



LESSONS LEARNED PAPER

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EMERGING LESSONS FROM THE COVID-19 RESPONSE IN LOW- AND MIDDLE-INCOME AFRICAN COUNTRIES

INTRODUCTION. *The COVID-19 pandemic has by now reached every corner of the world. Wealthy nations in Europe and North America are currently the hardest hit in terms of contamination and death rates; however, low- and middle-income countries are also recording increasing numbers of cases, including Iran, South Africa, Peru and Brazil. As the virus spreads in South America, South-East Asia and Africa, where national health systems are already under pressure and economies fragile to shocks, governments are taking significant measures to protect their populations.*

In this paper, we present a synthesis of research on how low- and middle- income countries have responded since the first COVID-19 cases were recorded and on the measures being adopted in the short and long terms to contain the spread of the virus. The paper has a particular focus on the lessons emerging from Africa, where countries have taken a variety of steps to contain the pandemic. Significantly, the African Union recently released its Africa Joint Continental Strategy for COVID-19 Outbreak. One of its objectives is to coordinate the efforts of multiple stakeholders, including member states, AU agencies, WHO, and multilateral partners, including donors: “Collaborate with donors, foundations, academic institutions and other stakeholders to strengthen public health

¹ Burundians wash their hands, as a preventive measure against the COVID-19 coronavirus, on their arrival of their repatriation in Gatumba, on the border with the Democratic Republic of Congo, in Burundi, on March 18, 2020.

capacity for COVID-19 control”.²

The paper is primarily intended to highlight the broader development implications of the COVID-19 response and thereby contribute to the work of development actors (including national governments, aid agencies, international organisations, NGOs, civil society, etc.). It seeks to summarise emerging challenges and solutions and highlights examples that could be relevant to support. We note that, in this crisis, there is no one-size-fits-all model and measures being taken in wealthy countries are not necessarily all relevant for low- and middle-income countries. **Responses need to reflect local demographics, economic and social conditions, utilise the creativity of local innovation, optimise existing health systems, draw from existing and legitimate social structures, and reinforce the principles of effective governance.**

CONFINEMENT, LOCKDOWN, CURFEW – FINDING A BALANCE

WHO and health professionals worldwide widely agree that it is indispensable to considerably reduce movement of, and contact between, people in order to reduce the spread of the virus. However, these measures can have grave economic and social consequences in countries where many people live in high-density areas and are dependent on daily labour to eat. It is estimated that over 1 billion people worldwide live in slums, the majority of which are located in poor and middle-income countries. In Sub-Saharan Africa, 55% of the urban population lived in slums in 2014 (most recent year available). Furthermore, it is estimated that 300 million people across the continent are in informal employment, which in many cases provides them with just enough income to eat for the day. The governments of these countries face the challenge of finding the balance between containing the spread of the virus and enabling people to work to feed themselves. Some countries are introducing targeted solutions, thereby avoiding the worst effects of a complete shutdown. Kenya, for example, imposed a partial lockdown of the four counties that contain the majority of total infections in the country, with the aim to prevent people residing in these areas from spreading the virus to other parts of the country. The danger of the disease spreading outside of cities and into rural areas is the reduced access of rural populations to health care facilities and the possible effects of this.

With its demographic, economic and environmental characteristics very distinct from countries in Europe and North America, measures taken to limit the spread of the virus by African nations will

determine their resilience and recovery through the crisis. Two scenarios can be considered at the ends of the spectrum of the severity of restrictions imposed:

“Scenario A: The government orders a full lockdown of all economic activity and movement across the entire country. This has the effect of curbing transmission of the virus in the general population but comes at great cost to its GDP.

