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South-South humanitarianism: The case of Covid-organics in Tanzania

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ARTICLE INFO

Article history:
Available online 9 February 2021

Keywords:
COVID-19
Tanzania
South-South cooperation
Humanitarianism
Pan-Africanism

ABSTRACT

Tanzania’s President sent a plane to Madagascar in May 2020 to bring a shipment of Covid-Organics, a purported cure and prevention for COVID-19. The herbal remedy was described as a gift to help African countries in need. Drawing on preliminary data in English and Kiswahili from unstructured participant observation, social and legacy media available online and shared through contact channels, and ongoing conversations, we explore the Tanzanian policy response to COVID-19. What can the exemplary case of Covid-Organics in Tanzania help us to understand about South-South humanitarian assistance (SSHA)? We suggest that Covid-Organics has enabled the government to project a link to latent debates about Pan-Africanism and Julius Nyerere’s legacy and Madagascar’s SSA has provided an opportunity for a public reflection on Africa’s place in the world. For some, the remedy’s ‘Africanness’ is its comparative advantage, even promising a continental renaissance. For others, the lack of scientific evidence or approval by global health authorities like WHO is delegitimizing. These findings suggest that receivers of SSA make sense of it in both a broad, post-colonial discursive context and in a specific context of local contestation. If the promise of this particular form of aid is its ability to transcend deep divisions between North and South, the case of Covid-Organics suggests that SSA draws on deep ideologies of Pan-Africanism; is increasingly important in crises that are global; and like other forms of humanitarianism, reflects elite politics and priorities rather than prioritizing the distribution of humanitarian goods and decreasing inequality.

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1. Introduction

On 8 May 2020, the government of Tanzania received a shipment of Covid-Organics, a purported cure and prevention for COVID-19, the illness following infection with SARS-CoV-2 virus. Covid-Organics is a herbal remedy made from sweet wormwood (Artemisia annua) and various other plants, developed by Madagascar’s state-owned Malagasy Institute of Applied Research.1 Coverage in Al Jazeera documented this transaction as ‘help’ even as its title—Tanzania gets Madagascar’s anti-coronavirus drink disputed by the WHO—intimated controversy.2 The World Health Organisation (WHO), while supporting the use of traditional medicines, also explicitly warned against using untested remedies.3 Still, President John Pombe Magufuli warmly endorsed the remedy and sent his Minister of Foreign Affairs and East African Integration, Palamagamba Kabudi, to Madagascar to pick up the boxes in person.4

Magufuli’s government is not alone in its herbal strategy to fight COVID-19. Governments in Central African Republic, the Comoros, the Democratic Republic of Congo, Equatorial Guinea, Guinea Bissau, Liberia, and Niger have received donations of thousands of units, while Nigeria, South Africa and Senegal have offered to test Covid-Organics in their laboratories. In Tanzania and across the continent, governments and citizens are engaging

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1 Steinhauser, G. (2020). ‘Another malaria cure draws notice in coronavirus outbreak, this time in Africa’, The Wall Street Journal. 12 May. Retrieved from https://www.wsj.com/articles/another-malaria-cure-draws-notice-in-coronavirus-outbreak-this-time-in-africa-11589285981.

2 Tanzania gets Madagascar’s anti-coronavirus drink disputed by WHO (2020), Al Jazeera. 8 May. Retrieved from https://www.aljazeera.com/news/2020/05/tanzania-madagascar-anti-coronavirus-drink-disputed-200508164354282.html.

3 WHO Africa (2020). ‘WHO supports scientifically-proven traditional medicine’. 4 May. Retrieved from https://www.afro.who.int/news/who-supports-scientifically-proven-traditional-medicine.

4 Tanzania gets Madagascar’s anti-coronavirus drink disputed by WHO (2020), Al Jazeera. 8 May. Retrieved from https://www.aljazeera.com/news/2020/05/tanzania-madagascar-anti-coronavirus-drink-disputed-200508164354282.html.
in processes of legitimation and contestation around this intervention in the fight against coronavirus. Both international and Kiswahili media reported that Madagascar has been giving Covid-Organics as a gift to African countries interested in the medicine. The politics of such a gift can be understood as a case of South-South humanitarian assistance (SSHA) and it can help to contextualize the anomalous politics of responding to COVID-19 in Tanzania.

Humanitarianism is an expanding and highly contested field. Critics from different disciplines argue that intervention in the domestic affairs within states on the grounds of a shared humanity serves to support the interests of powerful elites and undermine the moral basis of human rights on which this intervention is predicated (see Belloni, 2007; Redfield, 2013; Duffield, 2014; Ticktin, 2014). This leads to ‘depoliticizing’ or to a different kind of politics: from a ‘politics of compassion’ (Ticktin, 2011) to a ‘politics of testimony’ (Fassin, 2008) or a ‘politics of disappearance’ (von Chewskowski, 2016). Historians argue that the friction between humanitarianism and human rights has deep theoretical roots, which complicate interventions by citizens or private actors as well as those by states (see Sasson, 2016). Still, all these understandings share the presumption that Northern interveners and distant Southern recipients are creating the politics (Daley, 2013; Pacitto & Fiddian-Qasmiyeh, 2013). South-South humanitarian assistance shifts the debate from its North-South axis.

This article carves out one example from the COVID-19 response policies of the Tanzanian state, the procurement of Covid-Organics, to shed light on the discursive and ideological context of SSHA in Africa. Few scholars acknowledge the historical roots of South-South cooperation and the great variety of Global South actors it involves. The role that Southern actors play in humanitarian situations remains understudied. As an exemplary case, Covid-Organics is highlighted as a key indicator in international English-language media of the Tanzanian government’s mismanagement of the crisis, yet in Kiswahili-language media there is considerably more divergence in the discourse. Nyabola has issued a wise warning that ‘flawed and partial accounts of pandemics that underestimate the agency of affected communities and overstate the contribution of foreign interventions can have consequences long after the emergency period.’

The COVID-19 emergency was declared over by the Tanzanian President in June 2020, and the country has no plans to import any vaccine, but will continue testing herbal remedies. What are the stakes of the debates around an imported herbal remedy for COVID-19 and how should we understand these in a postcolonial context? What are the effects of this work on the national political discourse and on the international discourse? This paper examines these questions of SSHA in times of crisis. Thereby it further our understanding of humanitarian assistance, South-South collaboration, Pan-Africanism and Tanzanian politics.

The following analysis is based on a bricolage approach (Kinchloe, 2001; cited in Budabin & Richey, 2021) combining preliminary data from participant observation, social and legacy media available online and shared through contact channels, ongoing conversations between our collaborators and their interlocutors, and secondary data. The authors collective engaged in auto-ethnography: documenting our own everyday practices because of COVID-19 in a shared document and discussing these experiences and ideas with the team and other informants. The issue of Covid-Organics was selected to analyze more systematically after it was identified as a topic receiving considerable attention in peoples’ lived experiences as well as in global and Tanzanian media at the time. The usual challenges faced when conducting fieldwork-based research by participants in a multi-geographical, multi-lingual team became exponentially complex in the context of COVID-19. While the viral pandemic may be global, the reactions to it, management of it, and governance of work in places that may or may not be experiencing COVID-related health crises at the individual or societal level are local.

