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## **The Tanzanian state response to COVID-19**

Why low capacity, discursive legitimacy, and twilight authority matter

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**Abstract:** Tanzania received significant global attention for its COVID-19 response during the first year of the pandemic. It did not share pandemic statistics, require masks, implement lockdowns, or close borders; it questioned testing and vaccine efficacy; and it emphasized traditional medicines as a cure. The country's response reflected a centralized, paternalistic state that emerged under postcolonial president Julius Nyerere and that stressed self-reliance and national unity. Although local officials did have some discretion to respond, the state's top-down solutions, its low capacity, and the broader campaign against bureaucratic corruption curtailed the space in which they could act. Nyerere's legitimating discourse of nationalism, self-reliance, and paternalism further problematized the global cooperation needed to address the pandemic and limited the space in which civil society could challenge state actions. The state's struggle for authority in the face of nonstate actors such as opposition parties and civil society groups led it to embrace strategies such as electoral authoritarianism to maintain control, thereby obscuring transparency and accountability in the pandemic. The focus on state capacity, legitimacy, and authority situate individual leaders' actions in broader structural contexts, while also showing African state agency.

**Key words:** Tanzania, nationalism, authority, capacity, legitimacy, electoral authoritarianism, Julius Nyerere

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## 1 Introduction

As a lower-middle-income country with 58 million residents and a gross national income per capita of US\$1,080 in 2020 (Piatti-Fünfkirchen and Ally 2020), the United Republic of Tanzania (hereafter ‘Tanzania’) received significant global attention for its response to COVID-19 during 2020–21. This was not because the East African country sought to respond effectively but was hampered by its huge geographic area, inadequate road infrastructure, largely rural population (65 per cent of its residents) (Trading Economics 2021), and overall low capacity, though such factors mattered. Rather, Tanzania garnered attention because it responded in unorthodox ways. High-level state officials, and particularly the late president John Magufuli, publicly supported herbal cures, declared the country ‘COVID-free’, shunned mask wearing, argued that prayer kept the virus at bay, questioned the value of testing and reporting cases, and refused the COVID-19 vaccine. At the same time, district and regional health officials worked to educate the public about the virus, engaged in contact tracing, cared for the sick, and counselled family members (Yamanis et al. 2021). After the president’s death on 17 March 2021 (due to what opposition party leaders claimed was COVID-19), his successor, Samia Suluhu Hassan, began to align the country’s response with global health practices (Mirondo 2021). What explains Tanzania’s pandemic response from March 2020 until March 2021? Although it is tempting to merely focus on the ‘big man’ explanation, there is more to the story (Becker 2021). This paper interrogates state capacity, legitimacy, and authority—some of which are closely tied to but not synonymous with the late president—to argue that the state’s formation, its ideational underpinning, and its shaky authority as evidenced through its reliance on electoral authoritarianism undergird a response that minimized the pandemic threat, shunned global cooperation, and promoted nationalist solutions.

To make the argument, the paper incorporates a systematic analysis of news articles on Tanzania and COVID-19 from 2020 and 2021. Sources include over 140 articles from the *Citizen* (an independent English-language newspaper with a corresponding Kiswahili version, *Mwananchi*) and global media sources such as allAfrica.com, Al Jazeera, and the BBC. The paper also uses data from Afrobarometer, a pan-African, non-partisan research network that has conducted seven rounds of surveys in 34 countries since 1999, and the World Bank Governance Index to demonstrate state capacity, legitimacy, and authority (World Bank 2020).<sup>1</sup> Author observations, informal conversations, and key informant interviews in Dodoma and Dar es Salaam with NGO officials, civil society leaders, scholars, and government health officials between November 2019 and March 2020 provide additional insights. Although COVID-19 was not the topic for interviews (the pandemic was only emerging globally when the author left the country), respondents did shed light on factors that affect health services.<sup>2</sup>

This paper proceeds as follows. First, it argues that although state capacity, authority, and legitimacy matter for effective pandemic responses (see Gisselquist and Vaccaro 2021), those state components are rooted in particular historical processes of state formation, discourses on legitimization, and strategies of control, the combination of which may have various effects on

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<sup>1</sup> The World Bank Governance Index includes six indicators: political stability, government effectiveness, control of corruption, rule of law, regulatory quality, and voice and accountability. Countries receive cumulative and indicator-specific scores from –2.5 to +2.5. The cumulative average in 2020 was –0.68 for sub-Saharan Africa and –0.60 for Tanzania.

<sup>2</sup> All respondents were assured of anonymity in publications, and the broader research project on mental health policy received approval from the Tanzanian Commission for Science and Technology (2019-627-NA-2019-375) and the author’s home institution.

pandemic responses. Section 3 describes major actions in Tanzania's response to COVID-19 during the pandemic's first year. Sections 4 and 5 incorporate the approaches of historical and discursive institutionalism to dissect how patterns established under the first postcolonial president, Julius Nyerere (president from 1961 to 1985), shaped state capacity and legitimacy in ways that mattered for the pandemic response. Historical institutionalism recognizes how 'institutions emerge from and are embedded in current temporal processes' (Thelen 1999: 371). By relying on broad definitions of institutions that move beyond structures and by recognizing how political actors maintain or change institutions, this approach shies away from a deterministic path dependency to see institutions as a reflection of social processes (Thelen 1999). Discursive institutionalism adds that ideas and discourses shape these processes. Defined as 'programmatic beliefs' (Berman 1998), values or norms (Finnemore and Sikkink 1998), national traditions (Katzenstein 1996), strategic weapons in the battle for control (Blyth 2002), policy problem definitions (Shiffman 2017), and 'deep core' worldviews (Sabatier and Jenkins-Smith 1993), discourses and ideas bring meaning to institutions and undergird institutional continuity and change (Schmidt 2008).

Section 6 examines the state's struggle for authority through its use of electoral authoritarianism, arguing that such activities conditioned the COVID-19 response (Paget 2020b). Relying on insights from historical and discursive institutionalism, as well as the theory of electoral authoritarianism, the paper illustrates how African states may exhibit agency in contexts of significant uncertainty.

## **2 African state capacity, legitimacy, and authority: beyond 'big man' politics**

The African state 'include[s] the territory, laws, bureaucratic and military apparatus, and some ideological justification for the state's existence' (Englebert 2009: 4). As the 'dominant institutional edifice on the African landscape' (Englebert 2000), the state claims control over people and territories, has the capacity to 'command, regulate and extract' (Linz and Stepan 1996: 7), and has some level of autonomy from civil society (Skocpol et al. 1985). Focusing on the state does not deny that leaders operate within this institutional context, sometimes to the detriment of state capacity, development goals, and accountability. However, by focusing on the state, this paper moves beyond the 'big man' trope, a view that prioritizes individual rulers who rely on patronage, ethnic and family networks, and personal loyalty to retain power; who control the judiciary and legislature; and who engage in capricious and erratic decision-making (Sigman and Lindberg 2020; van de Walle 2001). The narrative of the 'mad dictator' with unfettered power is 'generally misleading' because it 'pass[es] off as a personal failure what in fact is a structural feature' of, in this paper's case, the Tanzanian state (Becker 2021: 189).

