

Efficacy of Lockdowns in Africa

A Continental Perspective

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Abstract

The novel coronavirus has troubled the world, unleashing deaths and a social quagmire. The catastrophic implications of the pandemic pushed states to the brink, compelling them to institute country lockdowns in a bid to flatten the curve of infections, avoid new ones and ensure that the health systems are not overwhelmed at any one point in time. Many states went on lockdowns, leading to corrosive effects on their economies. The death toll in Asia and Europe was astronomical. In the United States of America, Brazil and India, it was unprecedented. Except for a few countries in Europe and Africa that did not act homogeneously, the rest of the world ceased to function. Whilst lockdowns were effective in western countries, in the African continent, it was a different case. Although there was a willingness to institute lockdowns in Africa, the context made it almost impossible for many countries to effectively and efficiently implement. These factors which hampered the workability of lockdowns included high informal employment rates, informal settlements, rampant homelessness, porous borders, a high population density, institutions with vulnerable populations as well as conflict settings. This paper discusses in detail the research findings of the author on the efficacy of lockdowns in Africa. The importance of the study is to equip policymakers with better strategies to make lockdowns more effective through the dissection of problems discovered in the research findings. The paper findings are that lockdowns are problematic to adhere to in the African context. Recommendations are that lockdowns should be context-bound and must get buttressed by government efforts and interventions.

Keywords: Lockdowns, Covid-19, Africa, Informal, BRICS

Introduction

It's all death left, right and centre. If I continue going to work, I risk the contraction of the virus and death. If I continually stay at home, I will also starve to death. I suggest it's better to go to work and risk coronavirus infection than continually staying at home. The real enemy is no longer the coronavirus but the lockdown itself. This lockdown is trying to save our lives but at the same time destroying our livelihoods.¹

This paper discusses the effectiveness of lockdowns in the African context. While some African countries did not institute lockdowns, some did by adopting western-style lockdowns without modifying or tailor-making them to suit the African context. That led to a domino effect since a blanket lockdown approach was not suitable for Africa. The African continent's high degree of the informal sector, other factors such as homelessness, porous borders, and impracticability of physical and social distancing and institutions with vulnerable populations continued to bedevil the continent making the lockdowns ineffective (AUC/OECD, 2018; Jayaram, 2020; Cousineau, 2020; Moyo, 2020; Mbiyozo, 2020; Social Science in Humanities Action, 2020). Whilst lockdowns proved more effective in first world countries such as the United States of America (Beaubien, 2020; Sharma et al. 2021; Hsiang et al. 2020), in terms of reducing new infections and deaths, in Africa, efficacy remains questionable because the context made it problematic to adopt western strategies without modifying them to suit the African context. A blanket approach proved inefficient and ineffective. That was due to the contextual differences in regions and populations. That led to the number of

¹ The view of a vendor to the lockdown in Khayelitsha, Cape Town. 10 April 2020.

new infections and deaths, which continued to rise over time. South Africa, a member of the BRICS (Brazil, Russia, India, China, South Africa), also witnessed a rise in COVID-19 cases over time (Smart, Broadbent and Combrink 2020). Irrespective of such a scenario, South Africa's lockdown saved the country from a more catastrophic situation.

The paper adopts a qualitative research approach where the qualitative content analysis gets utilised as a data collection tool. It analyses books, journal articles and institutional reports. Policy briefs in print and electronic forms utilised. It adopts purposive sampling and identifies material related to COVID-19 and lockdowns in Africa, especially those focussing on the efficacy of lockdowns in the African continent. The paper follows Altheide's (1996) steps of document analysis. It provides an objective procedure for selecting and utilising documents in qualitative research. It encompasses setting the inclusion criteria and collection of documents. It also articulates the main areas of analysis, the coding, verification and analysis (Ibid).

On the setting of the inclusion criteria, the author selected the types of documents for review. Official publications focussing on the novel COVID-19 pandemic and lockdowns in Africa got selected. Times of publication got also considered. Many academic papers published after the outbreak of COVID-19 got selected. Some documents written before the outbreak of the pandemic got selected for their background information. Selection of documents was through the adoption of physical and electronic sources such as books, magazines, newspapers, journal articles and media reports. On articulating areas of analysis, the author selected those documents relevant to the efficacy of COVID-19 induced lockdowns in Africa. Academic sources addressing the hindrances towards the adherence to COVID-19 induced lockdowns in Africa got selected.

When conducting document coding and analysis, each document got analysed. That was to determine which particular area that it was addressing. That ranged from informal employment, informal settlements, homelessness, high population density, porous borders and institutions with vulnerable populations. In the verification process, a second person verified the selected documents. That was to eradicate bias, ensuring credibility, consistency and reliability. In analysing the academic papers, they got aggregated. The most relevant (those that addressed the issue under study) got selected in the 'relevant' and 'good' categories.