Conducting collaborative research that strives to engage in decolonizing practices, while being structured by fundamental inequalities has been a challenge worthy of reflection (see Kontinen & Nyahambabi, 2020). Conceptually, focusing on Tanzania’s response to COVID-19 challenged all of us not to ‘localise’ global phenomena like the multiplicity of healthcare practices in response to an unknown malady like the virus. Methodologically, we remain mindful of the tendency for social science to expect predictable inequalities in the production of knowledge about countries like Tanzania. ‘Dangerous’ research environments are typically navigated through using what Bisoka terms ‘body-instruments’ or African research assistants to produce data for Western academics who commission studies in the Global South. We counter this expectation rooted in racism and colonialism by engaging instead in collaborative research based on the fieldwork and knowledge production that was possible for us all. Our collaboration can be seen in the scholarship we have learned from, a more nuanced and open-minded analysis that resulted from the interpretive friction of multiple authors, and a mindful engagement of the importance of the politics of knowledge production. We have been aware at points in the research process that the actions of one of us could affect us all, and thus we have followed the most precautionary institutional regulations for safety and applied those to our entire team. Due to the national lock-down or quarantine situations of the authors based in Africa and Europe much of our data were collected online, on TV and radio broadcasts, and by phone. While mobile phone and internet usage in Tanzania is widespread, scholars have raised questions around mediated expression and self-censorship online (Cross, 2019). Even though we have expanded our data beyond internet and media sources, it remains elite biased and shaped by the context of both COVID-19 and the pre-elections climate in Tanzania at the time of the research.

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8 Here we use the term ‘malady’ as argued by Langwick (2011, 20) to reflect the mix of nature and culture, subjects and objects that is embodied in the Kiswahili term ‘ugonjwa’.

9 Bisoka, A.N. (2020) ‘Disturbing the Aesthetics of Power: Why Covid-19 is not an “Event” for Fieldwork-based Social Scientists.’ Retrieved from https://items.ssrc.org/covid-19-and-the-social-sciences/social-research-and-insecurity/disturbing-the-aesthetics-of-power-why-covid-19-is-not-an-event-for-fieldwork-based-social-scientists/.

10 According to the Tanzanian government, 82 per cent of Tanzanians are using mobile phones and 45 per cent use the internet. Tanzania Communications Regulatory Authority (2020), ‘Quarterly Communications Statistics, January-March 2020’. Retrieved from https://tccr.go.tz/statistics/2020Q2/Quarterly%20Statistics%20Reports/march/

11 Chamu Cha Mapinduzi (CCM), Tanzania’s ruling party (and its predecessor parties TANU and AIP), has held power in Tanzania since independence from Britain in 1961. From 1965 to 1992, it ruled during the single party era and from the country’s first multi-party election in 1995, it has ruled through democratic elections. General elections were held on 28 October 2020, and CCM won the presidency with 85% of the vote although results were contested by the opposition and processes were called into question (see Kanyinga, 2020). Tanzania has been known by the constant of its ‘peaceful nationalism’, a politics that excludes ethnicity and regionalism (see Lofchue, 2014; Phillips, 2018) and draws heavily on the country’s founding President Julius Nyerere. Even in Tanzania’s first multi-party elections, ‘the most influential player in the Presidential campaign was not a candidate, but former President Julius Nyerere’ (citation removed, 82). This legacy of direct and indirect inheritance continues to shape the present elections. Paget (2020, 2) characterizes Magufuli’s backward-looking nationalism as a partisan imaginary of Nyerere’s Tanzania ‘a nation organized for and dedicated to development’. Critics situate the country’s contemporary partisan politics within the ‘authoritarian turn’ globally and in Africa (see Cheeseman, 2013; Paget 2020; Richey & Ponte, 1996).
The paper is organized as follows. First, we discuss the context of increasingly important South-South humanitarian assistance (SSHA). Then we examine the Pan-Africanism that provides an ideological foundation for understanding the case of Covid-Organics. Pan-Africanism is the ideational pillar, while SSHA is the implementation of these ideals in ways that manifest the Pan-African desires while also benefiting from them. Afterwards, we explore the case of Covid-Organics from the perspectives of Tanzanians. Finally, we discuss SSHA, Pan-Africanism and the politics of COVID-19 in Tanzania. We then offer conclusions on how understanding of Covid-Organics in Tanzania articulates SSHA in times of crisis.

2. South-South humanitarian assistance (SSHA)

South-South humanitarian assistance (SSHA) predates the COVID-19 crisis and has become increasingly important in Tanzania and elsewhere in the Global South. Not surprisingly, most of the literature on South-South cooperation focuses on geopolitically significant emerging economies like Brazil, China and India, and concentrates on comparisons with traditional official development assistance, trade and investments (de Carvalho, 2013; Kragelund, 2019).

SSHA can be traced back to the 1955 Conference on Afro-Asian Peoples held in Bandung, Indonesia, that brought together representatives of 29 nations and colonies in the decolonising Global South—approximately half of the world population at that time (Pham & Shilliam, 2016). The Bandung Communiqué called for self-determination, equality of races, and human rights-based politics which alongside the Non-Aligned Movement’s call for a fight against imperialism and neo-colonialism became cornerstones in how these collaborations have been portrayed by the involved partners ever since.

Like North-South development cooperation, the reality of South-South cooperation is often a far cry away from the official version of the story. For instance, the dispatch of 70,000 Cubans to Angola from the mid-1970s to 1991 to assist peoples affected by civil war was not only part of the fight against neo-colonialism (although it also did), but also were part of Washington and Moscow’s proxy wars during the Cold War (Hatzky, 2015). Likewise, the United Arab Emirates’ development finance to Egypt in 2011–2016 worth approx. USD 10 billion had less to do with self-determination, equality of races, and human rights-based politics than the donor’s economic, ideological and security interests (Al-Mezaini, 2017). In terms of South-South financial transfers, the most important vectors are trade (making up 28 percent of world trade in 2018 (UNCTAD, 2019a, Fig. 1.2.2)) and investments (making up 47% of all investments in the Global South in 2017 (UNCTAD, 2019b, Fig. 1.23)). A growing, yet underexplored vector of engagement is South-South humanitarian assistance.

Humanitarian assistance is by definition international but it has most often been regarded as a North-South endeavour (Pacitto & Fiddian-Qasmiyeh, 2013). The humanitarian norms around the core principles of humanitarian action — humanity, impartiality, neutrality, and independence — also originate in the Global North (Sezgin & Dijkzeul 2015, 3). SSHA has been understood by some scholars as part of ‘other “humanitarianisms”: the grey and black political economy of those actors who provide succour to people in crisis and save countless lives but which do not necessarily function on the basis of our (read: Western) established principles and standards of accountability’ (Donini, 2010, 5222). While there is no fixed definition of SSHA, Binder & Meier (2011, 1137) describe it as ‘all forms of selfless help to people in need, including religious charity, development co-operation, and assistance in times of disaster’. It is thus broader and more wide-ranging than traditional humanitarian assistance. Sezgin & Dijkzeul (2015) disaggregate what they call new humanitarianisms into eight partly overlapping groups including ‘new’ donors like the Arab Gulf states and China, diaspora humanitarianism, faith-based humanitarianism, and local and regional humanitarianism.

