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## **A LOOK BACK - LEARNING FROM AFRICA: COVID 19 - POLITICIZATION, POLARIZATION, AND RESISTANCE, THE US AND AFRICA**

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### **Abstract**

Although declared an end as a global health emergency, the Coronavirus remains the most prominent international pandemic challenging the world in the 21st century; it exposed the unfortunate politicization of a devastating pandemic, resource weakness, inadequacies of the democratic system of governance, and the failure of the federal administrative system of the US. This paper argues that, unlike many African nations, partisan politics, politicization, and resistance to Covid-19 in America contributed to prolonged containment efforts and untold suffering resulting in over a million deaths from the Coronavirus. Contrary to expectations, the doom and apocalypse from Covid-19 on the continent did not happen as expected because most African governments took immediate and effective preventive containment strategies and applied lessons learned from previous epidemics to battle and contain the virus outbreak. But most significantly, their populations cooperated rather than resisted containment measures, resulting in fewer deaths and economic devastation. In the end, unlike many African governments, and despite America's technological dominance, America's political polarization, partisanship, falsification of scientific information, and cult-like control of the right-wing conservative group resulted in resistance to Covid-19 response measures and untold human catastrophe. It is significant to note that while there is ample research on the United States Covid-19 response and polarization, however, none of these studies were on a comparative analysis of the US and Africa with regards to Leadership, Partisanship, Politicization, Resistance, Cooperation, and Unification.

### **Keywords**

Covid-19, Leadership, Partisanship, Politicization, Resistance, Cooperation and Unification

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### **Introduction**

Although Covid-19's declaration as a global health emergency ended in May 2023, the disease, otherwise known as severe acute respiratory syndrome coronavirus 2 (SARs-CoV-2), was responsible for many pneumonia cases in Wuhan, China. Following the notification of the disease to the World Health Organization (WHO) on December 31, 2019, the virus was declared a worldwide health emergency on January 30, 2020. Then a global pandemic on March 11, 2020, plunged the world into a public-health crisis of unprecedented scale. In all affected countries, the most significant pandemic impact is the loss of millions of lives. Not comparable to the loss of human lives is the devastation that impacted national and global economies, resulting in unemployment, inflation, recession, and mental health challenges. As of early June 2023, the world community (228 countries and territories affected by the Coronavirus outbreak) had approximately 689,835,793 Covid-19 cases resulting in a cumulative 6,885,948 deaths. Of these numbers, the United States alone accounted for some 107,127,223 cases and 1,165,538 deaths. By February 2023, the number of Covid cases in the African continent rose to 10.8 million cases with 228,738 deaths were not comparable to that in the Western nations of the USA, France, Germany, Italy, or Asian countries of India and South Korea, nor the South American government of Brazil. Of the most affected countries in the world, it is significant to note that while the United States ranked number I, India no. 2, and France no. 3, the first African nation with the most cases was South Africa, only ranking 37, while Tunisia 63, and Egypt the third most affected in Africa ranked 89. Fortunately, for Africa, with a population of 1.4 billion, the number of Covid-19 cases remained low, accounting for some 2.62 percent of Covid infections worldwide, with South Africa alone accounting for over 51 percent of total confirmed cases in Africa.

## Contending Theories Behind Covid-19

Although the risk of a new Covid variant remains, the World Health Organization (WHO) on May 5 ended the international status of Covid-19 as a global health emergency. However, more than three years following the onset of the virus, the origination of the Corona Virus continues to mystify the global population. The controversial origin centers on two competing assumptions. One contention is the natural origin theory based on the natural transmission as a result of humans infected by wild animals (possibly bats) and transmitted through an intermediate host. While many hold this line of argument, there is no evidence to back the assumption. The other hypothesis shared by the United States Intelligence Community and the Federal Government's Energy Department contends that the virus resulted from a laboratory leak from a Chinese laboratory in Wuhan, China. However, many scientists insist there is no supporting evidence to back the claim to a laboratory. The African continent, through historical periods, has been belittled as the origin of several epidemics. However, in 2019/2020, the deadly novel Coronavirus (Sars cov2) was not from Africa but from Wuhan, China. However, it did not end there. With the emergence of Covid-19, health officials and others expect Africa to be consumed by the Coronavirus disease, killing millions, destroying its limited equipped healthcare systems, and frustrating development. Melinda Gates ignoring Africa's epidemiological knowledge and experience, predicted that the Covid-19 pandemic would be disastrous for the developing world, with dead bodies lying on the streets of African nations (Gates, 2020). Fortunately for Africa, such deadly catastrophic predictions and scenario has yet to materialize in any African nation.

### Concepts

At the height of the Covid pandemic, leadership was the most important element in directing a nation on a guided, effective response. Leadership as a concept of the social responsibility theory indicates that leaders are accountable for fulfilling their civic duty, and the actions of a leader must benefit the society. Therefore, "Leadership is behavior, not position (Bass, 1990), and this is certainly true of the democratic method of leadership" (Gastil, 1994). If Aristotle was a life today, in matters of politics, he will be disturbed "by the lack of virtue among those who wanted to be leaders." Similarly, Greek philosopher like Plato "considered the ideal leader of an ideal state "to be the most important element of good government" (Bass, 1990). It is significant to note the absence of an acceptable definition of politicization, however, this paper concurs with the postulation cited in Marquardt and Lederer article defining politicization favorable sense. In a positive sense, politicization is defined "by denoting the openness of a ([corona virus]) debate or/and in a derogatory sense, "it reflects a high degree of fragmentation and implies that those who politicize are not interested in objective solutions" (Marquardt and Lederer, 2022).