The Efficacy of Lockdowns: A Discussion of Findings

This paper discusses the findings of the author in detail. It dissects the major hindering factors to the effectiveness of lockdowns in Africa. It deliberates the efficacy of lockdowns in the African continent in light of high rates of informal employment, homelessness, the prevalence of informal settlements, porous borders, the continent's high population density and institutions with vulnerable populations. It also analyses whether lockdowns reduced deaths and new infections. Recommendations get proffered to improve policy and practice in Africa.

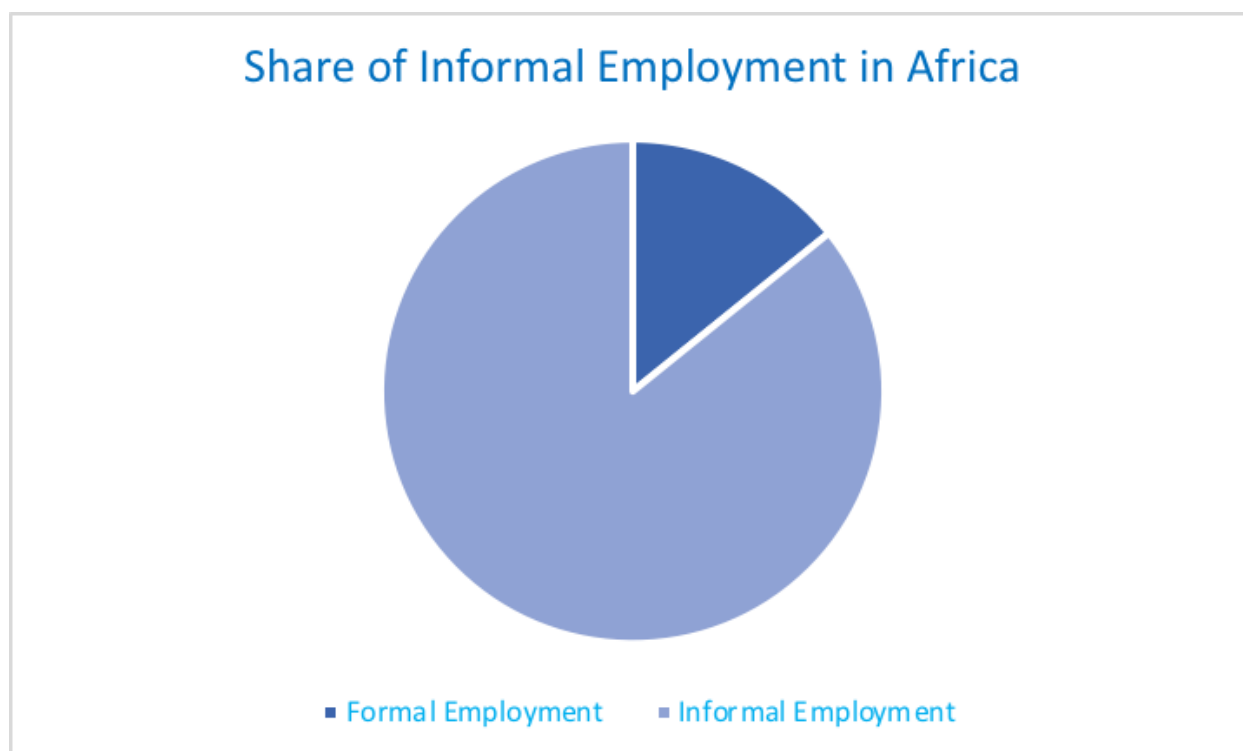
Informal Employment and Lockdowns in Africa

The African context rendered lockdowns inefficient and ineffective due to the high rate of informality. Africa has the highest rate of informal employment rates (ILO, 2018). Lockdown measures in Africa need to be implemented differently as compared to other continents. A blanket approach has proven to be retrogressive for Africa. The continent's informal sector activities contribute to jobs, incomes and livelihoods, and in many low-and middle-income countries, it plays a pivotal economic role. Workers in the informal sector lack the basic safety nets that formal jobs usually provide, including social protection coverage. They are also disadvantaged in access to healthcare services and have no income alternatives if they stop working due to economic disruptions such as lockdowns. Income-

generating activities are severely affected by the lockdowns. Unprotected workers face the most vulnerability and risk. That is because many vulnerable workers who do not have any safety nets are in the informal sector. Many of such workers are in low and middle-income countries where they do not have any health and social protection policies to cushion them in times of crisis. Without robust policy measures by governments in the developing world, informal workers will experience rough economic and social times. They are likely to face further difficulties in recovering in the post-pandemic recovery period.

The African continent has not yet noticed the benefits of lockdowns as new infections and deaths rise exponentially. In first world countries, they have significantly reduced the number of deaths from the virus. They also decreased the number of patients in intensive care and hospital admissions (Beaubien, 2020; Sharma et al. 2021, Hsiang et al. 2020.). However, such benefits and achievements are different in the African context. In developing countries, there is an interconnection between informality, weak capacity and high-density populations. That poses severe health and fiscal challenges for governments, making lockdowns unworkable. Only those workers formally employed are in a better position to withstand such economic shocks since they continue to earn their salaries even during times of crisis. That includes frontline workers, public and some private-sector employees.