Few scholars acknowledge the historical roots of South-South collaboration, the great variety of actors from the Global South that it involves, and the important role that Southern actors play in humanitarian situations. Those who do, include, amongst others, de Renzio & Seifert (2014) who in their mapping of contemporary South-South cooperation include examples of Brazilian and Turkish SSHA alongside more common forms of South-South cooperation from countries like Indonesia and Mexico. Coulson (2019) documents Tanzania’s turn to South-South exchanges at the end of the 2000s, particularly as then President Kikwete looked to the East Asian Tigers for manufacturing and planning approaches. Focusing on the individual level of Southern involvement in helping, Campbell and Carkoglu (2019) trace shifts in everyday giving (including humanitarian help) in Turkey from 2004 to 2015 and point in particular to the propensity to avoid giving via formal institutions and instead give directly to individuals. Lewis (2019) provides a description of local responses to the arrival in Bangladesh of Rohingya refugees from Myanmar and analyses the motivations for giving and how this relates to the givers’ everyday reality. Also, Bornstein (2012) provides a detailed and vivid account of the lives and motivations of the great variety of local humanitarian actors operating in Delhi, India. Specifically relevant for our case, Phillips (2018) ethnographic work documents ‘the predictable grace’ of neighbours in Singida (a poor, rural region in Central Tanzania) for those suffering from hunger. She explains how givers and recipients negotiate the relationally-based political trade-offs between being a good democrat and being a good patron.

The increasing demand for SSHA is due to a combination of rapidly growing unmet needs for humanitarian assistance, a tendency to aid people with ‘profound similarities’ with the givers, and a demand for rapid response to humanitarian situations such as COVID-19. Oldeko et al. (2020) argue that the pandemic, like climate change, poses specifically global development challenges to all countries across North and South. Even before COVID-19, Sezgin & Dijkzeul (2015, 1) argued that ‘rapidly growing needs are perilously outstripping the resources and capacities to fulfil them’. Once a year, the UN assesses the number of people in need of humanitarian assistance and compares this to those assisted by official humanitarian actors to calculate both the so-called budgetary gap and the percentage of unmet need. Even if the budget for humanitarian assistance is growing rapidly (tripling from 2007 to 2017), 47% of the people currently in need of humanitarian assistance do not receive (official) humanitarian assistance—a budgetary gap of USD 10.3 billion in 2017 (Maxwell & Gelsdorf, 2019, table 1.1).

Since the Bosnian war in the 1990s it has become apparent that the willingness to fund (and the speed of humanitarian action) depends (also) on geographical proximity of the conflict to the donors and the cultural/historical similarities between the donors and the recipients (Maxwell & Gelsdorf, 2019). This also calls for SSHA. Finally, we know that ‘the first response to any crisis is almost always undertaken by the affected communities themselves’ (Maxwell & Gelsdorf, 2019, 91). These communities include neighbours, local businesses, volunteers, a host of social networks as well as national and regional governments (Solnit, 2010). It has been estimated that in some situations, people’s own communities, local business communities, and other social networks provide at least two-thirds of the total assistance to the crisis-affected populations (Hammond, 2013). Yet, responders of first resort, or what Richey (2018) terms ‘everyday humanitarians’, are rarely documented systematically as givers even though they are often the first to respond to any crisis; they are the most important actors.
when foreign donors look elsewhere; and they often have a better understanding of what is needed, by whom and when.

Geopolitically important emerging economies get most of the Global North’s attention, but SSHA is by no means confined to grand donations from China, Saudi Arabia or India. Financial Tracking Service (2020) tracks donors’ financial reporting of humanitarian assistance. This database lists several African donor countries. For example, Benin, Burkina Faso and Uganda contributed USD 150 million, 200 million and 100,000, respectively, to the Haitian earthquake in 2010; Zambia donated USD 80,000 to refugees in Kenya in 2012; and Tanzania provided USD 233,000 to combat famine in Somalia in 2012. Moreover, many sub-Saharan African countries have responded to calls from organisations such as the World Food Programme and UNICEF for food security, nutrition needs, and education elsewhere in the Global South (Financial Tracking Service, 2020).

Many donations from countries like Tanzania are however not recorded by the Financial Tracking Service. In 2019, for instance, Tanzania dispatched almost 250 tonnes of maize, medicine and rice to Zimbabwe, Malawi and Mozambique to cater for people affected by floods caused by a cyclone. Both a giver and a receiver, Tanzania was one of the recipients of the ‘gift’ of Covid-Organics from Madagascar. The Tanzanian news reported Covid-Organics as a donation abroad and a social enterprise at home, noting that ‘the Malagasy President stated that all profits accrued through the sale of the concoction will be diverted to the Malagasy Institute of Applied Research.’ The emphasis on the non-profit nature of the plan-full [the] concoction will be diverted to the Malagasy Institute of Applied Research. The response by Tanzanians to this intervention—specifically by making their own herbal remedies—suggests that perhaps this SSHA is a form of what Hilhorst (2018) terms ‘resilience humanitarianism,’ a point to which we will return in section four. To interpret the meaning of the SSHA of which Covid-Organics is exemplary, we examine the public debates through the lens of Pan-Africanism.

3. Pan-Africanism as a lens for Covid-Organics

Madagascar’s Covid-Organics quickly became an item of public debate in countries across Africa, not only in Tanzania. This debate signifies not just disagreement about whether to endorse the herbal pandemic response, but a deeper engagement with the question of Africa’s place in the world. There are two positions in this debate, which both speak to issues of modernity in Africa. To the governments in Madagascar and Tanzania, among others, Covid-Organics is an African solution to an African problem, ‘Africa’s first cure.’ As a Liberian Minister proclaimed: ‘Madagascar is an African country … Therefore we will proceed as an African nation and will continue to use our African herbs.’ The remedy signifies a self-sufficient and independent continent, which produces its own medicines rather than importing or receiving them as aid. This position is Pan-African, reflecting the African ‘struggle for social and political equality and freedom from economic exploitation and racial discrimination’ (Murithi, 2007, 1; see also Ndlovu-Gatsheni, 2013). This understanding of the remedy is not confined to the political elite. Neville Meena, secretary of the Tanzania Editors’ Forum, shared his observations of how citizens perceived the news of Covid-Organics in a radio program. Referring to the many supportive comments on social media, Covid-Organics invoked ‘a sort of [Pan-African] patriotism.’ The sentiment in Tanzania was, ‘Why should [we] not just support this innovation from our own continent?’

Interestingly, commercial production of sweet wormwood began in Madagascar and East Africa only after 2005, following the 2004 decision by the Global Fund for AIDS, Tuberculosis and Malaria to shift financial support from chloroquine or sulphadoxine-pyrimethamine therapy to artemisinin-based combination therapies (ACT) for the treatment of malaria (Kindermans, Pilloy, Olliaro, & Gomes, 2007). 81 countries, including 44 in Africa, adopted ACT medicine as their front-line drug against malaria (Ellman, 2010). As the WHO (2003, para. 2) has documented, up to 80 per cent of Africans use traditional medicine for primary healthcare. Global demand for artemisinin products increased, leading to an expansion in acreage and processing factories as well as price volatility on the world market (Ellman, 2010; Kindermans, Pilloy, Olliaro, & Gomes, 2007). Although the artemisia plant is not indigenous to Africa, the remedy’s ‘homegrown’ herbal nature speaks to ‘traditional’ African medicine and ways of life (Ellman, 2010). The global developments and capital that took the plant to Madagascar are subsumed under a narrative of an Africa that ‘is not just dances and songs’ but can ‘bring real, effective, serious solutions to the various health concerns of humanity.’ A columnist in The East African even envisioned a Corona-induced African renaissance:

[COVID-19] was the best thing that happened to the continent. Today Africa is producing, manufacturing and exporting goods across the world. It was not so before the pandemic. Many African countries celebrated others and neglected their own. Importing items made people feel superior. Citizens had poor health care because their leaders preferred to spend millions to go abroad for treatment rather than fix their local systems.