Scenario E: The government provides guidelines to citizens about practicing safe physical distancing but strictly shields those most severely at risk of mortality. While the number of cases is higher, the proportion of severe cases may be low. There is significantly less impact to the economy overall”.³

The Africa Centre for Disease Control recommends making exceptions to restricted movement for the transport of medical supplies, the movement of people into quarantine or treatment, and travel of medical personnel. Locking down ‘infection hubs’, while still allowing movement in areas with no recorded cases, could also reduce the negative impact on economic activities and livelihoods in these areas – especially food production. States can consider ways in which agriculture and food production sectors can continue to operate, both to ensure sufficient food for their people and to keep some workers’ jobs safe. The effects of not doing this have been seen elsewhere. In India, for example, which commenced a total confinement in late March, food supply chains were halted, resulting in food shortages in many cities, as food stores no longer received sufficient supply.

² Africa Joint Continental Strategy for COVID-19 Outbreak, 2020, African Union and Africa CDC.

³ K. Jayaram, A. Leke, A. Ooko-Ombaka, Y. Sunny Sun (2020), *Finding Africa’s path: Shaping bold solutions to save lives and livelihoods in the COVID-19 crisis*, McKinsey & Company.

Prevented from working and not finding food where they live, Indians started out-migrating by foot back to their home villages, spreading the disease further and exposing themselves to many risks on the way.

In April, the World Food Programme estimated that as a result of lockdown and social distancing measures as many as “265 million people could be pushed to the brink of starvation by year’s end”, at a time where the “influence of economic crises on acute food insecurity levels [...] is growing”.⁴ To avoid exacerbating this already highly challenging situation, confinement must be accompanied by measures such as food distributions for the poorest, who immediately lose their source of income if they cannot leave their home. However, humanitarian crises have already shown that insufficient or inadequately planned food distribution can lead to violence and social unrest, especially in contexts with no up-to-date demographic data and needs assessments. One way of facilitating this is to use community leads to help transmit information to government authorities and NGOs coordinating food distribution so that there is enough for everyone, and it can be distributed in an equitable manner.

FLEXIBILITY ON KEEPING AIRSPACE AND BORDERS OPEN FOR NECESSITIES – A DILEMMA

African governments were quick to take drastic measures as soon as the first COVID-19 cases started appearing, including shutting down borders, cancelling flights and imposing strict quarantine regulations for incoming travellers. Entry restrictions were at first only for travellers coming from the hardest-hit countries such as Italy, Germany and China, but eventually, many countries shut down their airspace entirely (e.g. Kenya, Rwanda, Uganda, Nigeria, Egypt). While this prevents continued influx of people possibly carrying the virus and contaminating many, most low- and middle-income countries need to be able to receive and distribute vital supplies, including medical equipment, hand sanitizer, face masks, food, medicine, and humanitarian assistance. It is necessary to keep airspace open only to receive these supplies, and possibly to dispatch medical staff to remote areas or bring patients to hospitals. Totally shutting down airspace can also have catastrophic consequences on market supplies of a wide variety of other necessary goods that the

country doesn’t produce domestically.

A similar predicament faces decisions over national land borders. Many pastoralist communities’ food security, for example, depends on livestock migration routes that cross over national borders, in particular in the fragile Sahel region. A flexible solution for such communities whose lives depend on crossing borders could prevent them from facing serious food insecurity. This includes road transport; 43 out of the 54 African countries closed their borders when the virus spread, which caused problems for the exchange of goods (and labour force) across borders. South Africa initially only allowed essential goods to cross its borders; however, regulations were relaxed quickly thereafter to include non-essential cargo as well. In East Africa, the EAC came together to issue regional guides on how to allow freight to cross borders by road, and the guidelines now require testing for all truck drivers. This kind of solutions can help alleviate the dilemma of closing borders to contain the virus and allowing the flow of essential and non-essential goods to continue, thus supporting medical capacity and trade.

In countries that have little to no intensive care capacity, such as South Sudan, Zimbabwe and Sierra Leone, the priority must be prevention. Imposing social distancing measures and procuring and distributing masks and hand-washing equipment for the whole population is key. It should be recognised, however, that these measures can be difficult to impose in high-density areas and in cultures where close social and physical proximity is the norm. Here, again, keeping airspace and roads open to cargo only, in order to dispatch facial masks and hand sanitizer to all regions of the country, would save time and make it possible to reach remote population groups.