Figure 1: Share of Informal Employment in Africa



Source: ILO (2018), World Development Indicators 2020

Fig 1 indicates that in times of lockdowns, the majority is likely to be affected compared to just 25% who are formally employed. In times of lockdowns, the majority, employed-informally, are likely to be exposed to economic shocks. The high degree of informality in Africa makes lockdowns unworkable because there is a voluminous workforce in the segment compared to any other sector. That is because around 2 billion people work informally, most of them in developing and emerging countries. The informal sector in developing countries contributes to about 35 per cent of Gross Domestic Product (GDP) and employs more than 75 per cent of the labour force. The size of informality institutes nearly 55% of the cumulative gross domestic product of sub-Saharan Africa,

according to the African Development Bank (2014), even if further studies showed that it ranges from a low of 20 to 25 per cent in Mauritius, South Africa and Namibia to a high of 50 to 65 per cent in Benin, Tanzania and Nigeria (International Monetary Fund, 2018). Excluding the agricultural sector, informality represents between 30% and 90% of employment. The informal economy in Africa remains among leading worldwide and acts as a shock-absorber in major African cities.

In many African countries, up to 90% of the labour force lay in informal employment (AUC/OECD, 2018). When states institute lockdowns, few people will adhere to the restrictive regulations because they have to gather what they eat. Jayaram (2020) asserts that as many as 300 million people got employed in the informal sector in the African continent. Those in subsistence farming are fortunately less affected by the lockdowns since their lifestyles are undisrupted much. However, about 35 million jobs in the informal sales and services in retail, catering, tourism and wholesale are vulnerable. That scenario also affects about 15 million casual trade, craft and plant-operating jobs in the manufacturing industries. Informal workers in urban areas get also inclined towards working in economic sectors prone to a high risk of virus infection. They are also directly affected by lockdown measures, for example, street vendors, domestic workers, construction workers, food servers, waste recyclers and transport workers (Ibid, 2020). Lockdowns have proved ineffective in Africa due to the informality of the many jobs. Many will try by all means available to evade the lockdown rules and regulations of their countries so that they can put food on the table to survive. They will thus devise all possible avenues available to outsmart security officials to work, earn some income and sustain their daily needs because they work from hand to mouth.

Informal workers continue to defy lockdown regulations because they have no option. They are caught between two hard surfaces, either adhering to lockdown regulations and risk starvation and death or violating them to sustain a living. All of them prefer to pursue the latter option. Kazeem (2020) notes that even in Nigeria, where hard lockdowns got instituted in Abuja and Lagos, informal employees are outmanoeuvring law enforcement authorities to survive. Although larger and formal businesses shut down and towns almost deserted, many informal traders and public transport operators continued to operate surreptitiously, albeit risks of being arrested and their vehicles impounded. In Zimbabwe, similar situations got witnessed. Informal money-changers were inviting their clients to their homes to do business when the hard 21-day lockdown started. That is because the malls and streets that they used to conduct their businesses were closed and prohibited.

A similar situation got witnessed in Kenya, where informal traders were running battles with the police. In South African high-density suburbs such as Ekurhuleni, Alexandra and Hillbrow, casual trading continued flourishing in the hard lockdown. That is because the traders get facilitated by the help of local customers and residents who tip them off about police presence. Stats South Africa (2020) notes that around 9.6 million people work in South Africa's informal sector. They include street vendors, waste pickers and domestic workers. They have no cushioning mechanisms to alleviate them in times of such crises. Although the government availed some 500 billion to cushion the poor and R600 million directed to landlords, many said it was not enough considering the length of the lockdowns and the large and extended families that characterise Africa. By November 2021, the country is almost two years in lockdown, and no one knows when they will end. The inertia in the disbursement of the funds to individuals also led to overcrowdedness, long queues and desperation, potentially heightening the spread of the virus.

Lockdowns stand as a punitive measure for many Africans who have no alternative means of survival. Staying at home becomes impractical when people have no food supplies. Violating lockdown regulations should thus not be viewed as a recalcitrant move but as a desperate move to earn a living. Mwendera (2020) corroborates by saying that South Africa has a relatively lesser percentage of informal workers (18%) (16.53 million) than other African and Asian states. The number is high in

Ethiopia and India, where up to 50% of those employed are in the informal sector. The percentages are as high as 90% in Mali and Ghana and 99% in Zimbabwe. Many employees in the informal sector do not have any savings, bank accounts or cushioning mechanisms in times of crisis. They cannot also practice social distancing since they want to conduct informal business to sustain a living. Without any savings or financial backup schemes and social policies, informal traders continue to work and violate lockdown regulations, not out of stubbornness but out of sheer necessity desperation.