Scholars show that the combination of state capacity, legitimacy, and authority make a state more (or less) effective in promoting economic growth, providing public goods, fostering development, and contributing to better health outcomes (Gisselquist and Vaccaro 2021). However, these state dimensions take on unique characteristics depending on the state, thereby leading to outcomes that can be specific to a particular time, place, or external threat. Capacity is the 'ability of a state to provide its citizens with basic life chances' (Gravingholt et al. 2015: 1290), including protection from physical, environmental, and pathogenic threats. Although many African states have some developmental capacity to solve problems and provide physical protection, far fewer have the administrative and responsive capacity to make services accessible, efficient, and equitable (Bratton and Chang 2006: 1068). Legitimacy is the population's consent that the state has the right to rule. Most Africans consider that their state is 'authentically constituted', despite most states' colonial histories and ethnic and religious pluralism, but they question legitimacy based on accountability

and upholding the rule of law (Bratton and Chang 2006). State legitimacy also may rest on ideas and discourses. For example, linking nationalism to familyhood has bolstered the state's legitimacy in rural Niger, despite the absence of state institutions and their accompanying services (Bhandari and Mueller 2019).

State authority is the ability of the state to control violence across its territory, thereby establishing a foundation of public order. The African state is not a rigid institution (Becker 2020), but rather, 'amalgamated thorough the exercise of power' (Lund 2006). African state authority is not divorced from multiple processes: precolonial, indigenous governance that focused on personal loyalty not territorial control (Herbst 2000); colonial exploitation (Young 2012); nationalist struggles (Cheeseman 2015); and neoliberal policies intended to minimize state economic control (Bratton and van de Walle 1997). In its struggle for public authority, the state must contend with civil society organizations, donors, NGOs, and traditional and religious authorities (Branch and Mamphilly 2015; Brass 2016; Lund 2006; Migdal 1988). Although the Weberian state is theoretically emancipated from society, the continuance of neopatrimonialism (rule through personal networks and patronage) questions the African state's autonomy (Chabal and Daloz 1999: 5–7). There remain tensions between what Peter Ekeh (1975) terms the 'primordial public' (the realm of ethnic, lineage, and religious affiliations to which individuals give freely) and the 'civic public' (the realm of state institutions and policies which citizens obey only grudgingly). To solidify its authority, the state may use repression (Bates 2008), extraction (Englebert 2009), and/or electoral manipulation. The latter strategy may allow the state to reinforce its institutions and control civil society, all while tacitly meeting global norms that support electoral competition (Schedler 2006). Below, this paper shows how these three state components present themselves in Tanzania and how those manifestations shaped the COVID-19 response.

## 2.1 The Tanzanian state responds to COVID-19

Tanzania's first case of COVID-19 appeared on 16 March 2020, when a Tanzanian woman returning from Belgium became ill. State officials quickly shut schools and universities, stopped sporting events, and mandated social distancing on public transportation, although enforcement of social distancing on public transportation and marketplaces was next to impossible (author observations, Dar es Salaam, 19 March 2020). International travellers were required to undergo and pay for 14 days of quarantine in designated hotels, and on 11 April 2020 state officials suspended all international flights. District and regional health authorities were provided personal protective equipment (PPE) and received guidelines on screening and isolating patients, setting up treatment units, quarantining confirmed cases, providing psychosocial support, and urging community-based prevention through handwashing and social distancing (Mfinanga et al. 2021; Yamanis et al. 2021: 565). Fear of the virus contributed to stigma, unwillingness to test, and avoidance of those who had travelled. One informant exclaimed even before cases emerged: *Corona bapa Tanzania? Tutakufa wote!* (Corona here in Tanzania? We will all die!) (informal conversation, Dodoma, 7 March 2020). On 22 March 2020, the president declared the virus to be 'the devil', which could not survive in the 'body of Christ', and state officials urged the population to pray and to engage in handwashing, though they did not publicly support mask wearing (Bariyo and Parkinson 2020; *Citizen* 23 April 2020).

Within two months, the state began to minimize the pandemic threat. After 8 May 2020, when Tanzania reported 509 cases and 21 deaths, the state released no more statistics to the public or WHO until June 2021 (Kombe 2021). On 22 May 2020, Magufuli declared Tanzania to be 'COVID-19 free' and ordered students to return to school and universities to reopen (*Citizen* 17 May 2020; Dahir 2020). International flights resumed by mid-May, and by late June isolation centres were closed. In response, the US Embassy publicly warned that cases were escalating in hospitals and that tourists should not visit the country. In August 2020, in a crowded church

service in Dodoma, the late president credited God with saving the country and demonized countries and politicians who might challenge the official narrative: ‘Our enemies will say a lot, but here in Tanzania, we are safe’ (Dahir 2020). Tanzanian exceptionalism was evident in several indicators. It was one of only four African states (of 50 examined) that did not close workplaces, issue stay-at-home orders, or place restrictions on in-country movement (Hale et al. 2020). Unlike its neighbours, it did not close its borders. It also contrasted with two-thirds of other African countries in that it did not implement any social policies such as income support or debt/contract relief (Yamanis et al. 2021: 571).

As the pandemic continued, state officials publicly challenged public health recommendations on testing and vaccines, claiming these were inaccurate, unreliable, untested, and potentially, unsafe. To illustrate problems at the National Community Health Laboratory, Magufuli secretly asked scientists to use the tests on a goat, quail, and a papaya, all of which allegedly tested positive for the virus; the health minister, Ummu Mwalimu, then suspended the laboratory director (Dahir 2020). The state also accepted donations of the COVID-Organics mixture from Madagascar to ‘cure’ the disease, despite the fact that no data on the product’s efficacy had been shared with the WHO or the Africa Centre for Disease Control and Prevention (Africa CDC) (*Al Jazeera* 8 May 2020). In early February 2021, as COVAX—the international collaboration to ensure equitable access to vaccines in low-income countries—compiled its distribution list, Tanzania announced that it would not accept vaccines because they were sourced abroad and had not been proven safe. Questions about the safety of the Oxford AstraZeneca COVID-19 vaccine, and South Africa’s suspension of its use in February 2021, fuelled this argument (Cohen 2021). Magufuli publicly challenged health officials to resist being swayed by the demand for vaccines: ‘You should stand firm. Vaccinations are dangerous. If the White man was able to come up with vaccinations he would have found a vaccination for AIDS by now.... He would have found a vaccination for malaria by now; he would have found a vaccination for cancer by now’ (Makoni 2021). In late February 2021, a health ministry statement de facto admitted that cases existed in the country, but painted the country’s overall experience with the virus positively: ‘As said by the president, we won last year and the economy continued to grow until we achieved the middle economy status and Corona still existed. We did not set lockdowns, and even now, we will not impose lockdowns because God is on our side’ (*Citizen* 22 February 2021). A few weeks later, Magufuli died.