ADVOCATE FOR DEBT RELIEF

At a macro political level, the issue of debt has arisen as a massive hindrance to poor and middle-income countries’ capacities to cope with the COVID-19 crisis. While, in the short-term, receiving substantial loans from wealthy countries to implement emergency measures, in the long term, getting further into debt prevents governments from adequately dealing with the downstream economic and social consequences of the

⁴ A. L. Dahir, ‘Instead of Coronavirus, the Hunger Will Kill Us. A Global Food Crisis Looms.’, 22 April 2020, The New York Times.

pandemic. It can also be argued that aid money will also deepen the dependency of poorer countries on the wealthy, who may be less likely to keep their contributions steady, as their economies also suffer enormously from the spread of the virus. European leaders of the G20 group have already given their agreement to a suspension of debt repayment for African states, in consultation with African leaders (including South Africa, Ethiopia, Rwanda, Mali, Senegal, and the President of the African Union commission). As the COVID-19 outbreak sets off the first recession in Sub-Saharan Africa in 25 years, building on this momentum to push for debt cancellation would enable African economies to breathe and to allocate the necessary resources to protect their people.

At the level of the individual citizen, it is also worth looking at ways to alleviate people's debt financing in times where many are deprived of their income, and servicing debts and interest becomes impossible. For example, Jordan's central bank has instructed the country's banks to offer loan rescheduling or grace periods without additional charges to their clients to temporarily relieve them of another economic strain. Such temporary measures could ease the strain for MSMEs and individuals in other low- and middle-income countries where lockdown restrictions risk removing sources of income.

ENSURE COOPERATION AND THE SPREAD OF RELIABLE INFORMATION

To protect themselves and adopt safe behaviours, people must receive adequate and reliable information about the virus and how it spreads. Governments are communicating with citizens through many different platforms, including television, radio, social media and text message (SMS). This also necessitates continuous communication and cooperation between all levels of government, from central/federal to local/district level. Information should flow both downwards (from the international community to regional organisations, from regional organisations to national governments, and then to all sub-regional levels of governments), but also upwards – from the people to the decision-makers (see section below). Governments can develop information campaigns including outreach strategies that are specific to at-risk areas, such as high-density slums in cities, but also remote villages with little or no access to healthcare. This can be done in

cooperation with mobile network providers, to send regular updates via SMS, for example. The information that is crucial to disseminate includes social distancing rules, good hygiene practices, confinement and/or curfew rules, information on food distribution, access to healthcare, etc. This requires developing a national communication network so that all populations can be reached, including developing information in different local languages, and having information available in physical, digital and audio formats.

INVEST IN DOMESTIC PRODUCTION OF MEDICAL EQUIPMENT

The global crisis highlights the interdependency of countries in terms of medical equipment. If poor and middle-income countries can no longer import medical equipment due to travel restrictions, steps could be taken in the longer term to invest in local production of medical equipment and personal protective equipment for medical personnel and community leaders alike (such as the example in Senegal mentioned above). This goes hand in hand with adequate measures to ensure transparent procurement processes and to mitigate the risk of corruption and nepotism.

African countries have proven to quickly and efficiently adopt technological advances that can be of great help during the COVID-19 crisis. Mobile money, for example, is widely used in East Africa. Phone companies cutting transaction costs encourage the use of this mode of payment, which reduces physical contact between people and cash, thus reducing the risk of spreading the virus among asymptomatic people. Furthermore, as humanitarian workers are no longer permitted to be in direct contact with beneficiaries (of, for example, cash transfer programmes), sending money via people's phones instead of in cash can be a way to ensure that vulnerable people continue to be able to buy food and vital supplies.

The tool of contact tracing mobile application is being increasingly discussed both in rich and poor countries as an efficient way of controlling the spread of the disease by enabling people to check whether they have been in contact with a coronavirus-positive person within the course of their day. This, of course, necessitates sufficient testing capacity so that a person carrying the virus knows they are positive in the first place. This technology necessitates full data protection guarantees, when possible, so that no human rights

and freedoms are infringed, which is also difficult to ensure, particularly in authoritarian states. However, as the vast majority of city dwellers (i.e. contamination hubs) in Africa have mobile phones, increasingly including low-income populations in high-density neighbourhoods, exploring this tool to more efficiently identify and test potential patients could save time and considerably reduce the spread of the virus.