Instituting lockdowns in Africa is equivalent to severely sanctioning the African people. That will ultimately throw the continent into a social malaise. A month after the lockdowns, almost 1.1 billion workers in the informal sector worked or lived in countries with full lockdowns. They got added by another 304 million workers in the informal sector in countries with partial lockdowns. Altogether, these workers represent 67% of informal employment in sub-Saharan Africa. For such a large, disenfranchised and impoverished number of people to stop working or work remotely becomes unworkable. Earning income through formal means provides cushioning measures against temporary income disturbance in tragedies such as the COVID-19 pandemic or as a result of the enactment of lockdown measures (Kadt, J.D., and Naidoo, Y. 2020). Staying at home for them means gathering nothing for the day, and hence risking starvation and death. It also means losing their livelihoods. It impacts negatively on their dependents, whom they stay with and feed. The informal employee gets ground to powder between two excruciating stones: dying from hunger or the virus.

Many Africans employed in the informal sector prefer to evade the police, government and health regulations and continue to work rather than staying at home and risk starving. Many have the view that governments cannot subject people to starvation to protect them. Lockdowns in poverty-stricken Africa cannot be workable because many people cannot afford to buy and stock large amounts of foodstuffs for the periods of lockdowns, say two to three months. Since many of them are informally or not employed at all, they can only afford to buy small amounts of foodstuffs, creating a potential to continually go out to tuck shops, small shops and illegal small shop outlets to beef up their supplies. It gives rise to an avoidable violation of lockdown rules such as social distancing and staying at home. Kazeem (2020) corroborates by saying that since many informal employees cannot afford to buy and stock large quantities of food, they will do so in small bits, creating continuous business for small scale informal traders. It also becomes inevitable to violate the lockdown regulations because the coronavirus pandemic had an unannounced intrusion. No one got warned and prepared for it. It also becomes impossible for people employed informally to stock food that can go for one and half years or even beyond (considering that by the time of writing this academic work, we are already in November 2021). No one knows when the pandemic will end, and hence the restrictions as well. The lockdowns got abruptly announced and caught many informal employees unprepared.

Government concerns over the informal economy spring from the fact that people in the informal economy get exposed to impoverishment, disease and hunger. They lack the safety nets to cushion themselves under crises such as lockdowns. It also includes migrant workers, whether national or international, as they may well be without decent shelter under lockdowns, in addition to vulnerabilities of all workers in the informal economy. The closing of educational and training institutions is an investment loss in skills. It also disadvantages many informal learners who are unable to afford distance and e-learning for lack of connectivity. On the contrary, the very measures that are crucial to slowing the spread of the virus have a direct cost for more than three-quarters of the African population, whose livelihood is dependent on the informal economy. In simple terms, reliance on the informal sector means not being able to afford to survive under quarantines and lockdowns (ILO. 2020).

By continuing to operate, informal traders put themselves at risk of being infected with and spreading COVID-19. Unlike formal businesses that continue functioning virtually with staff working from home and payments mostly happening online, informal ones and trade often involve close person-to-person contact and cash-based transactions, making it unsuitable and impractical in lockdown settings (Kazeem, 2020). If hunger compels considerable numbers of people to ignore the lockdown, that also renders them ineffective against COVID-19 (ILO, 2020). As was already happening in Africa, governments have faced pushback from their people through demonstrations. That was because of the arduous lockdowns. Disturbances in household income flow due to the COVID-19 pandemic and lockdown pose serious threats. The disruptions happen not only to individuals and households but also to the effectiveness of the lockdown itself. When income flows get disrupted, household members may experience a reduction in food. They may also experience interruptions in managing chronic diseases and acute stress, increasing vulnerability to infectious disease. Even more trivial disruptions are likely to trigger trauma and interfere with protective behaviours. An example is the rapid consumers' shift from purchasing nutritious foods to more cost-effective ones, which they can afford under these circumstances. When households cannot meet their most basic needs, there will inevitably be non-compliance with lockdown restrictions, reducing the efficacy of the lockdown as a whole (Kadt and Naidoo, 2020).

Summarising the ineffectiveness of lockdowns in Africa on the points discussed, due to the high degree of informality in the continent, high population density and other social predicaments, restrictive measures against the virus will not be effective. Based on the economic situation in African urban settings and the population densities that make confinement unworkable, detractors point out that extensive lockdowns in Africa are ineffective and retrogressive. Without running water at home, many Africans have to go out daily to search for water. They also gather what they will eat for the day. Africa should not duplicate the strategies that western countries are adopting but should develop its home-grown strategies. South Africa, as a member of the BRICS countries, had its lockdown and restrictive measures affected. With 9.6 million people in the informal sector (ILO, 2021), it became difficult for the government to monitor and control compliance. It proved a mammoth task to protect lives without destroying livelihoods. That compromised the effectiveness of lockdowns in the country.

