Global Africa Nº 2, 2022

DOI : https://doi.datacite.org/dois/10.57832%2Ffdfn-yh57

The pandemic: a moment of truth for the world

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@Elise Fitte-Duval, Série Dés-augmentation, nº9, réalisée dans le quartier Ouakam de Dakar, 2021

The Covid-19 pandemic was not only an epidemiological phenomenon of considerable magnitude across the planet. Neither was it just a global social event marked by temporary suspensions of human activities and fundamental freedoms. It was also a moment of truth for the world (Fassin, 2021). This moment of truth has at least manifested itself in two ways, both of which have a particular meaning for the African continent. First, there was the media devotion to and even, more broadly, the focus of all public mental attention on a single phenomenon: from the expansion of the disease, the counting of new cases, in-patients in intensive care, to fatalities (or at least part of them, since the elderly in institutions were initially forgotten and their deaths ignored). Society was living at the rhythm of figures, graphs, projections, which were not only used to describe the evolution of the scourge, but also to prescribe responses, as if science alone could determine policy, even though statistical predictions obviously varied from one research institute to another: in fact, it was often politics that selected the science that was appropriate to it. The public was surprised by the martial tone of some heads of state, worried about government announcements, outraged by restrictions on their right to travel, and enthusiastic about the dedication of health professionals. The media increased the number of reports from hospital intensive care units, journalists were narrating family tragedies with tears in their eyes, people were recounting experiences of the lockdown on the radio, television and social networks. It was all about the self, a national self or an individual self. The pandemic had almost completely absorbed the attention economy.

However, this was not a uniform phenomenon. It was both exclusive and selective. It was exclusive in the sense that it relegated all the other problems of the world to a secondary position. The massive bombing by Russian planes of cities against the regime of Bashar al-Assad, the tragic consequences of the war led by Saudi Arabia in Yemen, the progression of the talibans in Afghanistan as US troops withdraw, the plight of the Rohingyas in Bangladesh, the chronic insecurity in Haiti, the famine in South Sudan, the African exiles drowning in the Mediterranean sea, all these were no longer an issue. From the African continent, one no longer wanted to know anything about malaria or tuberculosis. But the attraction exerted by the pandemic was also selective, in the sense that the interest of the media and the fascination of the public was above all directed towards Western countries, as well as a few great nations, first among them China with its draconian policy of strict lockdown of entire regions – ironically adopted by the global community. One could hardly hear about Africa in the Western press, except first to predict a catastrophe with regard to the incompetence of the authorities and the indiscipline of the population, and then, in a second phase, to seek the explanations for the non-occurrence of the predicted disaster. Between ignorance and misunderstanding, the scourge, which one hardly knew if it had spared the continent or if its seriousness had been underestimated, was part of the long history of public health representations of Africa.

Secondly, there was the justification for the response to the pandemic, which is probably unprecedented on a global scale: interrupting economic activities, banning gatherings and travels, and depriving citizens of their basic rights, including the right to visit their sick and honour their dead. All this disruption of society had only one purpose: to protect people and save lives. If this is indeed the mission of public health, it was probably the first time that it took effect globally over all other realities. In a world where capitalism and neo-liberalism were triumphant, the human-based productive machine was nevertheless stopped and even public goods were valorised again. At least, this was done thanks to massive publicly-funded financial contribution to companies in difficulty and to limit the consequences of employment in those countries that had the capacity to do so (this happened even in countries such as the United States, which had until then defended the laws of the market and denounced state intervention). Life became a supreme value, the one for which one was ready to sacrifice both the principles of economic freedom and of political liberalism. The pandemic marked the advent of biolegitimacy, that is to say, the recognition of life as the most precious asset. One can measure the moral revolution that was at work when one thinks of how, not so long ago, during the two world wars, millions of soldiers were sent into battle and one did not hesitate to expose the civilians of their own country to danger. Still, from now on, was it a matter of protecting one's own people by turning a blind eye to the casualties caused by the enemy in Afghanistan and Iraq. However, even in the face of the pandemic, the emergence of biolegitimacy had its limits.

