). Although I argue this was not the case for Tanzania specifically due to Magufuli's discourse, it might play a role elsewhere in the region.

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