Informal Settlements and Lockdowns in Africa

Western-style lockdowns are not suitable for Africa with its high volume of informal settlements that are overcrowded and jam-packed. A one-size-fits-all approach is thus not appropriate and African governments were supposed to establish home-grown strategies that suit the continent and its populations. In Africa, 60% of urban settlements are informal, and most of the population live in precarious housing where families share rooms and houses. Informal settlements and overcrowded public spaces such as buses and markets may spread COVID-19 in unimaginable ways. The lack of access to services as shelter, transport and land has two domino effects; it drives a higher risk for the virus and makes the country less robust to a tremor like this (UN Habitat, 2020). The challenges faced by the developing world during the pandemic get compounded by informal settlements. That is because they are usually densely populated and lack decent sanitation infrastructure (Wilkinson, 2020). Masiphumelele in Cape Town, for example, is a denser settlement than, say, Klipfontein Glebe, with homes located close together. The distance to the first nearest neighbour in Masiphumelele peaks at <0.5m, the second nearest neighbour peaks at just less than 1m, and the third nearest neighbour peaks at around 1.5 m. Masiphumelele poses a high risk for COVID-19 spread, as the groups of dwelling that would have to self-isolate together are typically large.

This micro example demonstrates that social distancing (short of a lockdown) would be problematic to achieve in the two selected settlements. Effectively maintaining the social distance norm, according to government regulations, means that people have to be rooted in their homes. That is impractical, given that many homes are not serviced and lack toilets and running water. Even in the case of a complete lockdown (as is currently the case), residents would be asked to do the impossible, as they would be unable to leave their homes to access toilets and water while maintaining a safe 2-m separation distance. In addition, the living conditions inside homes are generally cramped and overcrowded with inadequate ventilation and insulation, making staying indoors unbearably uncomfortable, particularly on hot days (Gibson and Rush, 2020).

Informal settlements residents do not have enough access to services such as water, sanitation and electricity. In the Eastern Cape instance, the current ratio of people per tap or toilet is far off from the national expectations and standards in the Buffalo City Metro and many provinces in the country. An East London Non-Governmental Organisation, Afesis-Corplan, revealed that in some of Buffalo city's informal settlements, more than 40 families share a single toilet (Tshazi, 2020). Another limitation is that many residents have to walk to a water stand and latrine. That is because the informal settlements never got serviced. That creates the inescapable movement of people, and the pathways taken from dwellings to these communal points will be frequently used. In addition, these collective points will themselves be locations for potential disease spread. Two hundred and thirty-eight million people live in slum settlements in Sub-Saharan Africa (UN Department of Economics and Social Affairs (2019). Water is in short supply, space-constrained, rooms often shared (Ibid). Around 60% of the Kenyan capital's 4.4 million inhabitants live in 2020 high-density informal settlements such as Kibera, which account for about 6% of the city's total land area. African leaders, scientists and the World Health Organisation (WHO) have expressed concern over the potential damage the virus could inflict if allowed to spread to such areas, home to nearly 43% of the continent's population (Smith, 2020).

Lack of access to health and medical services is one characteristic of the inhabitants of informal settlements, making it difficult to track and isolate infected people. The fear is that once COVID-19 reaches such areas, the unsanitary conditions will cause it to spread more rapidly (Drabble, 2020). Given that South Africa, as one of the BRICS states, has a total of 14% (1 in 7) of its population staying in informal settlements (Superliner, 2017), and 23% of its urban population staying in informal settlements (Van Niekerk and Le Roux, 2017), it was also affected by problems of overcrowding and lack of basic facilities in its informal settlements. That potentially heightened the spread of the pandemic, reducing the effectiveness of lockdowns.

Homelessness and Lockdowns in Africa

Africa has large numbers of people who are homeless. They pose a potential threat to the spread of the novel coronavirus since this type of group is unmonitored. Homeless people seldom wash their hands or social distance due to the conditions in which they live. Governments worldwide have invoked "stay home," "self-isolate," "physical distancing," and "wash your hands" policies to flatten the pandemic curve and decrease the infection rate of coronavirus. These policies get predicated on the assumption that everyone has a home with adequate sanitation services. For the 800 million or so people living in homelessness globally, this might be a mirage. In addition, this medically high-risk population faces disparate health encounters such as high rates of respiratory illness. That might expose them more to the novel virus (Farha, 2020). The squalid nature of the conditions in which homeless people live and their absence of a fixed abode makes detecting, testing and treatment impossible hence may render the motive of lockdowns ineffective. Those in shelters are better advantaged if the shelter does frequent cleaning or provides access to bathrooms and hot water

and hand cleaners, which many do not. Even in such scenarios, in many shelters, people participate, eat and sleep in groups, which may likely increase the chances of transmission. In addition, many shelters are large spaces with cots or beds placed in close propinquity. In first world countries' winter months, homeless people are often transported by bus to winter shelters. Both the buses and mass shelters do not stop the spread of the virus and, therefore, expose their inmates to virus contamination (Cousineau, 2020).