### **3 Historical institutionalism: *ujamaa*, state capacity, and the pandemic response**

Ziaja et al. (2019) classify Tanzania as a ‘low capacity’ country, an assessment echoed in the World Bank ‘government effectiveness’ measure that assesses the quality, competence, and independence of the civil service, and how well public services are delivered. The country scored  $-0.77$ , the average sub-Saharan Africa score. To understand low capacity, and its relation to Tanzanian governance, this paper turns to the actions of Nyerere, who had a ‘towering influence on Tanzania’s political and economic affairs for almost forty years’ (Lofchie 2014: 3). After Tanzanian independence from Britain in 1961 and unification with Zanzibar in 1964, Nyerere established the *ujamaa* (familyhood) socialist policies in the 1967 Arusha Declaration, an action that would have an ‘epochal effect’ on state centralization and societal control (Shivji 2012). Ujamaa included nationalization of privately owned properties and the resettlement and expropriation of African-held land. Since 90 per cent of the population lived in rural villages, most Tanzanians were affected. Villagers were relocated to 8,000 new communities, many composed of people from different ethnic groups and lineages. Half of the country’s rural population moved between 1967 and 1976 (Boone and Nyeme 2015; Green 2010). This ‘state-initiated social engineering’ resulted from the desire to administratively order nature and society, state officials’ overconfidence about scientific and technical progress, an authoritarian state structure, and a prostrate civil society unable to resist

the state's plans (Scott 1988: 4). Nyerere hoped to generate economies of scale for health and educational services, to create opportunities for large-scale and mechanized farming, and to capitalize on technical advances in agriculture (Schneider 2014). Ujamaa villages were envisioned to be efficient, productive, and models of cooperative socialist development; the policy also sought to weaken the landowning class and generate tax revenue for the country's industrialization (Lofchie 2014).

As a developmental state, Nyerere's Tanzania was unlike East Asian developmental states, with their professional bureaucrats who guided industrial production, prioritized national firms, promoted state planning, coordinated with industrial elites, and addressed capital scarcity. Although Tanzania resembled such states in its authoritarianism, it was ruling party elites, not professionalized civil servants, who set the development agenda. Similar to the more recently established developmental states of Rwanda and Ethiopia, Nyerere's state linked economic policies to the political objective of controlling society and preventing conflict (Matfess 2015; Singh and Ovadia 2018). Thus, despite his initial support for a bottom-up, participatory policy such as the Ruvuma Development Association (RDA)—17 communities in southern Tanzania engaged in development enterprises—Nyerere bowed to pressure from elites in the ruling Tanganyika African National Union (TANU) to emphasize a centralized approach (Shivji 2012). TANU party elites perceived the RDA to be 'an offender against the proper order of things', with its predominantly youth members 'working against the party' (Schneider 2014: 49, 58–59). By 1973, some state officials had begun to coerce people to collectivize, acting with discretion to achieve national targets. For example, state officials informed people in Dodoma (a drought-prone region in central Tanzania) that only residents of collective villages would receive food aid during the hungry season (Scott 1998: 233). In the process, state officials resembled their colonial forerunners, who ignored local people's knowledge, histories, and needs (Saul 2012; Scott 1998).

Beyond its outcomes of soil erosion, deforestation, and desertification—all factors that contribute to food insecurity today (Scott 1998: 235; Ergas 1980)—ujamaa had two long-term effects on state capacity. First, it amplified a hierarchical, bureaucratic governance preoccupied with 'adherence to forms and practices rather than ... a concern with content' (Green 2010: 18). For example, when famine hits, local officials tend to focus on how many sacks of grain are delivered or whether forms are correctly completed, not human suffering (Phillips 2018). In this governance, 'titles, office holding, meetings, and [written] plans' symbolize power even in the absence of activity (Green 2010: 25), as the state strives to make the population 'legible', or easy to document, locate, and, ultimately, control (see Englebort 2009). In a recent example, the state required all Tanzanians to register their mobile phone numbers under a government-issued national identification number by 31 December 2020. In a byzantine process that many state officials themselves did not seem to understand, millions of people had to travel to regional capitals to get birth records, wait in long lines for the necessary stamps and signatures, and pay fees, all before the phone company cut service. The exercise demanded time, resources, and energy, with the poor and ill-informed being most affected (author observations, Dodoma, December 2019–January 2020).

The public health system illustrates how governance is situated around hierarchical relations and accountability to the next level. Although it was officially decentralized in the 1990s to make district health centres the first line of care (above the village), the system relies on regional health officers under the President's Office-Regional Authority and Local Government (PO-RALG) (Sirili and Simba 2021). Health services (through PO-RALG offices in the 31 regions) receive funding from the finance ministry, not the health ministry (interview, Dodoma, 30 January 2020), meaning the central government, not local authorities, spend over half of public health funding (Piatti-Fünfkirchen and Ally 2020: 9). At times there can be confusion about jurisdictional issues related to budgets and health policies (interview, Dodoma, 6 February 2020). The regional health officer ensures that the budgetary plans of district health management teams comply with national health

ministry priorities (e.g. childhood survival targets). Although district health teams ask for public input on budgets, they have limited discretion since there are expenditure limits (interview, Dodoma, 18 February 2020).

A second effect of ujamaa was that it made the state the main protector of citizens' interests and the dominant provider of citizen services. In 1962, the postcolonial government abolished the position of chief, a local leader who in traditional society would adjudicate local conflicts or represent people to the state. As a result, the state now orders, arranges, judges, and represents (Boone and Nyeme 2015), and in rural areas may enable subsistence (Phillips 2018). Additionally, through a series of actions in 1964, 1970, and 1971, the government nationalized church-run schools and the largest church-run hospitals; 19 district-level church-affiliated hospitals remained under church ownership, but were governed by state medical officers. Neoliberal policies of the 1990s led the state to return some of these institutions, though district officials continue to oversee health (Mhina 2010). These policies have meant that people turn to state institutions, not civil society, for many services. Indeed, 76 per cent of those surveyed said they had had contact with a public clinic or hospital in the last 12 months.<sup>3</sup> In addition, trust for central state authorities, such as the president, is higher than for local authorities—62 per cent compared to 49 per cent for local authorities and 20 per cent for traditional leaders (Afrobarometer 2016/2018).