Supporters of Madagascar’s ‘cure’ suggest that opposition to the remedy can be ascribed to Africa’s underdog status as the world’s least developed continent. The West is the Other, initially represented by a dismissive WHO. As President Rajoelina asked rhetorically, ‘What if this remedy had been discovered by a European country, instead of Madagascar? Would people doubt it so much? I don’t think so.’ Later in the interview with Radio France 24, he suggested that ‘They want to slow us down, discourage us, forbid us to move forward …’, with ‘they’ signifying the powers that be, the hegemonic West.

Against this discourse of African solutions, sceptics of the ‘preventive and curative effects’ of Covid-Organics are negotiating a position of opposition that avoids being anti-African or violating the ‘Pan-African solidarity norm’, which accounts for Africa’s relat-

12 Christopher, J. (2019). ‘Tanzania sends relief aid to flood ravaged Zimbabwe, Malawi and Mozambique’. The Citizen. 19 March. Retrieved from https://africa.com/tanzania-sends-relief-food-to-zimbabwe-malawi-and-mozambique-after-cyclone-idai-havoc/ 13 ‘Tanzania to send plane to ferry Covid-19 ‘medicine’ from Madagascar’ (2020). The Citizen. 3 May. https://www.thecitizen.co.tz/tanzania/news/tanzania-to-send-plane-to-ferry-covid-19-medicine-from-madagascar-2708600 14 Shaban, A.R.A. (2020). ‘COVID-organics: Madagascar launches Africa’s first cure for virus’. Africanews. 22 April. Retrieved from https://www.africanews.com/2020/04/22/covid-organics-madagascar-launches-africa-s-first-cure-for-virus/ 15 ‘Tanzania gets Madagascar’s anti-coronavirus drink disputed by WHO’. (2020). Al Jazeera. 8 May. Retrieved from https://www.aljazeera.com/news/2020/05/tanzania-madagascar-anti-coronavirus-drink-disputed-200508164354282.html 16 Houmlfa, M., & Guensburg, C. (2020). ‘Madagascar’s COVID-19 ‘cure’ raises pride, health concerns and political risks’. Voice of America. 7 May. Retrieved from https://www.voanews.com/covid-19-pandemic/madagascar-covid-19-cure-raises-pride-health-concerns-and-political-risks. 17 Ibid. 18 Erick Gbodosou, quoted in ibid. 19 Akinyemi, W. (2020). ‘Pandemic gives Africa the chance to take charge and reinvent itself’. The East African. 14 May. Retrieved from https://www.theeastafrican.co.ke/tea/oped/comment/pandemic-gives-africa-the-chance-to-take-charge-and-reinvent-itself-1441304 20 Perelman, M. (2012). ‘Exclusive: Madagascar’s president defends controversial homegrown Covid-19 ‘cure’. France24, 12 May. Retrieved from https://www.france24.com/en/africa/20200512-exclusive-madagascar-s-president-defends-controversial-homegrown-covid-19-cure. 21 Quoted in ‘Madagascar Prez Dismisses ‘All Critics’; Would They Doubt European Cure?’, Africanews.com, 11 May 2020. Retrieved from https://www.africanews.com/2020/05/11/madagascar-prez-dismisses-all-critics-would-they-doubt-european-cure/
tively unified external relations (Tieku 2012, 42). Governments in Nigeria, Senegal and South Africa and the AU's Centre for Disease Control have received the remedy in order to test it in their laboratories (Tangwa and Munung, 2020). They are taking the Malagasy remedy seriously without endorsing its use, conforming to the expectation that as African leaders, ‘at any rate, they ought to act in harmony’ (Clapham, 1996, 107; see also Tieku, 2012). But a lot is at stake for this second group of governments, as their critical publics scrutinize and debate the national responses to the global pandemic.

In the politics of the Covid-19 pandemic, the WHO has needed both the pragmatic position and the solidarity norm. The WHO, which is currently led by Dr. Tedros Ghebreyesus from Ethiopia, cannot afford to alienate the continent for health and political reasons. It needs buy-in from African governments and publics to curb the infection rate in Covid-19 and future epidemics. At the same time, African countries make up the largest regional block in the body's executive board, holding 10 of 34 seats. As criticism of Covid-Organics was perceived as anti-African, the WHO signed a formal agreement with Rajoelina to scientifically test Covid-Organics. The WHO Director tweeted afterwards, ‘We discussed how to work together on therapeutics research and development. And we agreed that solidarity is key to fighting the pandemic and keeping the world safe.’ This had not always been WHO’s stance. It had taken a less conciliatory approach earlier, highlighting the untested nature of Covid-Organics and stating that ‘Africans deserve to use medicines tested to the same standards as people in the rest of the world.’ This position, however, became untenable as the WHO director himself faced a US-led campaign for his resignation. Upon his agreement with Rajoelina, Ghebreyesus emphasised global solidarity and thereby reconciled the stark differences in how to remedy the pandemic. In line with the solidarity norm, moreover, African ambassadors in Geneva closed ranks and responded with a collective statement opposing the US government's attacks on Ghebreyesus (Africa Confidential, 2020).

The significance of the two positions on Covid-Organics map onto an older discursive field concerned with the question of Africa's place in the world. This ‘grand debate’ precedes the establishment of the Organization of African Unity (OAU) and was initially about the nature of Africa’s political community. How should the continent’s free countries be organised, in a Pan-African union or through a coordinating body for independent, sovereign states? (Tieku, 2017, 61). Led by Ghana’s Kwame Nkrumah, a small group of countries (particularly Guinea, Mali, Morocco, Tunisia and Uganda) advocated continental unity in a United States of Africa in order to ensure economic development and independence from colonial powers and foster an African culture (Harshe, 2019; Ndlovu-Gatsheni, 2013; Tieku, 2017). This ‘Casablanca group’, named after the location of their 1961 conference, considered the boundaries inherited from colonialism illegitimate and an obstacle to the creation of a new political community. Their ‘continentalist’ Pan-African project was opposed by many new independence leaders, particularly Liberia’s William Tubman, whose alternative ‘statist’ vision became institutionalised in the OAU in 1963 (Tieku, 2017). To this ‘Monrovia’ group, independent states provided a useful organising principle. A continental association should respect state sovereignty and territorial integrity; national independence was, in the words of Malagasy diplomats (quoted in Tieku, 2017, 69), a cause for which they ‘fought’ and ‘shed… blood’ and thus should not be dispensed with.

The grand debate resonates today. South Africa’s former President Thabo Mbeki – a prominent member of a new generation of Pan-African leaders – uses the shorthand ‘Casablanca’ and ‘Monrovia’ intuitions on how to relate to non-African countries and foreign actors. The Casablanca approach has come to mean political and economic independence from outsiders, whereas the Monrovia approach has come to mean neo-colonialism (see also Langan, 2018). The new Pan-Africanists are metaphorically closer to Casablanca than Monrovia. They seek to reposition Africa as a voice to be heard rather than a problem to be solved, and worry about the continent’s economic and technological over-dependence on the external world, subaltern position in international relations, and failure to exploit its potential in trade, education and health (Ndlovu-Gatsheni, 2013, 26-27). This Pan-Africanism forms the ideational backdrop to both government legitimisation of their COVID-19 policies and related public discussions in national or Pan-African media. The political work carried out by an embrace of the herbal remedy is one of legitimisation of inherently contested public health policies and, by extension, governments. As a South African scholar noted, ‘difficult questions about the advisability and the fitness for purpose of the current approach to the management of this pandemic will not go away’ (du Toit, 2020). Indeed, official engagement with Covid-Organics should be understood in the light of these positions on Africa’s place in the world.