Officials working in homeless shelters may also have limited training in identifying, preventing or isolating an infected individual showing signs of COVID-19 so the virus will continue to be transmitted. Homeless people have less access to health care providers who could otherwise order diagnostic testing and, if confirmed, detach them from others as recommended by the World Health Organisation. Without access, ill homeless people may be living on the streets and virtually unidentified by health officials and possibly exposing others to the virus. Homeless persons showing symptoms of COVID-19 may go to a crowded hospital emergency department, which even before coronavirus is where many homeless people go for health care services. But if the epidemic continues to spread, these facilities will become even more crowded, and wait times will increase, potentially exposing more people to an infected individual who has come seeking care (Cousineau, 2020). South Africa, a BRICS member state, gets affected by homelessness due to COVID-19-induced lockdowns. With its estimated total number of homeless people pegged between 100 000 to 200 000 (Hopkins et al. 2021.), it will be problematic to locate, trace and treat individual COVID-19 cases, reducing the effectiveness of lockdowns. These estimates could be much higher due to homeless people's high mobility rates that cause a lack of comprehensive data on the exact number (Cross et al. 2010.). The figures could be higher due to the effects of the COVID-19 pandemic (Hopkins et al. 2021.).

African Porous Borders and Lockdowns in Africa

African borders are porous. That leads to a high influx of undocumented illegal immigrants from neighbouring countries. Closing borders in Africa in general and in the Southern African Development Community (SADC) region will not stop the spread of the coronavirus. That is because, by and large, borders in the continent are porous. Frontiers got capriciously imposed by former colonial powers and never respected. That includes cross border regions between South Africa and Zimbabwe and Botswana and Zimbabwe in which people have continued to cross the border at unsanctioned points despite the existence of fences. In some parts of the region, particularly on the contiguous border regions of Zambia, Malawi and Mozambique, people have long-established a strong cross border socio-cultural and economic clout that has diminished the significance and importance of the border. In the minds and lives of the people, boundaries do not exist. That is why in the contiguous borderlands of Zambia, Malawi and Mozambique, people move in between countries to access various services such as food and health across such borders. That is considered acceptable and normal (Moyo, 2020).

The nature of some borders also makes lockdowns in Africa a mockery. Most African frontiers have no clear demarcations such as fences, and some which had barriers before, those fences were sabotaged. That left no delineation at all. In some places, the physical border got marked by an insulated concrete pillar or beacon, a few centimetres above the ground. People have always ignored them, moving freely in-between countries conducting their everyday lives in line with their social, economic, cultural and other needs. For instance, at Mwami (Malawi-Zambia border), people simply walk or cycle freely between the two countries. In such a situation instituting a lockdown and closing a country's borders is not an effective way of stopping the spread of the coronavirus (Moyo, 2020). African states on their own cannot detect, prevent and respond to infectious disease outbreaks without foreign cooperation. There is a need for assistance from other regional

and international partners (Nsofor, 2020). Fear of persecution and deportation also grips illegal immigrants as they arrive in destination countries even when they contract coronavirus. Migrants and refugees are amongst the worst affected people by lockdowns in Africa. In some African cities such as Johannesburg, Pretoria or Cape Town, undocumented migrants remain fearful of being tested or going to the hospital due to fear of forcible detainment, separation from their families, and deportation (Muggah, 2020). That makes the virus to be continually spread in communities rendering lockdowns ineffective. The closing borders don't mean people stop trying to cross them but always lead to an influx of illicit travellers. That intensifies exposure and complicate health screenings and contact tracing. Many borders in Africa are notoriously porous. Migrants cross illegally and willy-nilly (Mbiyozo, 2020). South Africa as the only BRICS member in Africa, also experienced the same scenario of lack of control and containment to the influx of immigrants during this period through its porous borders. That compromised the effectiveness of lockdowns.

High Population Density

A high population density in many African societies makes social distancing a mirage. One of the fundamental cornerstones of lockdowns in Africa was to institute physical and social distancing amongst individuals in families and groups in communities. African households are overcrowded due to extended families that stay together. They share rentals amongst occupants, social and physical distancing becomes a mirage. That renders lockdowns ineffective. Social proximity within families and neighbourhoods makes social distancing very difficult, if not impossible. In Africa, it is customary for several families to live under the same roof. Families have numerous children and extended. Household size is enormous than in western countries. According to the United Nations Population Division, 'among the 42 countries or areas of sub-Saharan Africa with a recent estimate, the median average household size is 4.8 persons per household' (United Nations Population Division, 2020). Intra-family transmission is considered a vector of spread for COVID-19. African social norms also focus on spending time with family, friends and associates. Many people thus inevitably live close to each other. Several factors make it hard to design and implement social distancing measures in Africa. That includes those that are low-income in particular, including large households, overcrowded dwellings, frequent and close contact between the young and elderly, constrained access to clean water, inability to earn a living while staying at home, or lack of liquidity to stock up on food and other supplies, which requires frequent shopping trips (Mysoon et al. 2020).