Technology can also be harnessed to directly respond to the urgent need for cost-effective medical equipment. Engineers in Senegal, for example, have started producing respirators almost entirely made with 3D printers, at the fraction of the cost of a 'traditional' machine. In a country that only has 80 hospital respirators, engineers and scientists are exploring this option in the hope of getting their machines approved by the Ministry of Health. Although they are less durable than traditional machines, if approved, they could be put into mass production and potentially save many lives. These types of 'made in Africa' solutions could reduce the dependency of Africa on wealthy countries in responding to the crisis; especially as the latter themselves experience shortages of these respiratory machines.

OPTIMISING EXISTING MEDICAL AND HEALTH CARE SYSTEMS

African countries often lack sufficient doctors and physicians to care adequately for their populations. Zambia, for example, has 1 physician for 12.000 people in 2020, much less than the WHO-recommended one for 5.000 people and 31 African states have fewer than 2 physicians per 10.000 people. While, in the long term, efforts should be made to train more doctors and make medical schools more accessible, in the shorter term, countries must work with the medical staff they have. It has been recommended that, for contexts under strong pressure due to the coronavirus, health care personnel "task shift up"⁵, i.e. that doctors deal only with the most serious cases and nurses handle more moderate cases. Then, community health workers or other people, such as religious leaders and teachers, can assist with lighter care and promote prevention measures. Where needed and possible, health care professionals from NGOs such as Médecins Sans Frontières can be used in areas of high risk, such as

in refugee camps.

The 2014 Ebola crisis in West Africa highlighted the role and resilience of local health workers, who kept working every day even in remote areas that were hard to reach for doctors and supplies. In the long run, countries could work with local communities to ensure the presence of at least one health professional in each community or county and who would have direct phone access to a doctor or hospital for medical advice or back-up. Developing mobile health services such as mobile clinics or phone/video consultations could also be an option to increase outreach of health services.

The Ebola crisis also demonstrated that early detection is key to identify and isolate contaminated people. Where medical systems allow it, an effective measure is to massively test people in living high-density areas, particularly the vulnerable, who live in slums and/or people having existing conditions such as tuberculosis or HIV, or who suffer from malnutrition, and isolate those contaminated immediately. However, if this person is also the main breadwinner of the family, an economic and/or food support package should be made available to the family to cover the loss of income while the sick family member recovers. While costly, distributing relief packages in the form of food or cash to affected households has the objective of keeping people where they are, and not out-migrating because of need and thereby risking spreading the virus further.

Within hospitals and health facilities, which are likely to be overburdened quite quickly if cases spike as quickly as Europe and North America, separating COVID-19 patients from other patients is a way to allow the regular health system to continue to function. In Nigeria, for example, people presenting symptoms are being cared for in specialised clinics, reducing the pressure on the already fragile general health system.

There is potential for low- and middle-income countries to borrow from cost-effective and efficient COVID-19 responses from abroad, such as South Korea's Community Treatment Centres. The principle is to set up a triage system, where mild to moderate cases are handled by community treatment centres, set up in freed-up public buildings (e.g. training centres). The severe cases

⁵ C. Guensburg, 'Wrestling With COVID-19 Risks in Refugee Camps', 11 April 2020, Voice of Africa News.

are handled by isolation hospitals. This system has also created extra bed spaces in revamped hotels, gyms and residential centres, so that the hospital beds can be reserved for critical patients. This would of course require financial investment, but prioritising hospital beds for only the most severe cases and harnessing alternative spaces for isolation, such as hotels, could contribute to alleviating the pressure on hospitals.