In Tanzania, President Magufuli’s embrace of the remedy seeks to establish a link back to Mwalimu Julius Nyerere, the country’s first president and father of the nation (see Yahya-Othman, Kamata and Shivji, 2020; Fouéré, 2014; Malony, 2014; Becker, 2013). As 76 per cent of Tanzanians were born after Nyerere stepped down in 1985, the legacy of Mwalimu is deeply malleable. Paget (2020, 7) argues that CCM leadership today draws on Nyerere’s Tanzania as a discursive moral abstraction from which it borrows selectively to signify ‘a purposeful social order which it imagined and promised to reinstate’. Nyerere was a Pan-Africanist who established the first East African Community together with his Kenyan and Ugandan counterparts as ‘a practical step towards the goal of Pan-African unity’ (Kenyatta, Nyerere and Obote, cited in Nye, 1965, 4). Committed to this idea, Nyerere even famously offered to delay Tanganyika’s independence in 1961 in favour of a regional federation (Nye, 1965). Magufuli sent his Minister for Foreign Affairs and East African Integration, Palamagamba Kabudi, an avowed Pan-Africanist, to collect the boxes of Covid-Organics, not his Minister of Health. This signalled the official

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22 See also, Dembele, O. (2020). ‘Senegal begins clinical trial of Covid-Organics’. Agence de Presse Africaine, 7 May. Retrieved from http://apaneWS.net/en/news/senegal-begins-clinical-trial-of-covid-organics.

23 According to his official CV, Dr. Ghebreyesus ‘is the first WHO Director-General to have been elected from multiple candidates by the World Health Assembly and is the first person from the WHO African Region to serve as WHO’s chief technical and administrative officer.’ CV retrieved from https://www.who.int/director-general/biography.

24 African states make up the majority (10 of the 34 members) of the WHO’s Executive Board. Information retrieved from https://www.who.int/about/governance/executive-board/executive-board-417th-session.

25 ‘COVID-Organics trials: Madagascar backtracks on injectables’ (2020). AfricaNews. 29 May. Retrieved from https://www.africaneWS.com/2020/05/21/madagascar-prep-dismisses-all-critics-would-they-doubt-european-cure/.

26 ‘WHO Africa (2020). ‘WHO supports scientifically-proven traditional medicine’. 4 May. Retrieved from https://www.afro.who.int/news/who-supports-scientifically-proven-traditional-medicine.

27 Kelland, K. & S. Nebheay (2020). ‘Special Report: Caught in Trump-China feud, WHO leader under siege’. Reuters. 15 May. Retrieved from https://www.reuters.com/article/us-health-coronavirus-who-tedros-special-scientist-report-caught-in-trump-china-feud-who-leader-under-siege-idUSKBN22R1IL.

28 Gyetah, E. (2012). ‘Thabo Mbeki speaks on African problems: “Ugandans shouldn’t wait for AU to teach them how to manage oil”’. Daily Monitor. 22 January. Retrieved from https://www.monitor.co.ug/Magazines/PeoplePower/689844-1312586-rz48ttz/index.html Alternative source https://allafrica.com/stories/201201240117.html.

29 Palamagamba John Aidan Mwaluko Kabudi is described as a nationalist and a pan-African. When he was introduced on 30 May 2019 as new Foreign Minister and Minister for East African Cooperation, Kabudi told the parliament that, under President John Magufuli, Tanzania would never “kneel” before donors to obtain aid’. Oxford Analytica (2019). ‘Rising nationalism will drive Tanzanian foreign policy’, Expert Briefing, 21 June. Retrieved from https://www.emerald.com/insight/content/doi/10.1108/OXAN-18246682/full.html. Tanzania held the chairmanship of SADC until August 2020. In one of the most recent pan-Africanist moves, as the SADC Heads of Government Summit, Kabudi called for the removal of sanctions against Zimbabwe. Information retrieved from https://www.herald.co.zw/sadc-summit-to-call-for-sanctions-removal.
endorsement of Covid-Organics as act of Pan-African solidarity, particularly as Tanzania at that time held the chairmanship of the Southern African Development Community (SADC), a regional body that includes Madagascar.

The herbal nature of Covid-Organics also helps to thicken the link back to Mwalimu. Nyerere's governments hoped that traditional herbal medicines could become ‘commodities supporting the [non-aligned] socialist and Pan-Africanist project’ (Langwick, 2010, 16). They funded research into medicinal plants, established South-South bio-medical education and research collaborations with China, and promoted herbal medicine as a means of becoming more self-reliant. An Office of Traditional Medicine was established in the Ministry of Health ‘to help establish regulatory controls for the investigation of herbal medicine’ (Langwick, 2010, 73). Regionally, the OAU introduced a shift from colonial prohibition to post-colonial funding, research and legalisation of herbal medicine (Langwick, 2010). The first Symposium on African Medicinal Plants occurred already in 1971. Almost five decades later, having ‘defeated’ Covid-19, Magufuli rekindled the herbal agenda in national and international debates, while supporting the momentum it had never lacked locally in Tanzania. He gave an additional budget allocation to the Office of Traditional Medicine, urging Tanzanians to remember that this medicine comes from ‘the exact plants used in the making of prescription drugs’. The June 2020 budget speech spoke of the use of traditional medicines as one of several ‘opportunities associated with the pandemic’, while the latter’s key lesson was ‘the importance of using strategies suitable for our localities instead of copying strategies from other countries. Likewise, COVID-19 has reminded us of the importance of ensuring self-sufficiency and reducing dependency on imports by increasing production’ (Government of Tanzania, 2020, para. 58).

Finally, when the EU criticized Magufuli’s management of both the elections and COVID-19 and threatened to halt further aid, Mwalimu’s Pan-Africanism was brought back in response. The televised Tanzanian communication to the EU was given by Foreign Minister Kabudi, the same politician who collected the plane full of Covid-Organics. In a stirring mostly Kiswahili speech that included English for phrases directed at a European audience, Kabudi emphasized Nyerere’s legacy of sovereignty and human dignity. The debates over COVID-19 were not given significant focus in the response, but instead, Tanzania’s place as a Pan-Africanist leader was the foundation for the Kiswahili speech.

4. Tanzanian perspectives on COVID-19 management

While the Tanzanian government accepted Covid-Organics as a gesture of Pan-African SSHA, its citizens were debating the government management of Covid-Organics on social media. The use of social media in Tanzania has increased rapidly within the past decade with the construction of the National ICT Broadband ‘backbone’ and a market providing cheaper mobile phones. Twitter is part of ‘a space where some of the most exuberant and insightful political conversations are happening’ (Nyabola, 2018). Most data here are from informal conversations, legacy media, and ‘traversing’ social media in Tanzania has increased rapidly within the past decade with the construction of the National ICT Broadband ‘backbone’ and a market providing cheaper mobile phones. Twitter is part of ‘a space where some of the most exuberant and insightful political conversations are happening’ (Nyabola, 2018). Most data here are from informal conversations, legacy media, and ‘traversing’

38 ‘Magufuli Touts Herbal Remedies’, Daily News, 12 June 2020. Retrieved from https://allafrica.com/stories/202006122007.html.
39 Jacob, T. (2020). ‘Tanzania should account for COVID funds and stop hiding behind the facade of sovereignty’. DIIS Comment. 25 November. Retrieved from https://www.diiis.dk/node/24397. Jacob cites one of the English phrases in Kabudi’s speech.
40 In East Africa, digital media provide ‘both an opportunity and an imperative to return to basic questions about how flows of information and ideas amongst connected strangers animate and configure social and political life’ (Sinnivasan et al., 2019, 13).