Although a hierarchical bureaucracy is one component of a well-functioning state, Rauch and Evans (2000) point to other necessary elements such as competitive salaries, merit-based hiring and promotion, and clarity in personnel procedures, which are less apparent in Tanzania. Other scholars highlight insufficient personnel, equipment, and resources, limited training, and poor incentives as factors that undermine Tanzanian state function (Phillips 2018; interviews, Dodoma, 3 December 2019 and 17 January 2020). These components of low capacity are evident in the public healthcare system. In 2017, there were 0.06 physicians and 0.58 nurses/midwives per 1,000 residents (World Bank 2017a, 2017b). Low government health expenditures contribute to these problems: in 2017, health spending was 2.5 per cent of GDP (the target was 5 per cent), and health received just 6 per cent of the government's gross expenditures (versus a target of 15 per cent). Since 2010, the health sector has suffered a 3.5 per cent decline in its share of the government budget (Piatti-Fünfkirchen and Ally 2020: 8). Low spending levels mean Tanzania has less than half the health workforce it needs to provide basic health services (Sirili and Simba 2021).

A 'contradiction' exists: despite centralized control, the state's overall low capacity creates gaps in policy implementation (Becker 2021) and confusion in interpretation across levels. Because the state has centralized service provision but lacks capacity, demand is high and often unmet; overworked staff sometimes show disdain for clients (interview, Dodoma, 24 February 2020). In health, 36 per cent of surveyed Tanzanians said it was 'difficult' or 'very difficult' to obtain the healthcare they needed, compared to the Afrobarometer average of 27 per cent (Afrobarometer 2016/2018). An overstretched state without sufficient capacity creates space for state officials to use discretion as they 'wield power [and] enforce dependencies' (Phillips 2018: 12). With a transactional logic (Camargo 2017), citizens may play along, exhibiting a certain complicity, conviviality, illicit cohabitation, and collaboration to ensure access to needed resources and bureaucratic approval (Green 2010; Phillips 2018: 10, 138, 154). This pattern allowed corruption to significantly increase throughout the 2000s, as a weak state became the tool for a rising business class that was linked to the ruling party (Rahman et al. 2019).

The state's structural shortcomings made it both a target and a tool for Magufuli after his election in 2015. On one hand, he promised to increase state accountability and diminish discretion with

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<sup>3</sup> The average for Afrobarometer-surveyed countries was 60 per cent.



his attack on corruption (Paget 2020a). He levelled corruption accusations not at party elites, but at mid-level officials (portrayed as lazy and corrupt), business leaders (portrayed as greedy cheats), and foreigners (portrayed as exploitative) (Paget 2020a: 1247; Paget 2020b). His slogan *Hapa Kazi Tu* (There is only work here) stressed productivity and honesty, and he showed up unannounced at government offices to see if people were working, firing some bureaucrats on the spot (over 10,000 government employees lost their jobs). These policies bolstered his support from the *wanyonge* (downtrodden) and the ordinary *wananchi* (citizens), whom he claimed to protect (Paget 2020a). One informant confirmed this support: 'It's much better! When you go to public offices now, people are actually working' (informal conversation, Dodoma, 2 February 2020). On the other hand, Magufuli used the state's hierarchical, centralized structure to adopt Nyerere-like policies, aiming to create a 'New Tanzania' through industrialization and state economic intervention. Echoing developmental state models of Rwanda and Ethiopia, he bolstered the ruling party's access to economic resources through parastatals and military-owned enterprises (Becker 2021). He revitalized Air Tanzania; transferred government ministries to Dodoma (Nyerere's 1973 goal); invested in new train lines, rural electrification, highways, and Nyerere's envisioned Stiegler Gorge hydroelectric dam; pushed state ownership of at least 16 per cent of shares in foreign mining projects; and moved the country's investment portfolio to the president's office (Collord 2019; Jones 2020; Paget 2020a; Thiong'o 2021). These policies had divergent effects on state capacity: Tanzania improved its World Bank 'control of corruption' score from  $-0.69$  in 2015 to  $-0.39$  in 2020, but its score for 'regulatory quality' (a measure of infrastructure and market-friendly policies) dropped from  $-0.37$  in 2015 to  $-0.66$  in 2020.<sup>4</sup>

The state centralization (and its accompanying low capacity) that began with ujamaa and was revitalized under Magufuli had several implications for the response to COVID-19. First, the government may have adopted a less aggressive approach to the pandemic because it did not want to call attention to weaknesses in the country's health system (Becker 2021). Indeed, inadequate infrastructure hampered the pandemic response: hospitals lacked PPE and space to isolate patients, and low laboratory capacity meant significant delays in testing (Yamanis et al. 2021). Second, a lack of capacity may have led the state, despite its bureaucratic focus on records and forms, to not collect case counts after May 2020. Because legibility historically was used to control populations, not necessarily to respond to local problems (Scott 1998), high-level officials may have not prioritized COVID-related documentation. Third, in keeping with centralization, high-level officials' pronouncements set policy guidance on testing, lockdowns, and vaccines, with some of this information coming to public health centres even before cases appeared in the country (Yamanis et al. 2021). At times, these messages seemed to treat the population as a monolith, but anecdotal evidence confirmed that many citizens repeated the official pandemic narrative. One informant wrote in early 2021, 'Here in Dodoma [the corona] is not an issue at all' (correspondence with author via WhatsApp, 15 January 2021). Local health officials found their job to be more complicated because not all individuals took the virus seriously (Yamanis et al. 2021: 569).

Finally, the gaps in state capacity and the consequent 'street-level discretion' enabled district officials to act in the context of confusing national-level statements or inaction (Carlitz et al. 2021). Health centre directors, for example, sometimes interpreted policies as they wished, but because these individuals lack many resources, operate within ill-defined parameters, and fear sharing ideas in a hierarchical bureaucratic culture, they could not publicly challenge the state's policies on masks, vaccines, or case counts. The result was mixed messages: individual doctors anonymously told the media of hospitals full of patients, while Mabula Mchembe, the permanent secretary in the health ministry, said people in the hospitals were suffering from hypertension, kidney failure,

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<sup>4</sup> The average scores for sub-Saharan Africa in 2020 were  $-0.62$  for 'control of corruption' and  $-0.73$  for 'regulatory quality'.

or asthma, not COVID. District health workers wore masks. However, even though Mchembe first told people to wear masks, he then explained that this was ‘not because of corona, like some people think, but it’s to prevent respiratory diseases’ (*BBC News* 6 February 2021). The multiple messages were evident in a study in Mwanza (a western city) that sought to discern women’s understanding of pandemic prevention. Although they had a clear sense of the aetiology of the disease, respondents framed its prevention in terms of both health measures and traditional cures and prayer, echoing some of the late president’s ideas (Mchome et al. 2021).