FOSTER LOCALLY-LED SOLUTIONS

People living in a crisis context are often able to find solutions to cope and sustain themselves through constrained circumstances. They are experiencing the crisis and adapting their lives accordingly, therefore it is important that COVID-19 responses are locally driven, especially with reduced mobility. To promote this, local communities must be able to communicate their needs to decision-makers, and the latter should receive recommendations coming from people on the ground. Establishing lines of communication between health ministries, local government and people living in e.g. slum areas, informal settlements, refugee camps etc. Each community can appoint a representative to report on their specific needs and challenges, and also the solutions they are coming up with. For example, local designer David Ochieng in the Kibera slum in Nairobi is sewing face masks and handing them out for free among residents, while also raising awareness on hygiene and hand washing. Homemade masks fulfilling the CDC's requirements are a cost-effective and efficient way of protecting yourself and others from the virus.

Listening to communities' needs, especially its most vulnerable, is also important in order to successfully adapt and target isolation and confinement measures to prevent people from going hungry. As mentioned earlier, imposing these measures on all household members will result in starvation since no one can work. Isolating the elderly, people with pre-existing conditions, and other vulnerable groups identified in dialogue with community leaders, can help reduce the economic impact of confinement on families.

Young people have a key role to play in this crisis. With 60% of Africa's total population being under 25, youth engagement can be critical in containment and prevention measures. Their voices

and leadership should be supported in spreading awareness and encouraging safe practices among the population. Youth can combine efforts with religious leaders, who are authority figures in many African communities, in order to encourage people to obey social distancing and hygiene measures, and also to assist the vulnerable and collect information on people exhibiting symptoms or needing other kinds of assistance. If religious leaders understand how contamination happens, they can spread the message that public gatherings are very risky, and firmly commit to cancelling public prayers, taking responsibility for the safety of their congregation.

Another trend appearing in many countries is where popular artists create music to spread information about the virus. Musicians in Uganda, Senegal and elsewhere are writing songs encouraging people to practice social distancing and are producing music videos showing people how to safely wash their hands. The influence of popular music and artists on the population, especially among youth, draws from their status that confers them popular legitimacy and their platform enables them to reach many thousands of people.

WHO advise that setting up hand hygiene stations can have significant impact on reducing the spread of the virus. These should be planned in dialogue with communities, including religious and youth leaders, in order to find the most appropriate locations and to ensure a maximum number of people use them while also avoiding congestion and respecting social distancing measures.

PROMOTE TRUST AND LONGER-TERM INSTITUTIONAL CAPACITY

The virus has been called "the great equalizer", as it affects rich and poor across the world; however, a more accurate description would be that it is the "great revealer"⁶ of inequalities and state capacities in every country in the world, as Asha Jaffar, a volunteer bringing food to families in Kibera, Nairobi's biggest slum, has called it. COVID-19 not only reveals, but also amplifies, existing inequalities.

As mentioned above, trust in the government and public health institutions in times of crisis can save lives. However, when people have low trust in their leaders, and corruption permeates political and public life, people may not believe the information they receive that is intended to protect them. In

⁶ A. L. Dahir, 'Instead of Coronavirus, the Hunger Will Kill Us. A Global Food Crisis Looms.', 22 April 2020, The New York Times.

Nigeria, as people have such low trust in their public health system which cannot provide sufficient coronavirus test kits that they turn to the black market where fraudulent businesses offer ‘homemade kits’. Such parallel markets and ‘self-testing’ are both dangerous and contribute to the stigmatization of the disease. Still in Nigeria, there have been reports of patients’ families lying about symptoms for fear that their sick family member will be taken away to isolation centres that they don’t believe will cure them. Thus, they spread the virus within the hospital where they have been admitted, putting the lives of doctors, other patients and health workers at risk.

A lot of work must be done within public institutions in countries with weak state capacity to build credibility and trust with citizens; for instance by disseminating accurate, up-to-date information that is understandable to all. This trust goes both ways – also between African governments and international institutions like WHO or World Bank. The way international organisations responded to African health crises in the past (e.g. the Ebola outbreaks in DRC and West Africa) have led African politicians to “question whether the global health security agenda is most concerned with protecting people in high-income countries from diseases that originate abroad”.⁷ WHO has recently been attacked by the US and other countries for its response to COVID-19, which harms its legitimacy and the acceptance of its much broader health work in other parts of the world.