One author took notes on how social media and online media debated COVID-19 in Tanzania, transferred them into a ‘digital notebook’ as a timeline from 15 March to 31 May 2020. Another author conducted similar research focusing particularly on Tanzania online media discussed in the country at the time. These data include tweets, Tanzanian and Swahili online newspapers, and references made to Zoom panel debates, cartoons, memes, music videos, etc.

Kwayu, A. (2019). Social media as an alternative in Tanzanian politics. The Citizen. 13 February. Retrieved from https://allafrica.com/stories/201902140888.html.

Paget, D. & A. Kwayu (2020). ‘COVID-19 is casting Magufuli in the worst light, in an election year’. The Conversation. 13 May. Retrieved from https://theconversation.com/covid-19-is-casting-magufuli-in-the-worst-light-in-an-election-year-138329.

Other African countries have similar debates and use other terms. Kwayu, A. (2019). Social media as an alternative in Tanzanian politics. The Citizen. 13 February. Retrieved from https://allafrica.com/stories/201902140888.html.

Because Twitter is largely limited to elites, and its use is restricted by the regulations of freedom of speech online in Tanzania, triangulation between Twitter, other media and chat-groups, and offline conversations is important. A Tanzanian interview informant explained how Twitter accounts and ‘the talk’ on Twitter are debated in closed chat-groups on WhatsApp and Signal, which are seen as safer than tweeting. Twitter emphasises written communication, and chat-groups favour a style supportive of oral communication by allowing voice notes and visuals as well.

A Tanzanian interview informant explained that high-profile accounts critical of the Tanzanian government tend to shift between English and Kiswahili. While tweeting in English may connect them to an international audience, it may also disconnect them from Tanzanians. The informant referred to his own experience of shifting from English to Kiswahili as generating a more positive type of engagement with audiences. Tanzanians using social media accounts only in English are perceived as if you are only reporting to the mainbeberu in the North;

‘The Elephant publisher John Githongo talks to Dr. Chambi Chachage on Tanzania’s controversial approach to the COVID-19 pandemic as well as the emergence of potential COVID-19 cures from African medicine’. Retrieved from https://www.youtube.com/watch?v=N9_S2ywU2Cw.

The herbal nature of Covid-Organics also helps to thicken the link back to Mwalimu (imperialists) became popular-
reacted through sharing and debating WHO guidelines, while the Ministry of Health disseminated safe hygiene messages in Kiswahili across the country. Discrepancies emerged both on- and offline. ‘Tomorrow when I walk into the office with hand sanitizers and mask [masked emoji] how’ #CoronaReady are you?’ a former MP, businessman, and billionaire tweeted, wearing the protective N95 mask. However, for the majority of Tanzanians, as elsewhere, this type of mask would never be an option, and few would be able to wash hands frequently and adapt physical distance in the densely populated cities.

Instead of following its neighbours into lockdown, President Magufuli chose a different path, citing the risk of starvation and heavy burdens on the poor who depend on hand-to-mouth jobs. In late April, the WHO criticized Tanzania for its slow submission of numbers on COVID-19 cases. Critics took on the Tanzanian government for not taking WHO health reporting advice seriously. In response, a ‘Casablanca’ position of the Tanzanian government for not taking WHO health reporting advice seriously was unsurprising given the long history of health care collaboration between the two countries (Langweick, 2011, 58-84). However, the government later accused China of having provided faulty test kits. Concerns about the quality of testing materials and other foreign donations led to the President’s call to test nonhuman objects and later to warn explicitly against accepting any donations not tested by the Ministry of Health. After the arrival of Covid-Organics, some Twitter accounts defended the choice on the basis of science. For example, @KwaMhlanga123 said: ‘The President who has advanced degrees in the physical sciences, (Chemistry) was the first group of African leaders ordering Madagascar Covid Organics’. The link between Covid-Organics and a resurgence of African herbal treatments in Tanzania was seen across different scales of production, distribution and consumption.

In the context of a long history of herbal remedies, considerable mistrust of ‘imperialists’, and a pandemic whose treatments were debated across the globe, some Tanzanians turned to local COVID-19 remedies, while the government recommended steaming with ginger, lemon and neem. Moreover, saunas emerged around the cities where users pay Tsh. 1,000 per 10 min, and at home some Tanzanians simply put their head under a towel and steamed over a basin with herbs. One of the interesting responses to the arrival of Covid-Organics from Madagascar was the local production and marketing of similar products made in Tanzania. These include: Mafuta ya mchaichai (15mls sold at price of Tsh. 10,000); NIMRCAF (1000 mls. Tsh. 10,000); Covidol (Produced by TIRDO Tsh. 40,000) and Baycaro (Tsh. 30,000); and various blends of traditional medicines (ginger, garlic, chili, lime) (Tsh. 30,000). A high-profile Tanzanian MP and former Under-Secretary General of the UN, Professor Anna Tibaajuka, called upon the Tanzanian government to move forward with local traditional practices. She referred to a ‘plan B’ in the fight against COVID-19, noting that the whites who bring their remedies to Tanzania actually discover that Tanzanians already had their own alternative therapies based on practices in their communities. Interestingly, while Hilborn’s (2018) ‘resilience humanitarianism’ paradigm that focuses on the active response by local communities like this one typically works with private actors and diffuse governance, Tanzania localized the Covid-Organics response was actually used to support the state, not undermine it. This import-substitution model allowed Tanzanians to profit from COVID-19 treatments, support Magufuli’s policies of domestic industrialization, and respond to the realization that the SSA from Madagascar was not actually intended for distribution to everyday Tanzanians. Uganda’s Daily Monitor clarified: ‘Tanzania will not administer the medicine which was yesterday collected from

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52 Turning to SSHA, Tanzania initially put faith in China, which was unsurprising given the long history of health care collaboration between the two countries (Langweick, 2011, 58-84). However, the government later accused China of having provided faulty test kits. Concerns about the quality of testing materials and other foreign donations led to the President’s call to test nonhuman objects and later to warn explicitly against accepting any donations not tested by the Ministry of Health.

54 Tanzania: Why Dar Won’t Resort to Lockdown-JPM’ (2020) Tanzania Daily News. 18 May. Retrieved from https://tanzanialive.co.tz/stories/202005180784.html. There has been no global consensus on the relevance of lockdown in Africa. See Paul Richards and Alex de Waal in BBC (2020). ‘Coronavirus: Why lockdowns may not be the answer in Africa.’ 15 April. Retrieved from https://www.bbc.com/news/world/africa-52269320

55 She referred to the arrival of Covid-Organics from Madagascar was the local production and marketing of similar products made in Tanzania. These include: Mafuta ya mchaichai (15mls sold at price of Tsh. 10,000); NIMRCAF (1000 mls. Tsh. 10,000); Covidol (Produced by TIRDO Tsh. 40,000) and Baycaro (Tsh. 30,000); and various blends of traditional medicines (ginger, garlic, chili, lime) (Tsh. 30,000). A high-profile Tanzanian MP and former Under-Secretary General of the UN, Professor Anna Tibaajuka, called upon the Tanzanian government to move forward with local traditional practices. She referred to a ‘plan B’ in the fight against COVID-19, noting that the whites who bring their remedies to Tanzania actually discover that Tanzanians already had their own alternative therapies based on practices in their communities. Interestingly, while Hilborn’s (2018) ‘resilience humanitarianism’ paradigm that focuses on the active response by local communities like this one typically works with private actors and diffuse governance, Tanzania localized the Covid-Organics response was actually used to support the state, not undermine it. This import-substitution model allowed Tanzanians to profit from COVID-19 treatments, support Magufuli’s policies of domestic industrialization, and respond to the realization that the SSA from Madagascar was not actually intended for distribution to everyday Tanzanians. Uganda’s Daily Monitor clarified: ‘Tanzania will not administer the medicine which was yesterday collected from