#### **4 Discursive institutionalism: nationalism, state legitimacy, and the pandemic response**

In the case of Tanzania, measures for state legitimacy are indirect and somewhat contradictory. On one hand, the World Bank’s ‘rule of law’ indicator, which measures confidence in and willingness to abide by the rules of society and to enforce contracts and property rights, seems to indicate low (and declining) legitimacy. Tanzania’s score moved from  $-0.37$  in 2015 to  $-0.60$  in 2020.<sup>5</sup> On the other hand, indicators of nationalism show a high level of state legitimacy. As a ‘collective sentiment or identity ... binding together those who share a sense of large-scale political solidarity’ (Marx 2005: 6), nationalism may support or undermine state power, divert attention from state malfeasance, foster exclusion of ‘non-nationals’, and justify access to state resources (Englebort 2009: 198–206). In Tanzania, nationalism and its accompanying discourses of self-reliance and paternalism have contributed to state legitimacy. They are rooted in Nyerere’s ‘deeply malleable’ legacy in a country where three-quarters of the population was born after Nyerere stepped down (Richey et al. 2021). Forty-seven per cent of Tanzanians report that they only identify as Tanzanians, and another 10 per cent say they identify more as Tanzanian than as a member of a specific ethnic group (Afrobarometer 2016/2018).<sup>6</sup> In addition, legitimacy is reflected in strong social networks, institutional trust, and civic participation, with the Legatum Institute (2021) placing 42 other sub-Saharan African countries below Tanzania on these ‘social capital’ elements. Moreover, state legitimacy is apparent in citizens’ perceptions of equitable treatment, with 94 per cent of Tanzanians saying that they ‘never’ thought that their ethnic group was treated unfairly (Afrobarometer 2016/2018).<sup>7</sup>

There are several components of Tanzania’s nationalist discourse that undergird this legitimacy. First, the discourse promotes national unity in a country with roughly 120 ethnic groups and several religious traditions. To achieve unity, Nyerere declared that citizenship would be non-racial (Lofchie 2014) and mandated that Kiswahili be used for all official documents and instruction in primary schools and most secondary school subjects. A national Kiswahili culture of poetry, press, music, and literature reinforces this widespread language use (Lofchie 2014: 13; Maral-Hanak 2009), and this cultural spectacle of ‘performing the nation’ emphasizes shared experiences (Askev 2002). The nationalist discourse is credited with preventing conflict and violence (but see Green 2011), although it downplays specific ethnic, religious, and regional concerns and can marginalize dissent (Phillips 2018: 15).

This discourse has contributed to the somewhat muted role of civil society in Tanzania. On one hand, 28 per cent of citizens report being an active member of a community or voluntary

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<sup>5</sup> The 2020 average for sub-Saharan Africa was  $-0.69$ .

<sup>6</sup> The Afrobarometer averages were 33 per cent and 9 per cent, respectively.

<sup>7</sup> This number compared to the Afrobarometer average of 66 per cent.

organization, more than the regional average of 19 per cent (Afrobarometer 2016/2018). Yet, much of this participation has focused on service delivery and communal labour, not advocacy. In addition, civil society groups have been historically linked to the ruling party and, thus, the state. For example, the labour unions, farmer cooperatives, and youth leagues that mobilized against colonial policies (such as imposed chiefs) and colonial rule operated under TANU's direction (Kimambo et al. 2017). In the post-ujamaa era, much civil society mobilization has centred around entrepreneurship and development, with the number of NGOs dramatically increasing. Many of these organizations are decidedly 'apolitical', focusing on accessing donor funds for technical projects (Green 2012). The state controls such NGOs through registration processes and, at times, has organized such groups into federations, as it did with AIDS organizations (Patterson 2018). A discourse of national unity and state centralization means that when challenges emerge, the state arbitrates or, if needed, paternalistically corrects wayward voices. For example, when university students in 1966 went on strike to protest required national service and the remittance of 40 per cent of their salary to the state, Nyerere expelled them, saying they were 'a class of exploiters'. He then questioned: 'What kind of country are we building?' (quoted in Shivji 2012: 107; see Brennan 2006; Burgess 2005) Labelling students as 'exploiters' juxtaposed them with the ideal citizen who works in solidarity to develop the newly independent nation.

A second element of nationalism includes ideas of *kujenga taifa* (building the nation) and *kujitegemea* (self-reliance), which were embedded in state programmes such as the two-year national service programme for youth in the 1960s (Burgess 1999) and the present-day obligation for *michango* (communal labour) to construct schools, roads, or sanitation projects in rural areas (Phillips 2018). The expectation is that citizens should give generously and unquestioningly to build the nation, and when they do not, others may act to 'enforce' participation in state programmes (Phillips 2018: 16, 138). For Nyerere, self-reliance entailed shifting from colonial practices and challenging Western power, as Tanzania did through involvement in the Non-Aligned Movement and support for liberation movements in Mozambique, present-day Namibia, and apartheid-era South Africa. Nyerere often took public anti-imperialist positions. For example, during the early 1980s, he refused to adopt neoliberal economic policies in return for World Bank loans, despite the country's dire economic situation (Langwick 2011: 68; Shivji 2012). In health, self-reliance stressed traditional medicines as a path towards development and independence from Western pharmaceutical companies. In the 1970s, the state established the Institute of Traditional Medicine at Muhimbili Medical Centre in Dar es Salaam, and traditional healers and health ministry officials conducted joint research throughout the 1980s and 1990s. In 2002, a Traditional Healer Desk was established at the Ministry of Health (Langwick 2011: 62–71).

Third, nationalism has tended to revolve around notions of familyhood and paternalism. Nyerere is referred to as *Baba wa Taifa* (father of the nation) or *Mwalimu* (teacher), ruling party members are *Ndugu* (brother), and the ruling *Chama Cha Mapinduzi* (CCM; the Party of the Revolution, which succeeded TANU in 1977) is a 'political family' (Phillips 2018: 20). In this 'moral matrix', the president is a caring father who guides the childlike nation. The metaphor bestows political legitimacy, as the father figure presides over, administers, decides, and adjudicates; he (in the metaphor, the president is usually 'he') may also discipline, punish, forgive, and pardon the children who challenge him (Schatzberg 2001: 23–26). Survey results echo this discourse: 42 per cent of Tanzanians strongly agreed that 'government is like a parent', while 37 per cent strongly agreed that 'government is like an employee' (Afrobarometer 2016/2018).<sup>8</sup> Magufuli blended paternalism with populism to stress how the party elite must stand for the people, by protecting them from a widespread, predatory middle stratum of state officials and domestic and foreign business leaders.