Crises such as COVID-19 underline the importance of transparent and accountable leadership, which has, of course, been one of the core messages of much development work for the past half century. This is supported by allowing the media to operate freely, and freedom of the press is significantly limited in particularly North, Central and East Africa. There have been cases of intimidation and violence towards journalists and TV and radio reporters, punished for covering lockdown stories or sharing information about the virus in DRC, Senegal, and Ethiopia, among others. UN High Commissioner for Human Rights, Michelle Bachelet, has warned against states using emergency powers to violate human rights, including curtailing freedom of

expression and silencing dissent: “It is important to counter misinformation, but shutting down the free exchanges of ideas and information not only violates rights, it undermines trust. False information about COVID-19 poses a huge risk to people. But so do bad policy decisions. Undermining rights such as freedom of expression may do incalculable damage to the effort to contain COVID-19 and its pernicious socio-economic effects”.⁸

Additionally, it is common to see that in moments of crisis, there is an increase in violence and infringements on human rights, as panic surges among citizens and government forces resort to repression to contain it. The COVID-19 pandemic demonstrates that trust between governments and citizens is crucial. Heavy-handed enforcement action by police only undermines this trust, as seen in Kenya, where police have been accused of excessive use of force. There is also worry, however, that the pandemic is being instrumentalised by some countries to justify delaying police reforms, and to impose a new ‘norm’ according to which neutralising threats by force, in relation to COVID-19 or counter-terrorism, takes first place over ensuring justice for human rights abuses against citizens. It seems critical, therefore, that security forces commit to respecting the rule of law and not make excessive and arbitrary use of force against citizens, that accountability is reinforced, and that forms of adequate redress exist where things go wrong. In this respect, COVID-19 provides a non-securitised threat and opportunity for police and other law enforcement agencies to demonstrate their community roles and build stronger relationships with citizens through fair and balanced policing.

INVEST IN LOCAL LEADERS

Especially in countries with weak state capacity and reach, people tend to have more confidence in their traditional or religious leaders than in state authorities. Recognising this fact and adapting to it is crucial: during the Ebola outbreak in West Africa, “cases began to decline when religious leaders and village chiefs started to educate people about social distancing and bringing the sick to Ebola treatment units”.⁹ In the long-term, increased cooperation and communication between political leaders and

⁷ A. S. Patterson, ‘The Coronavirus is about to hit Africa. Here are the big challenges’, 18 February 2020, The Washington Post.

⁸ ‘COVID-19: Exceptional measures should not be cover for human rights abuses and violations – Bachelet’, 27 April 2020, United Nations Human Rights Office of the High Commissioner.

⁹ A. S. Patterson, ‘The Coronavirus is about to hit Africa. Here are the big challenges’, 18 February 2020, The Washington Post.

traditional leaders, who de facto hold legitimacy and authority in local communities where the state is often absent, could help to increase communities' resilience to crises. The importance of engaging these local leaders should be acknowledged and harnessed by central governments through dialogue and support, so that the authority figures that people in villages and neighbourhoods listen to are given the information, tools and resources needed to implement measures that will save lives.

PROVIDE SOCIAL SAFETY NETS AND SUPPORT TO MSMEs

To make poor and fragile states more resilient to shocks and crises, it is useful to look at the strength of economic systems and peoples' livelihoods to identify wider needs for poverty reduction. As mentioned above, informal workers are vulnerable to restrictions and constraints that prevent them from carrying out their daily income-generating activities, including illness, death, confinement, reduced mobility, social distancing, etc. Without trying to mirror the welfare systems of richer countries in Europe and North America, strengthening African state institutions' capacity to reduce poverty can simultaneously increase peoples' adaptability and resilience to shocks. This includes policies to protect micro, small and medium-sized (informal) enterprises (MSMEs), which make up 90% of business units and drive much growth across the continent. For example, implementing or improving social protection programmes that reflect the structure of African countries' societies could be looked into as ways to support poor workers, disabled and elderly people and other vulnerable populations especially.