Lockdown measures in the African context endanger the livelihoods of many Africans who survive from hand to mouth through informal employment. A vast majority of Africans eat what they gather for the day. The nature of African informality doesn't allow Africans to do that business online but warrants their physical presence. Social distancing thus directly endangers many poor people's livelihoods. Many are street vendors and workers who rely on a daily wage to make ends meet. They cannot work from home. As a result, they lose their incomes under those circumstances. About 80% of the population works in the informal sector without contracts of any kind, let alone unemployment insurance or the possibility of continued salary payments if work suddenly dries up (Gunter, 2020). Social distancing will also be unworkable in Africa because they expose vast populations to acute financial shocks. Many countries, such as Nigeria and Cameroon, have introduced strict lockdown measures that closed businesses without sound alleviation strategies to assist the affected individuals and households. For the majority poor who cannot afford bank accounts and credit cards, the lockdowns may be as painful as the virus itself, compelling many to disobey the lockdown measures out of sheer desperation and a quest to make ends meet. Given these devastating potential consequences, it is ethically questionable to bar people from working without offering any alternative means of survival for them (Rubenstein, 2020).

African countries did not cushion their populations from the adverse economic effects of the lockdowns, for example, hunger. That pushed many to the brink compelling them to resist the lockdown rules and continue their daily activities. In some cities such as Johannesburg, Nairobi and Lagos, there were violent resistances to lockdowns. That led to violent clashes with the police. In the two latter capitals, the situation even turned nasty as it led to some demonstrators getting shot by the police (Africa News, 2020). Without robust government support, micro-entrepreneurs are unlikely to abide by stay-at-home measures. That creates risks for themselves and their communities. In addition, since micro-enterprises use cash for business exchanges and deal with several customers daily, their return to business will dent ongoing efforts to contain COVID-19. The more restrictive the social distancing measures were, the excessive the impact on individual livelihoods and severe the subsequent economic shocks and the likelihood of social unrest amongst poor communities (Tony Blair Institute for Global Change, 2020). As the only member state of the BRICS bloc in Africa, South Africa also faced a problem of a high population density in its urban areas. Coupled with resistance to lockdowns and lack of compliance to the restrictive measures, that threatened the efficacy of lockdowns.

Institutions with Vulnerable Populations and Lockdowns in Africa

Africa has institutions with vulnerable populations that include incarcerated persons, children's homes and refugee camps. They accommodate vast numbers of occupants. That makes social distancing impossible hence making the efficacy of lockdowns redundant. In addition to prisons, refugee and Internally Displaced Persons (IDPs) camps in the region are overcrowded, usually with inadequate water and sanitation, making it very difficult to maintain social distancing under these conditions. Elderly residents in care facilities may also be affected and vulnerable (Social Science in Humanities Action, 2020). Africa hosts more than 25.2 million refugees and internally displaced people, and most of their appeals are underfunded. Displaced people get hosted in such countries with already under-resourced health systems. Africa houses four of the world's six largest refugee camps (in Uganda, Kenya, Tanzania and Ethiopia) and, these camps are ideal spaces for transmission of the coronavirus. They are overcrowded and lack adequate water, sanitation and hygiene facilities. Many inhabitants have fled war or strife and have compromised immune systems due to malnutrition, high stress and other comorbidities. Healthcare facilities are basic; mechanical ventilators and intensive care beds are very rare. In these settings, social distancing or isolation will be extremely difficult. Kakuma and Dadaab refugee camps in Kenya accommodate 411 000 refugees (194 000 and 217 000 respectively (Ibid).

There are also displaced people who stay outside refugee camps. They live in very precarious health conditions. They are poorly resourced and unmonitored in terms of official support. They rely on philanthropic societies that faithfully and honestly offer support to them. These societies may be closed or overburdened due to the current pandemic era and government lockdowns. Many refugees and internally displaced people live in cramped conditions, including formal camps, informal settlements, and population-dense urban spaces. Multiple families get compelled to share the same bathing facilities if they have access at all. Some get obliged to share the same tent. In some countries, asylum seekers and irregular migrants get placed in detention, often in appalling conditions. The ease with which the coronavirus spreads makes these living situations potentially disastrous (Relief Web Issue Brief, 2020). South Africa as the sole member of the BRICS bloc in Africa, had to expeditiously release low-risk offenders from prisons to avoid overcrowding and high transmission chances. By mid-June 2020, over 6 000 inmates of the 19 000-targeted low-risk offenders got released to mitigate the effects of the pandemic (Cabe, 2020; English News, 2020).

Did lockdowns decrease the number of new infections and deaths?