The moral revolution that considered life a supreme good justifying the most radical measures in fact had two serious setbacks. First, it was marked by profound disparities. If there is one fact that the pandemic has revealed for a great part of the population, it is the inequalities in front of illness, medicine and death. Certainly, these pre-existed: in France, the poorest 5% of people lived on average 13 years less than the richest 5%, and in the United States, between black men who had interrupted their schooling and white men with a university degree, the gap in life expectancy at birth was 15 years. Yet nobody seemed to care about what should have led to major political responses. But because of the attention the pandemic has drawn, the evidence of inequalities has become obvious. In France, mortality in poor cities was as high as three times the national average, and in the United States, the death rate for black and Native Americans was three times higher than that of white people. In other words, these inequalities have a double component: socio-economic and ethno-racial. As a series of surveys showed, these disparities were expressed in the prevalence of risk factors, in the use of medicine, in the quality of care, and ultimately in the probability to die. The second setback is that international solidarity was found to be

deficient very often. Borders have closed, aid has become scarce, and rivalries have intensified. The United States government announced that it would give itself priority in the distribution of vaccines since its contribution to research had been the most significant. The states within the US have been in fierce competition with each other for access to ventilators for their intensive care units. Examples of this lack of solidarity could be multiplied. However, the European Union has been an exception insofar as transfers of critically ill patients have been possible between countries and vaccine orders have been grouped together with a redistribution in accordance with the demography of each country. But Africa has been the main victim of these inequalities. In September 2001, a year and a half after the start of the pandemic and nine months after the start of immunisations, the continent had received only 2% of the 6 billion doses distributed worldwide, even though it is home to 18% of the world population, and hosted testing sites for some of the vaccines. Two major facts therefore become apparent: the concentration of attention around the pandemic, but in an exclusive and selective way; and the recognition of the higher value of (certain kinds of) human life with deep inequalities and serious deficits of solidarity. Both of these events have particularly affected Africa.

However, the continent seemed less affected than was imagined. There is certainly under-reporting of deaths and even more so of infections, but this varies greatly from one country to another. A mathematical model by a team from the World Health Organization's office in Africa estimates that in 2020 and 2021, the number of cases in 47 countries on the continent would have been 505 million, of which only 1.4% had actually been reported, with a death toll of 440,000, of which 35.3% had been reported (Cabore *et al.*, 2002). The lethality rate would, according to this study, be 0.87%. By comparison, according to data from Johns Hopkins University, this rate is 11% in the United States, nearly 13 times higher. These figures have sometimes been criticised as being similarly underestimated. By using a more direct method of calculating the excess mortality compared to expected mortality in previous years, which is attributed to the pandemic, another team found an excess mortality in 117 countries of 101 per 100,000 in sub-Saharan Africa, significantly lower than the 140 in Western Europe, the 167 in North America, and the 345 in Eastern Europe, to limit themselves to these three highly contrasting regions of the world (Covid-19 Excess Mortality Collaborators 2022). Remarkably, however, there is a huge disparity across the continent, with extremes of 53 per 100,000 in West Africa compared to 308 in Southern Africa, almost 6 times more. In short, the continent as a whole seems to be less affected than all the others, with the exception of Oceania, but this cannot be generalised to all countries, and it is certainly necessary to be much more specific in the comments that can be made on the epidemiological situation, country by country, or at least sub-region by sub-region.To account for the relatively smaller scale of the epidemic in Africa — with the exception, it must be stressed, of its southern part — and this, even though prevention measures seemed more difficult to implement, the health system was less adapted to the needs of resuscitation and vaccines were practically unavailable, much emphasis has been placed, and certainly rightly so, on the young age of the continent's population: the lethality of the infection is indeed 60 times lower among the 18-29 year olds than among the 65-74 year olds and 140 times lower than among the 75-84 year olds. Other factors may have been at play, but it must be acknowledged that there is still a significant amount of uncertainty. But, inversely, one cannot underestimate the negative consequences of the implementation of binding measures adopted too quickly replicating the formulas used in industrialized nations. However, while in the later countries the consequences of the lockdown and the inactivity could be partially compensated for by state financial interventions at the cost of worsening the public debt, such a response was impossible in already heavily indebted countries for which international agencies and rich countries were reluctant to provide debt relief.

For the populations, the pandemic then became a double burden: on the one hand, the risk of illness without the necessary health resources, and on the other, the loss of income due to the impossibility of carrying out small trades. In some cases, the protests have revealed the forms of survival to which many have been reduced. The authors of this issue of *Global Africa* have endeavoured to provide an account of what has been and is still being played out in Africa with regard to the Covid-19 pandemic through scientific articles, interviews with eminent personalities, and even through artistic performances. Although there was no question of their being comprehensive, their contributions to this volume, which take us from Côte d'Ivoire to Burkina Faso, from Guinea Conakry to the Democratic Republic of Congo, and from Senegal to Tunisia, shed light on the role of climate in the pandemic and the view of traders in the marketplaces, the hazards of prevention and the failures of governance, the historical iterations of hygienism and the worrying future of the anthropocene. The introduction provides an outstanding theoretical framework for the entire issue. A puzzle thus emerges, which makes this collection a must read for anyone interested in understanding the multiple dimensions of the Covid-19 pandemic on African soil.

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