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<sup>8</sup> There is no data for other countries for the same time period.

His ‘elite plebeianism’ underplayed the power and privilege of elites, amplified the misdeeds of bureaucrats, and never directly attacked capitalist accumulation (Paget 2020a). In the process, it legitimated state actions because the ‘state knows best’. Although such paternalistic narratives may create opportunities for marginalized people to lean into notions of ‘fatherly love’ in order to gain access to state resources, concern over lost legitimacy may lead those same officials to underreport negative events such as epidemics or famines, or to blame outsiders for calamities. This is because it is shameful to not meet the moral obligation to care for citizen-children (Philips 2018: 21, 113–17).

The state situated its COVID-19 actions within these discourses of national unity, self-reliance, and paternalism. Recognizing that Magufuli relied on these discourses that have shaped Tanzania’s postcolonial politics is not to fall back on the ‘big man’ explanation, but to realize how discourses shape leaders’ actions. For example, paternalism coloured the state’s response, as a letter from Tanzanian health experts to the *Lancet* indicated (Mfinanga et al. 2021). The writers claimed that the government had always taken the pandemic seriously, but it also wanted to prevent unwarranted suspicion, panic, or rumours. As a ‘wise father’, the state weighed citizens’ economic survival and access to healthcare against the cost of pandemic prevention measures. State officials worried that the lockdowns in neighbouring Kenya, Rwanda, and Uganda had had dire economic consequences and contributed to food insecurity. These worries were not wholly unwarranted, since by mid-2020 the World Food Programme (2020) predicted that even without lockdowns, over two million Tanzanians would need food aid. In defending the decision to not close Tanzania’s borders with its eight neighbours, Magufuli acted paternalistically towards those countries’ populations too. Border closures would destroy those economies, because ‘they get maize, rice, meat ... and milk from us. If we close the borders, you also close economic opportunities to people but more importantly, you deny food to those who depend on you’ (*Citizen* 17 May 2020a). State officials also feared that lockdowns would prevent ‘public access to health services, especially for patients with chronic conditions like tuberculosis and HIV infection’ (Mfinanga et al. 2021: 1542). Again, these concerns were not unwarranted: Lockdowns, fear of contracting coronavirus at health facilities, and limited access to transportation undermined access to lifesaving medications for people with HIV, tuberculosis, and malaria in 24 African countries (Global Fund 2021).

The discourse of self-reliance led state officials to resent interference by external actors. In response to donors’ criticism about limited lockdowns, the president invoked Nyerere: ‘Our founding father was not someone to be directed to be told what to do’ (*BBC News* 18 March 2021). On 4 May 2020, the president said there was a ‘smell of dirty games’ at the national laboratories involving public servants and equipment, and he speculated that some workers ‘may have been put on the payroll of imperialists’ (*Al Jazeera* 5 May 2021). Alleged laboratory problems were not attributed to low state capacity, but rather to potential problems with ‘imported reagents and swaps [sic] used in the testing processes’. Magufuli cautioned about foreign donations that could be ‘used to transmit the virus’. He said, ‘I want to urge you Tanzanians to not accept donations of masks. Instead, tell the donors to go and use them with their wives and children’ (*BBC News* 18 March 2021). In keeping with themes of self-reliance, the permanent secretary of the Ministry of Foreign Affairs, Wilbert Ibuge, summoned the US acting ambassador, Inmi Patterson, to the ministry in response to ‘inaccurate information’ on the US Embassy Twitter page that reported that hospitals in Dar es Salaam were overrun with COVID-19 patients. Ibuge challenged the US official to provide ‘certified information’ from government sources before speaking out (*Citizen* 26 May 2020). This was not an isolated incident in which state officials asserted Tanzania’s self-reliance. In September 2019, the US Embassy and WHO said the country had not met its international obligation to report Ebola cases, after media speculation about two such cases. In response, the health minister, Mwalimu, said that since the cases were not positive, Tanzania did not have to

report them or have the WHO independently verify the results (*Africa News* 2019). Similarly, state officials stood their ground with the World Bank after it postponed a US\$500 million loan for education in 2018 because Tanzania's education policy required pregnant girls to quit school (Igoe 2020).

Finally, the discourse of self-reliance led the state to adopt its own approach, particularly on COVID-19 treatment. A June 2020 budget speech portrayed traditional medicines as an opportunity, because local production would foster self-sufficiency and 'reduce dependency' on Western imports, themes that echoed Nyerere's ideas (Richey et al. 2021). In May 2020, state officials announced research plans for COVID-19, including projects on how traditional medicines and Tanzanian lifestyles might be protective and/or curative (*Citizen* 10 May 2020). In early 2021, the health minister, Dorothy Gwajima, urged citizens to use steam baths and to drink mixtures with ginger, lemon, pepper, and onion to ward off illness (*BBC News* 6 February 2021). The aforementioned adoption of COVID-Organics stressed both self-reliance and the country's long history of supporting pan-Africanist solidarity. Just as Nyerere 'arrived at continental pan-Africanism through Tanganyikan nationalism' (Shivji 2012), Magufuli saw African solidarity intertwined with national interests. When Madagascar offered the medicine to African states, the minister of foreign affairs—not the health minister—travelled to retrieve the donation, an act symbolizing African solidarity. Yet, once the country had the medicine, it was not distributed widely. Instead, Tanzanian healers produced alternative products, an adaptive form of 'import substitution' that supported the state's nationalist and industrialization agenda (Richey et al. 2021) and built on the propensity of many Tanzanians to visit traditional healers (Langwick 2011; interview, Dodoma, 20 December 2019).

As the COVID-Organics example illustrated, self-reliance could directly challenge African solidarity, leading it to 'ebb and flow' (Patterson and Balogun 2021: 148). Such tensions were evident in at least three other examples. First, in August 2020, Kenya reported that it would continue to quarantine Tanzanian visitors for 14 days, while visitors from 100 other countries were released from the requirement. In response, Tanzania banned Kenyan airlines' flights over its airspace, including flights to Zanzibar and Kilimanjaro (*Citizen* 30 August 2020). Second, Tanzania's decision to not report case counts after May 2020 led Africa CDC director John Nkengasong to say he was 'deeply worried' about health in the region (Dahir 2020). Third, in January 2021, Nkengasong situated Tanzania's stance on the vaccine in the context of regional health: 'Not cooperating will make it dangerous for everybody' (Makoni 2021). Tanzanian discourses of nationalism, familyhood, and self-reliance help foster state legitimacy, making state actions on COVID-19 permissible, even when they might undermine African solidarity.