58 “Watanzania wachangamkia tiba ya “nyungu”’. 11 May 2020. Retrieved from https://www.youtube.com/watch?v=ulkanB-1irA

59 Our economy comes first in Covid-19 fight, says Magufuli.’. (2020). Daily Nation. 18 May. Retrieved from https://www.dailynation.co.ke/news/51389891/Our-economy-comes-first-Tsh-5555298-9292td2b/index.html

60 Tanzania president questions coronavirus kits after animal test’. (2020). Twitter

61 Industrialisation has been an important part of the state’s priorities since the industrial reemergence of the five-year development plans in 2011 and with increasing emphasis in the plan of 2016 (Bofin et al., 2020, 15).
Madagascar on patients until a clinical trial has been carried out by the National Institute for Medical Research (NIMR). [Minister Kabudi stated] “I have received many calls, WhatsApp messages as well as many text messages from people requesting for the medicine. Please, I have no medicine with me for distribution. We have come with a consignment that allows us to do some research and analysis.”

The significant impact of Covid-Organics in Tanzania was to claim Casablanca international legitimacy for local responses using herbal remedies against the maladies of COVID-19. While domestically, this turn toward African indigenous medicine was uncontroversial, internationally, it provided an indicator of what would be deemed as Tanzania’s inadequate handling of a global pandemic, albeit one for which there was no recognized allopathic treatment.

5. Discussion

As we concluded this research, Tanzania had called for three days of national prayer to ‘thank God for saving the nation from the Corona disaster.’ The government announced that tourist flights and national sports would resume. This sparked a parody announcement on social media proclaiming that Tanzania has defeated Corona and now ‘we will just continue to wash our hands’ and ‘Buses should again fill with people as they did in the past, and all schools should be opened.’ ‘KWAFERI CORONA’ [GOODBYE CORONA] the fake proclamation concluded. In a country of nearly 60 million people, only 509 cases of COVID-19 had been confirmed and no new cases had been reported for over three weeks when reports started circulating in Tanzania social media of jubilant crowds singing and dancing in the muddy streets and a packed swimming pool crowd at the Kunduchi Wet N’ Wild Waterpark in Dar es Salaam chanting ‘Corona!’. Whether Corona had been banished from Tanzania in late spring 2020, by prayers, herbal remedies, herd immunity, or any other confi-

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62 ‘Tanzania to subject Madagascar Covid-19 medicine to clinical trials’ (2020), The Daily Monitor [Uganda] 10 May. Retrieved from https://www.monitor.co.ug/news/National/Covid-19-Tanzania-subject-Madagascar-medicine-clinical-trials/688334-5547786-ymqq1gz/index.html

63 Famau, A. (2020), ‘Virusi vya corona: Watanzania wafika kilele cha maoni ya shukrani kwa Mungu’. BBC Swahili. 24 May. Retrieved from https://www.bbc.com/swahili/babari-52789286

64 @Mswagawerson (2020), ‘Maamuzi ya Serikali kuhusu kufungwa vyuo, kidato cha maoni ya shukrani kwa Mungu’. BBC Swahili. 24 May. Retrieved from https://twitter.com/Mswagawerson/status/1264424449990660099

65 Retrieved from https://twitter.com/Mswagawerson/status/1264427027220427403/photo/1 The riff was termed ‘entertainment news: well done and entertaining at the same time’ by scholar Ned Bertz, personal communication.

66 Odula, T. (2020), ‘Fears grow that Tanzania’s government is hiding true scale of country’s coronavirus outbreak’. The Globe and Mail. 22 May. Retrieved from https://www.theglobeandmail.com/world/article-fears-grow-that-tanzanias-government-is-hiding-true-scale-of-country/

67 ‘Let’s Party, Coronavirus Has Ended’ Tanzania official [2020] 22 May. Retrieved from https://www.hifa.org/dgroups-rss/coronavirus-647-policymakers-and-health-information-23-lets-party-coronavirus-has-ended last accessed 8 January 2021. Note the original link from the BBC was removed between drafts of this article but is still on BBC here https://www.bbc.com/news/live/world-africa/47639452

68 ‘ ‘US ambassador to Tanzania summoned over Covid-19 statement’. (2020). The Citizen. 26 May. Retrieved from https://www.thecitizen.co.tz/tanzania/news/us-ambassador-to-tanzania-summoned-over-covid-19-statement-27098542 This continues a dispute between the US embassy and other donors and international health organizations over Tanzanian government reporting of notifiable diseases, notably linked to claims of Ebola cases in 2019 when none were registered. See Ebola virus: ‘Tanzania failing to provide details, WHO says’. (2019). BBC News. 22 September. Retrieved from https://www.bbc.com/news/world/afrique-49786823 and WHO (2019), ‘Cases of undiagnosed febrile illness – United Republic of Tanzania’. 21 September https://www.who.int/csr/don/21-september-2019-undiag-febrile-illness-tanzania/en/

69 Odula, T. (2020), ‘Fears grow that Tanzania’s government is hiding true scale of country’s coronavirus outbreak’. The Globe and Mail. 22 May. Retrieved from https://www.theglobeandmail.com/world/article-fears-grow-that-tanzanias-government-is-hiding-true-scale-of-country/

70 ‘Coronavirus: Tanzania President Magufuli says hospital numbers reducing’. (2020), BBC News. 17 May. Retrieved from https://www.bbc.com/news/world-africa-52607508

71 ‘Faulty tests of truck drivers: Tanzania accuses Kenya of sabotage’. (2020). Know Africa. 20 May. Retrieved from https://knowafrica.com/faulty-tests-of-truck-drivers-tanzania-accuses-kenya-of-sabotage/

72 ‘US ambassador to Tanzania summoned over Covid-19 statement’. (2020). The Citizen. 26 May. Retrieved from https://www.thecitizen.co.tz/tanzania/news/us-ambassador-to-tanzania-summoned-over-covid-19-statement-27098542 This continues a dispute between the US embassy and other donors and international health organizations over Tanzanian government reporting of notifiable diseases, notably linked to claims of Ebola cases in 2019 when none were registered. See Ebola virus: ‘Tanzania failing to provide details, WHO says’. (2019). BBC News. 22 September. Retrieved from https://www.bbc.com/news/world/afrique-49786823 and WHO (2019), ‘Cases of undiagnosed febrile illness – United Republic of Tanzania’. 21 September https://www.who.int/csr/don/21-september-2019-undiag-febrile-illness-tanzania/en/

73 Personal correspondence with first author, 25 May 2020.

74 Full video transcript available at: https://multimedia.eurap.eu/en/com mittee-on-foreign-affairs/20200119-0900-COMMITTEE-AF/af video starting at time 11:22; for a different perspective on this material see also Jacob, T. (2020), ‘Tanzania should account for COVID funds and stop hiding behind the facade of sovereignty’ DIIS Comment. 25 November. Retrieved from https://www.diis.dk/node/24397.
noting: ‘At the end of June, the estimate was 5.5% growth, today [19 November 2020] the projection is only 1.9%…if the government doesn’t want to take part in the efforts of transparency for the epidemic, we can still base ourselves on this kind of element and not pretend that the country is Covid free.’ Hans Staussboll, Head of Unit for the European Commission, continued: ‘Obviously, we are appalled about the reaction of the government. Obviously, there is Covid in Tanzania and the support that was provided was not in the form of budget support but it is in the form of programmes that can help the people who are affected.’

