

Pandemic Preparedness Project Annual Report 2020

In 2020 the project shifted to a significant emphasis on COVID-19. Delays due to restrictions led us to extend fieldwork in the first two villages, given the importance of documenting the COVID-19 experience, and the planned annual project meeting in Sierra Leone was held online. With these adjustments the project has progressed strongly, with the unfolding pandemic intensifying research and policy engagement opportunities at local, national, regional and global levels. Team members have produced numerous academic publications (5 articles/chapters with 6 more in prep); participated in key meetings and committees including of WHO COVID-19 Social Science Expert Group, UNICEF, WHO, FCDO, Sierra Leone national STAGE, UK SAGE and Africa CDC, and engaged with media/social media (including 12 blogs) – see <https://www.ids.ac.uk/programme-and-centre/pandemic-preparedness/>.

Through our research and engagement we have been analysing the experience and narratives of COVID-19 in African settings, with the themes of uncertainty, knowledge and authority continuing to provide a strong frame for our fieldwork and analysis.

At local level, in Sierra Leone we added to our village fieldsite in Moyamba District with the appointment of a second Research Officer to work in a village hard hit during the 2014-15 Ebola outbreak in Kailahun District. The team's participant observation has been tracking local health-related activities, understandings of COVID-19 and responses to public health restrictions. A study of local ideas about COVID-19 in the light of Ebola experience using a game-playing protocol was published in *PLoS ONE*. Surveys and in-depth interviews have focused on several topics including lockdown, mask wearing and social distancing, and recently, vaccination. Mokuwa was invited to form a research "pillar" for the Bo District response team (DICOVERC), participating in meetings and test-and-trace. Good liaison was also maintained with the national Covid-19 STAGE committee of which Babawo is a member. Villagers are not aware of experiencing COVID-19 significantly, and the hardships documented have related to difficulties in cultivating fields, although measures have not been strictly enforced. Traders opened up markets on their own authority, prior to the government doing so officially in June.

In Uganda, village fieldwork in Kasese district has explored perspectives of villagers and local authorities. The team documented the detrimental impact of COVID restrictions on lives and livelihoods, the impact of military enforcement and the politicisation of COVID restrictions related to elections in early 2021. We explored dynamics related to tension between informal public authority and government defence units, and competing priorities from other threats such as floods and a resurgence of Ebola across the DRC border. Until late 2020 villagers had little experience of COVID-19 and some were able to bribe soldiers to access their fields. At District level, interviews with quarantined individuals from October surfaced reports of arbitrary arrests, coercive use of test results and deaths from other health conditions left untreated. Work has also started in a second fieldsite in Panyimur district, northern Uganda, where accounts of the militarisation of response measures are even more marked than in Kasese.

At national levels in Sierra Leone and Uganda, the teams have been conducting interviews and analyses of the unfolding situation. In the early stages of the pandemic, there were close parallels between COVID-19 and Ebola in terms of governmental response mechanisms, structures and messages – including insufficient account of differences between the two conditions, such as age-related risks. Over time, national leadership and ownership over the response has increased markedly compared to Ebola. Border control measures were implemented early in both countries. In Uganda, highly authoritarian and militarised responses emerged – the focus of a commentary piece

in Medical Anthropology. This was less so in Sierra Leone, and a more systematic comparative analysis of national responses in their political historical contexts is a priority for 2021. At least in the first wave of COVID-19, both Sierra Leone and Uganda had very low official case numbers and deaths, although resource limitations have made it difficult to assess 'true' levels.

At regional level, the team based in Dakar focused on three areas: regional dynamics (through interviews with key actors and regular participation in meetings of WHO COVID Coordination for West and Central Africa); national dynamics in Senegal (daily media surveillance and interviews to understand national-regional gaps); and digital dynamics (focused on internet and social media analysis of the Disease X imaginary related to Africa). From October attention turned to vaccine preparedness and since December, the team has been tracking the implications of new SARS-CoV2 variants and of the unexpected second wave of COVID 19.

At global level, the COVID context made interviews less appropriate but enabled rich research and engagement through online document analysis and participation in key committees, especially the WHO SS Expert Group. We have been publishing on the picture emerging through our analyses across (and interconnecting) the global, regional and national/local settings. This includes the co-existence of narratives of African success in dealing with COVID-19 through swift action and leadership, with important caveats related to resource shortages, economic and health impacts of restrictions, and politicization. We have analysed experiences of COVID-19 across African settings as a negotiation of intersecting precarities, particularly as people respond to the impacts of public health measures on their lives and livelihoods. This links to discussions about how to ensure better interconnection between 'top down' public health responses and those emerging 'from below'. Our findings and analysis suggest the importance of proportionate measures that are adapted to local contexts, and that an understanding of local forms of public authority is key to coordination of responses. There is also uncertainty about the epidemiological and social picture, requiring we argue forms of response that are adaptive, flexible and incorporate multiple forms of knowledge.

Looking ahead, we will continue to track across levels the emergent debates and implications around vaccine preparedness, understandings and hesitations, and around the second wave of COVID-19, including new variants. We are also tracking implications for 'community engagement' and local, participatory action; these are now emphasized whilst awaiting vaccines, but the extent to which this is shifting mainstream ideas around pandemic preparedness and response remains to be seen.