## **5 State authority, electoral authoritarianism, and the pandemic response**

As one measure of state authority, the World Bank assigns Tanzania -0.41 for 'political stability and limited violence', a better mark than the regional average of -0.66. However, this measure does not capture the struggle for state authority in Tanzania, and the ways that electoral authoritarianism reflects these struggles. Jockeying for authority has led the state as a 'twilight institution', or one whose authority waxes and wanes, never fully formed or discernible (Lund 2006), to respond to COVID-19 in particular ways.

In 1985, Nyerere voluntarily stepped down and Tanzania underwent a democratic 'transition from above' without protests or violence (Cheeseman 2015: 97). For the next 20 years there were significant press and associational freedoms, and public debate was relatively open (Becker 2021; Whitehead 2012). However, the CCM continued to win sizeable electoral victories because of the

opposition's inability to raise funds and mobilize around communal identities in the face of the national unity discourse, the CCM's credentials as the 'party of Nyerere', and the CCM's grassroots party organization (Bakari and Whitehead 2013; Fouéré 2015). Tanzania is a 'party-state', with the CCM formally or informally fused into all aspects of governance (local government, public services, electoral management, parliament, security forces), civil society, the media, NGOs, and business (Whitehead 2012). Despite this control, political liberalization over time had given other parties some space. Between 2005 and 2015, the opposition *Chama cha Demokrasia na Maendeleo* (CHADEMA; the Party of Democracy and Development) deepened its organizational strategy and capitalized on increasing disappointment with the government's actions on poverty, rural development, and corruption (Paget 2021a). Younger voters disproportionately supported the opposition (McDonald 2018), and in some rural strongholds state officials' corruption and exploitation (through communal labour projects) turned voters from the CCM (Collord 2015; Phillips 2018). In the run-up to the 2015 election the CCM was internally divided, and when Edward Lowassa (a former prime minister under outgoing President Jakaya Kikwete) did not get the party's nomination, he left the CCM to become CHADEMA's candidate. Magufuli—a party stalwart, minister of roads, and someone perceived to be outside the party's 'grand corruption'—became the 'happenstance' CCM nominee. These CCM party-state divisions reflected bigger cracks in state authority, a challenge many African states face as they try to project authority with limited capacity over significant territory (see Herbst 2000). In the election, CHADEMA won 40 per cent of the vote (compared to 6 per cent in 2005), and the CCM received its lowest share ever at 58 per cent.

As Dan Paget (2021b) writes, the 2015 election outcome threatened the party-state, pushing it to become increasingly authoritarian in its efforts to maintain authority over civil society, the economy, and the population. The state detained journalists and regulated foreign journalists, made it illegal to publish 'false statistics', prosecuted opposition members for sedition, and passed laws to curtail NGO funding and membership (Congressional Research Service 2020; Freedom House 2021). In one example, Magufuli told the Tanzanian polling organization Twaweza that it had one week to explain 'why appropriate action should not be taken against them' when it reported that the president's approval rate had dropped from 71 per cent in 2017 to 55 per cent in 2018 (Mumbere 2018). The attempted assassination of CHADEMA's Tundu Lissu in 2017 stoked fear among opposition party members, pushing them into hiding. Between 2016 and 2020, a large number of CHADEMA members—including Lowassa—defected to the CCM (Paget 2021b). These actions significantly curtailed the political space and created an atmosphere of fear and silence (author observations, September 2019–March 2020). This was evident when Afrobarometer (2016/2018) found that 83 per cent of Tanzanians said they would never attend a protest or demonstration, compared to the survey average of 60 per cent.

The state's search for authority was most apparent in the electoral authoritarianism that undergirded the 2019 local and 2020 national elections, with the latter experiencing 'unprecedented' manipulation (Paget 2021b). In electoral authoritarianism, 'electoral contests are subject to state manipulation so severe, widespread, and systematic that they do not qualify as democratic' (Schedler 2006: 3). Before the elections, the party-state restricted political rallies, banned internal opposition party meetings, detained CHADEMA members, disallowed online criticism of the regime, disqualified most opposition candidates (particularly in the local elections), and prosecuted opposition members for sedition. Fearful of retribution, most opposition leaders did not protest these actions, and some were violently attacked during the campaign (Congressional Research Service 2020; Freedom House 2021). In the 2020 election, opposition polling agents were barred from many voting stations, the internet was partially blocked, journalists were silenced, and the election commission only allowed observers from the East African Community and Southern African Development Community. It ignored or denied applications

from the EU, over 100 Tanzanian NGOs, and the Tanzanian Episcopal Conference (TEC), the body that represents Catholic bishops (Tanzania Election Watch 2020). As a result, Magufuli won re-election with 84 per cent of the vote, and the CCM gained 93 per cent of National Assembly seats and 99 per cent of local government positions (Paget 2021b).

Electoral authoritarianism built on the discourse of national unity to stress how alternative voices could destabilize the ‘pure social order’ (Paget 2020a); this view then shaped several pandemic actions. First, the state limited private media coverage of the pandemic: it suspended a *Tanzania Daima* journalist for six months and the *Mwananchi* newspaper’s Kiswahili website licence for six months; it closed *Kwanza Online TV* for 11 months and *Tanzania Daima* indefinitely; and it fined three media outlets (Human Rights Watch 2021). As a result, pandemic coverage declined over time. The *Citizen* had a monthly average of 34 pandemic-related articles between March and May 2020, but this number dropped to 4.2 between June 2020 and March 2021. Media coverage also tended to frame the pandemic as a global crisis, not a national one (Kiptinness and Okoye 2021). Second, the state adopted policies to limit information. The parliament passed legislation in August 2020 to criminalize the publication of ‘information with regards to the outbreak of a deadly or contagious disease in the country or elsewhere without the approval of the respective authorities’ (Reporters without Borders 2020). In early 2021, a presidential order allowed only the health minister, the president, and three other officials to speak publicly on the pandemic (*BBC News* 6 February 2021). In combination with the previous efforts to ‘clean up’ corruption, these actions meant lower-level state officials feared speaking directly about the pandemic, instead attributing deaths to pneumonia or employing euphemisms—*kushindwa kupumua* (failure to breathe)—to describe the sick (Becker 2021).