77 Divided interpretations on COVID-19 were directly linked to the EU position on problems with the 2020 elections in Tanzania. The interplay between realist-objectivist (Jacob & Pedersen 2018) and interpretivist ideological understandings (Paget, 2020; 2017) of Magufuli’s politics is needed to grasp his leadership in an alternative, Casablancan, approach that prioritizes Pan-Africanism together with nationalism, maendeleo (development) and continuity.

The COVID-19 vaccines were being released as we made final revisions to this paper. Gerald Chami, a spokesman at the Ministry of Health stated to The East African: ‘There are no plans in place yet of importing vaccine for Covid-19, our health experts and scientists are still researching and undergoing clinical trials for the local herbs for covid-19, when asked about the country’s plans to approve, procure, import and distribute a Covid-19 vaccine.’

78 The article about the disparity between rich and poor countries in accessing COVID-19 vaccines concluded with Covid-Organics: ‘[Tanzania] received its first shipment of Madagascar’s self-proclaimed, plant-based Covid remedy on May 8, despite warnings from the World Health Organization that its efficacy is unproven. Similarly, an article in the Lancet entitled ‘COVID-19 in Africa: Half a Year Later’ characterised Magufuli’s rejection of imported testing kits as one of the ‘difficult moments during the pandemic’ (Makoni, 2020, 1127). Makoni then turned to Covid-Organics noting: ‘An herbal concoction touted by Madagascar’s President as a cure for COVID-19 woefully failed, as witnessed by rising cases in the island nation, but incidentally sparking a renewed interest in African herbal medicines research’ (Ibid.). Covid-Organics remained the pivotal example of Tanzania’s contentious management of the pandemic, and it is used to invoke the possibility of a Pan-African alternative.

6. Conclusions

Tanzania’s welcome of Covid-Organics as Pan-Africanist SSHA is less controversial when interpreted through political debates around management of the pandemic. The Tanzanian context of aid dependence, the presidential and parliamentary elections in October 2020, and the ‘Magufulification’ of the economy79 played a major role in shaping how Tanzanians reacted to COVID-19 and the giving and receiving of humanitarian assistance. Tanzania has been singled out as the ‘bad’ example in international media and condemned by the European Parliament,80 but important debates continue over effective responses to COVID-19 in Pan-African and Tanzanian politics. These debates over the response and the situation that is being responded to are complicated by the government’s control over the narrative. As described by African Business, the government is ‘banning journalists from reporting on the subject and creating an environment where NGOs and doctors are scared to talk to the press’.81 In spite of similar demographics to neighbouring countries, Tanzania appears to our authors living there to have not experienced any crisis in its public health systems or significant changes in people’s day-to-day lives since President Magufuli declared the country free of COVID-19 in June. Our research has demonstrated that focusing on the possible solutions of SSHA in the form of Covid-Organics and local, traditional remedies practiced by Tanzanians themselves has been a useful way for the country to enact a Casablancan vision of Pan-Africanism that supports other political ideologies of the current leadership.

While the global Covid-Organics debates we documented here divide into Casablancan or Monrovian readings—an ‘African’ alternative or a negligent response to the pandemic—some Tanzanian debates on the SSHA took a different track. Here the discourse was about managing expectations that Covid-Organics would actually be provided to Tanzanians, as it had been to the citizens of Madagascar where it has been freely distributed in powdered form, even as the bottled product is sold.82 One of our team explained: ‘When the Covid-Organics from Madagascar arrived, our peoples’ expectation was that the medicine will then be available to ‘those in need’, those who were hospitalized. However, the Minister of Foreign Affairs was heard speaking in public that it is not for us, but for research and that only the President will be distributing it.’83 At this time, Tanzanians were already making and selling their own herbal Covid tonics. The important difference here is that none of these are freely available as humanitarian assistance to those in need.

The magnitude of this global crisis calls forth a multiplicity of interventions aimed at ‘helping’ individuals and nations to mitigate the effects of COVID-19. The Global North, thus far most affected by the pandemic, has concentrated on saving their own citizens and economies before helping distant others. EU countries have encountered considerable difficulties to even come together for mutual aid to member countries like Italy and Spain that have suffered the most damage.84 The Covid-Organics debates over an African Renaissance resulting from SSHA are far removed from the debates over access to affordable, effective strategies for survival needed across the globe. There is still no consensus on the ‘right’

79 Full video transcript available at: https://multimedia.euparl.europa.eu/en/committees-on-foreign-affairs_20201119-0900-COMMITTEE-AFET_vd. Starting at time 11:22.

80 Council of the EU Statements and remarks, see ‘Tanzania – Declaration by the High Representative on behalf of the EU on the elections in Tanzania’ (2020). Press release. 2 November. Retrieved from https://www.consilium.europa.eu/en/press/press-releases/2020/11/02/tanzania-declaration-by-the-high-representative-on-behalf-of-the-eu-on-the-elections-in-tanzania/.

81 Collins, T. (2020). ‘Tanzania risks pariah status in Covid-19 response’. African Business. 27 May. Retrieved from https://africanbusinessmagazine.com/region/east-africa/tanzania-risks-pariah-status-in-covid-19-response/.

82 Personal correspondence with Malagasy researcher and first author, 27 May 2020.

83 Internal email correspondence, 27 May 2020 individual researcher’s name withheld.

84 FT Reporters. (2020) ‘EU leaders clash over coronavirus response’, Financial Times. 26 March. Retrieved from https://www.ft.com/content/f3e4d7e-4c5a-4113-9ebf-d55d3580f68a.
pandemic response and differences in how citizens understand the appropriate policies are significant.

This paper has argued that in Tanzania, Covid-Organics has enabled the government to project a link to latent debates about Pan-Africanism and Julius Nyerere’s legacy. While Tanzanian citizens do not all recognize this legitimation – indeed, debates about the pandemic often fall into government and opposition camps – Madagascar’s SSHA has provided an opportunity for a public reflection on Africa’s place in the world. For some, the remedy’s African-ness is its comparative advantage, even promising a continental renaissance. For others, the lack of scientific evidence or approval by global health authorities like WHO is delegitimizing. Still others are left wondering what actually happened to the doses of Covid-Organics from the airplane, while many Tanzanians have just gone on to use locally-produced traditional remedies and practices. These findings suggest that receivers of SSHA make sense of it in both a broad, post-colonial discursive context and in a specific context of local contestation. If the promise of this particular form of aid is its ability to transcend deep divisions between North and South, then understanding SSHA, its ideologies and intersection with local practices and politics become important. Our study of the case of Covid-Organics in Tanzania demonstrates that SSHA draws on deep ideologies of Pan-Africanism; is increasingly important in crises that are global; and, like other forms of humanitarianism, reflects elite politics and priorities rather than prioritising the distribution of humanitarian goods and decreasing inequality.

Conflict of interests

There are no conflicts of interest to declare.

Acknowledgements

This work is partly funded by the Ministry of Foreign Affairs of Denmark and administered by Danida Fellowship Centre. Grant Number 18-12-CBS. We are grateful to Daudi Mukangara, Stefano Ponte, Lindsay Whitfield and two anonymous reviewers for improving this article through their comments. We also thank participants at our panel, ‘The COVID-19 Convergence of Diplomacy, Humanitarianism & Humanitarianism’ at the 63rd Annual Meeting of the African Studies Association November 2020 for their engagement. Finally, asanteni sana to the confidential informants who have made this work possible.

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