Contrary to African expectations, lockdowns did not produce the intended effects. Amidst measures to reduce the spread of the pandemic and stabilise the curve, the total number of confirmed cases, new cases and deaths continued to sky-rocket. That signifies that lockdowns, physical distancing and other mechanisms adopted to control the spread of the virus were ineffective (See Table 1 for statistical evidence). Table 1 suggests that lockdown measures in the African continent were counterproductive since they did not yield the intended effects. Table 1 reports a three-month trend for COVID-19 in Africa using World Health Organisation (WHO) data. The number of confirmed cases, new cases, total deaths were lowest in March and continued to rise to May and beyond. That shows that lockdown measures have not been effective. The ever-rising number of confirmed cases, new cases, confirmed deaths and new deaths over the three months and beyond suggests the unsuitability of lockdown measures to the African context. By the time of the publication of this research, the figures of all the four categories had risen astronomically. For instance, the total number of new infections in South Africa by 20 March 2020 was 100 000 (ENCA News, 2020), surpassing the 6th March continental figure. The number of these four categories on the table continues to rise exponentially every day. That shows the unworkability and ineffectiveness of lockdown measures in the African continent.

Table 1: COVID-19 in Africa: A three-month trend analysis

COVID-19 Africa Region	6 March	6 April	6 May
Total Confirmed Cases	19	6 616	33 973
New Cases	1	198	1 403
Total Confirmed Deaths	0	243	1 202
New Deaths	0	7	90

Source: World Health Organization, Situation Report, No. 46, 77 and 107

From the first day that each African country instituted a lockdown, new infections and deaths continued to rise sharply, showing the ineffectiveness of lockdowns in the African context. This author suggests that Africa needs to institute tailor-made and context-bound lockdowns that balance lives and livelihoods. Since people want to stay safe from the pandemic, they also want to sustain their lives by gathering what they eat. African states, therefore, need to strike a balance between the two.

Conclusion

From the above findings, lockdowns have proved ineffective in Africa. It is because of the complexity and uniqueness of the African continent and its people. The way lockdown measures got instituted did not take into consideration the African needs, values and ethos. They were unilaterally imposed by heads of states and governments, replicating from the European approaches without modifying them to suit the African context. That led to the ineffectiveness of such lockdown measures. Large numbers of informally employed people in Africa meant staying at home, practising social distancing was not workable. Informally employed people have no savings and social policies to cushion them in catastrophic times. They live from hand to mouth and have to gather what they eat daily. They also have to queue for public facilities such as water, sanitation and ablution facilities. That naturally makes lockdown regulations fall away as they do not become feasible. The prevalence of informal settlements that mushroom in all African cities and towns also made lockdowns unworkable. Informal settlements are cramped, with no spaces and overcrowded. The occupants of the settlements often form long queues for public water taps and ablution facilities. Many of them can't even afford to buy soap and cannot, therefore, clean their hands. That renders the efficacy of lockdowns

because people cannot practice social distancing, stay at home and disinfect their hands. Rampant homelessness in the African continent also makes lockdowns impractical. Homeless people do not practice social distancing as they sleep under bridges and corridors in large numbers. Because of homelessness, many Africans cannot stay at home since they are of no fixed abode. That makes the efficacy of lockdowns redundant because the chances of the virus spreading rapidly under those conditions are very high. The porosity of African borders also makes lockdowns ineffective because people from any African country can easily transmit the virus anywhere on the continent. African countries' borders are permeable. People cross to and from unfettered. Lockdown regulations such as staying at home become futile. Institutions with vulnerable populations such as refugee camps are overcrowded. Their occupants queue for water and sanitation facilities. The shelters have little space. That heightens the spread of COVID-19, making lockdowns ineffective.

African states were supposed to act homogeneously as one continent and not as individual countries with varying policies and responses to the COVID-19 pandemic. In future crises such as these, Africa should be the first to institute lockdowns before the virus infiltrates its frontiers. Africa should do so as soon as it learns of such an outbreak, for example, emulating what New Zealand and Tonga did. African states in particular, and the continent, in general, could then homogeneously bar foreign travel and test returning citizens at ports of entry. Those who test positive for the virus would be kept in quarantine centres at the periphery without disrupting interior life and economic activities. That was going to keep the interior safe without instituting lockdowns. That was also going to outsmart some problematic issues such as the porous Africa borders because any movement of people from one African country to the other, whether legal or illegal, will be a movement of virus-free people with no adverse health consequences to the receiving state(s). Those rare and isolated cases that may occur in the interior would be relegated to the quarantine centres at the periphery expeditiously, without disrupting social, political, cultural and religious life in the interior. There is also a need for massive health education through the deployment of community and peer educators to arm and inform Africans, nullifying and eradicating misinformation and disinformation surrounding the pandemic and vaccination issues. That will get buttressed by the provision of free masks, protective clothing and disinfectants. Such a move will ensure that livelihoods do not get disrupted. At the same time, it curbs the pandemic from infiltrating into communities. For those BRICS states with COVID-19 relief funds like South Africa, there was a need to expedite the disbursement of the funds electronically to deserving individuals. For South Africa, it was not about the availability of the funds but the speed and methods of their disbursing. The inertia and physical presence method adopted in disbursing the funds led to long and winding queues, desperation and misery, heightening the chances for the spread of the virus.

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