Many African societies are characterised by strong networks based on belonging to a family, tribe, clan or specific community, which support and help vulnerable members in times of need. However, in a crisis like COVID-19, even these connections cannot protect households from bankruptcy or hunger; therefore, there is a need to develop policies and mechanisms through which social safety nets can benefit the poor. For example, Togo implemented a financial support scheme in record time as the country went into COVID-19 lockdown, through which affected households receive small transfers each week, and women receive more than

men. The system is based on electoral cards, which nearly all adults have since a recent election. This case shows that inclusive democracy (exemplified by the issuance of electoral cards to "nearly all adults"¹⁰) can increase the government's ability to reach the most vulnerable in a crisis. This also shows the need for governments to have data on their population, specifically how many are poor, how many live in slums or high-density areas, how many are 'vulnerable', in order to tailor social safety schemes to their specific contexts. Especially conflict-affected states lack demographic data, making it that much harder for governments to reach populations in need. Regular census exercises, possibly with help from tech companies or NGOs that track migrating populations, can enable states to develop more targeted social policies that increase its people's resilience to crises.

CONCLUDING REMARKS – KEY MESSAGES FOR A WAY FORWARD

While this pandemic is global, and some measures to curb it (such as social distancing and good hygiene) apply in all contexts, the examples described above demonstrate that low- and middle-income countries are able to look beyond the responses adopted by wealthier countries. The latter may not only be ineffective in other contexts but could also be destabilising by protecting the more prosperous households to the detriment of the poor.

At a macro level, it appears crucial to acknowledge the longer-term institutional and state-building needs this crisis reveals in poor-, middle-income and/or conflict-affected states. The COVID-19 crisis demonstrates again the importance of participatory, transparent, inclusive, and accountable governance. Trust between governments and citizens is central to the state being perceived as accountable and legitimate in imposing restrictive measures on its citizens. Otherwise, measures perceived as illegitimate and unrealistic by people who feel abandoned can exacerbate tensions locally, which can turn into violent conflict.

On the other hand, the examples shown here demonstrate that measures can be tailored to each countries' demographic profile, rural and urban

¹⁰ K. Jayaram, A. Leke, A. Ooko-Ombaka, Y. Sunny Sun (2020), *Finding Africa's path: Shaping bold solutions to save lives and livelihoods in the COVID-19 crisis*, McKinsey & Company

distribution, health care system, and political and institutional capacity. Countries may need more flexibility in terms of confinement and lockdown; for example, to enable some low-risk household members to keep working to feed their families, and to receive necessary medical and other supplies by air. And, harnessing the power of locally relevant technological tools and prioritising the capacity of health workers and facilities, can help target and treat the most urgent cases faster. In particular, empowering community members to help each other and exchange information with decision-makers can increase the impact of locally-driven solutions.

Supporting the most vulnerable, those for whom adhering to strict confinement measures heightens the likelihood of experiencing hunger, violence, loss of livelihood and death, is indispensable. There is a need to invest in solutions specific to local needs and challenges that promote democracy, resilience and accountability, and that are adaptable to contexts in which people who rely on daily income should not have to make the choice between contracting the virus and starving. As already seen, such a choice seems ultimately not sustainable.

While it creates new and increases existing inequalities, this crisis is also an opportunity for development actors to rethink their priorities and how they provide their support. The examples suggest the continuing, if not heightened, relevance of inclusive, participatory and accountable governance at ALL levels; in other words, decision-making based on assessment of local needs, capacities, interests, and perceptions. Development actors have been focusing on providing assistance to locally-driven solutions for many years already. But what COVID-19 reinforces is the pivotal role that local leaders play in developing solutions with and for their communities, when governments or aid organisations cannot always step in. Local actors are central to driving the crisis response in their areas; they may be youth, women, religious leaders, artists, craftsmen, community leaders, etc., who are not always very visible to large international organisations and donors. Finding innovative ways of reaching them and supporting them is at least as important as support to central government.

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