State efforts to deepen authority shaped civil society actions on the pandemic. Although local organizations educated people about COVID-19, urged handwashing, and cared for the sick (Yamanis et al. 2021), they engaged in little advocacy for state policies. This muted response reflects not only the rise in authoritarianism after 2015, but also a discourse of national unity that limited individuals or groups from challenging the state. There were two notable exceptions: opposition parties and the Catholic Church. In terms of the opposition, Lissu asserted that the state’s response was an ‘irresponsible disaster’, Zitto Kabwe, the leader of the opposition ACT-Wazalendo, wrote that the government had ‘abandoned its constitutional duty to protect Tanzanians’, and opposition leaders in parliament demanded testing for lawmakers in August 2020 after three parliamentarians died within a three-day span (Dahir 2020; Kabwe 2020). These actions occurred five months into the pandemic, and did little to shape state actions.

In contrast, public advocacy by the Catholic Church was slower to emerge, but arguably more effective. In January 2021, the TEC said that coronavirus was a serious national threat and urged people to take precautions. In March 2021 it revealed that 25 priests and 60 nuns had died from COVID-19 in a two-month period, a figure that the state disputed (*Cruz* 6 March 2021). Catholic leaders’ subtle challenges to the state occurred in a context where the late president (himself a devout Catholic) often sought to appeal to conservative church leaders by stressing traditional values on issues such as drug use, excessive drinking, homosexuality, and premarital sex (Paget 2020a). When the Church expressed concerns about COVID-19, its actions contrasted with its relatively apolitical stances in the past. Unlike in countries such as Ghana, Malawi, South Africa, and Kenya (see Ranger 2008), Tanzanian churches have rarely advocated on good governance, a silence that reflects the discourse of unity and religious tolerance in a country that is 61 per cent Christian and 35 per cent Muslim (Pew-Templeton 2020). In its COVID-19 actions, the Catholic Church leaned into its public and institutional support. Religious leaders are highly respected (74 per cent of Tanzanians report high levels of trust for them), and almost half of Tanzanians are active in a religious group (Afrobarometer 2016/2018). Unlike some Pentecostal pastors whom the state had targeted for their political statements (*BBC News* 29 December 2017), the Catholic

Church brought institutional power—resources and global connections—to its advocacy. Moreover, the president himself repeatedly acknowledged the Church’s legitimacy and sway when he made pandemic pronouncements in church services (see *Citizen* 17 May 2020b; Kalumbia 2020). Although intended to emphasize unity, Magufuli’s performances also acknowledged that churches are sites of spiritual and political power (Ellis and ter Haar 1998). The Church’s actions—and the powers they reflected—may have led the president to finally acknowledge cases at a church service on 21 February 2021, after the TEC’s public call to action (Said 2021). Yet, despite such actions, for most of the pandemic’s first year, authority over nonstate actors such as opposition leaders, the media, and religious organizations allowed the state’s narrative on COVID-19 to dominate.

## 6 Conclusion

This paper has illustrated how the capacity, legitimacy, and authority of the Tanzanian state shaped the COVID-19 response during the pandemic’s first year. Despite the state’s bureaucracy and focus on legibility, the state’s overall low capacity in terms of personnel and clear procedures made it less able to address the pandemic and created spaces of local-level discretion. Centralization, a relic of socialism, led to high-level pronouncements, and lower-level bureaucrats’ inability to fully counter them. The state has overall legitimacy because of the discourse of unity, nationalism, and paternalism; these factors meant that civil society organizations only indirectly challenged state actions. In addition, state responses were rooted in the nationalist discourse of ‘Tanzania first’ and self-reliance, making it more likely that Tanzania would have minimal cooperation with international actors or its neighbours. Paternalistic discourses led to assumptions that state officials—led by the president—were looking out for the population’s interests, a message further amplified by Magufuli’s elite plebeianism. State legitimacy therefore made it easier for the state to act in ways that countered global norms and expectations. In terms of state authority, the state is continuously striving for control in a public space crowded with donors, civil society groups, NGOs, opposition leaders, and religious actors. One strategy in this jockeying is electoral authoritarian practices, highly evident in the 2019 and 2020 elections. The struggle for authority, and the closing of political space that accompanied it, made it more difficult for civil society organizations, opposition parties, and the media to hold the state accountable for its pandemic response.

The Tanzania case highlights some broader lessons about the ‘state versus big man’ debate. Since Magufuli’s death, Tanzania has significantly changed its COVID-19 strategy: by late 2021, it was administering COVAX-procured vaccines, publishing case counts, and urging citizens to wear masks and avoid crowds. As the pandemic’s economic costs rose due to a below-expected GDP growth rate, drops in tourism revenue, and an increasing account deficit, it asked for (and received) almost US\$600 million in loans from the International Monetary Fund (2021). On first glance, this ‘about face’ seems to indicate that the COVID response was driven by one leader (first Magufuli and then Samia Suluhu Hassan). Although leaders matter, the change in Tanzania’s COVID-19 response is in keeping with a broader understanding of how leaders operate within state structures and how conditions may change to provide states new incentives to act. The state components that drove the Magufuli-era response remain, but they have now created a new scenario. Low state capacity necessitates IMF loans and COVAX help; legitimating discourses of state paternalism and national unity mean both that the state knows best and that few will criticize its significant change in policies; the state’s perennial need for authority means that embracing globally accepted COVID-19 policies muzzles criticism from civil society groups. At the same time, state exertions of authority continued with the arrest of CHADEMA leader Freeman Mbowe on charges of terrorism in August 2021 and the 30-day suspension of the newspaper *Raia Mwema* in September 2021 (Fabricius 2021; Wambura 2021).



Finally, the activities of the Tanzanian state show that African states are not always ‘acted on’ in the international system; indeed, they show agency, or the ability to act, react, respond, speak, or do nothing despite their relatively weak position in global structures (Brown 2013; Patterson and Balogun 2021). Sovereignty, and the rise of Chinese and Russian involvement in Africa, may have enabled Tanzania to dismiss WHO, donor, and Africa CDC policy suggestions (Collord 2019). Donors, who provided almost 60 per cent of public health expenditures in 2017 (the last date for data) continued their health funding, with the US offering US\$5.75 million in COVID assistance in June 2020 (Piatti-Fünfkirchen and Ally 2020: 9; USAID 2020). Continued aid may have relieved some short-term pressures for the state to change course during the first year with COVID-19. The state’s relative autonomy from donor demands meant that the historically and discursively constructed state components of capacity, legitimacy, and authority mattered for its unorthodox approach. Future research should more closely examine how global agency intersects with state capacity, legitimacy, and authority to influence state actions during other key moments of crisis and uncertainty.

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