### U.S. Covid-19 Response: Partisanship, Politicization, and Resistance

With that in mind, the debate around Corona virus were dominated by science resources, experimentation, protection, falsification, populist rhetoric, partisanship, politicization, and resistance and initially a depoliticized understanding of coronavirus. Covid-19 became somewhat controversial issue at most political levels. Beginning in 2020, the world witnessed polarization of a new right wing (Zurn, 2019). Populist have downplayed the narratives of Covid-19 through individuals, politicians, and the government. United States President Donald Trump was at the forefront of right-wing populist mobilization of the American population against scientific evidence. Differences in policy response to the virus, including strategies, containment issues abound between the "red states" and the "blue states" and between the states and national political forces. In short, a cleavage between the right and the left evolved as Corona virus debate took a center stage moving to the realm of the political sphere and becoming a daily contentious polarized topic. Through social media, press conferences, and interviews, the Trump administration communicated to millions of Americans during the Covid-19 outbreak in the U.S. Due to existing partisanship, polarization, and other reasons, less than 50% of the U.S. population trusted the health information provided by the U.S. president. Trump was nervous that Covid-19 would present a challenge to winning the 2020 elections as public health would present an ongoing concern and challenge. Trump weaponized and crafted a strategy drawing upon misleading information. One of the strategies was to be on the defensive rather than following science and encouraging the public to follow scientific advice, and comply with measures. Trump's leadership was more in line with the concept provided by Machiavelli, the ultimate pragmatist who was "convinced that leaders needed steadiness, firmness, and concern for the maintenance of authority, power, and order in the government. It was best if these objectives could be accomplished by gaining the esteem of the populace, but if they could not, then craft, deceit, threat, treachery, and violence were required" (Bass 1990). Furthermore, every question posed to the president was answered in a defensive manner centering on blaming the left. He never accepted responsibility for inaction. The relevance of Trump's Coronavirus team was questionable when team members and Trump appeared to be constantly battling positions.

Looking back, many American lives could have been saved if the citizens had good and effective governance. The loss of more than a million American lives and employment is partly due to the cost of political

polarization and partisan affiliation. As noted by Rothwell, polarization, for the most part, became the "strongest prediction of behavior and attitudes about Covid-19. Ideally, public health policy would be driven by theory and evidence, not the relative power of partisans" (Rothwell and Makridis, 2020). Unfortunately, Trump's behavior, words, and actions depicted the behavior of a ruthless autocratic leadership and the failure to realize that not showing concern for the lives and protection of Americans over economics may, in part, caused his presidential election bid. The Trump administration exhibited complete recklessness regarding Covid-19, and he knew many Americans were dying. According to Kincaid, "President Trump pushed states to lead the Covid-19 response. He made little effort to formulate a unified federal government plan and a cooperative federal-state-local plan of action" (Kincaid & Leckrone, 2023).

The ideological divide between the Republican Trump administration and the opposition Democratic Party was on how best to respond to the novel Coronavirus and contain the virus. The question of the economy was also the centerpiece of whether to shut down or keep the economy open and the importance of scientific experts in Covid 19 policymaking. Politicians on both sides, government bureaucrats and state governors, were eager to respond and address constantly changing issues brought to light by the pandemic and take positions on mitigation and containment, enforcement, and scientific expert advice. As Rovny et al. argued: "Indeed position on particular related Covid issues are closely linked to the economic and cultural commitments that motivate how parties position themselves on the broader set of issues they regularly take to their voters..." (Rovny et al., 2022). Similarly, Rothwell and Makridis contended that Partisan affiliation is often the strongest single predictor of behavior and attitudes about Covid-19, even more powerful than local infection rates or demographic characteristics, such as age and health status" (Rothwell and Makridis, 2020). It is saddening that Covid 19 public health policy was driven by partisanship politics rather than scientific theory and evidence. Before vaccine production, social distancing, hand washing, and mask-wearing have successfully lowered community transmission. However, it became a major contesting issue as partisanship distorted it. Instead of saving lives, it was costing hundreds of thousands American lives and jobs.

Fueled by some media outlets like Fox News, the division became apparent between the blue and red states about Covid-19 response strategies and policies as the world watched American lack of embodied bipartisan commitment to public health. The two sides have more disagreement than agreement (Pew Research, 2020).

According to a study done by Green and Tyson, Interestingly, they were areas of covid restrictive measures with broad bipartisan support. Such include measures on K-12 schools closing and border closing. However, a wide gap exists regarding Trump's handling of the Coronavirus. While 85 percent of Republicans, and Republican leaning independents against 12 percent of Democrats (85%-12%), believe Trump is doing a good job (Green and Tyson, 2020). As a leader, Trump failed to lead by example, and the citizens paid significant attention as the president, the board of Covid scientists, and other personalities made presentations on Television. He wore no masks nor respected social distancing measures, held large campaign rallies (enabling community transmission) and frequently contradicted Dr. Fauci and public health officials, and promoted and touted unproven drugs like hydroxychloroquine to combat Coronavirus. Trump's leadership at the height of the Covid-19 outbreak was nothing more than chaotic as he pitted one governor against another and criticized mostly democratic governors, in particular, the Michigan governor calling recalcitrant governors' "mutineers" and tweeted such blasts as LIBERATE MINNESOTA (Trump 2020) in efforts to force governors to relax their Stay-at-Home Orders. He equally pitted one state after the other by frequently referring to conditions as blue or red to demonize the blue states. While many Democrats took the Coronavirus seriously, a large portion of Republicans downplayed the seriousness of the virus. This is in line with Kerr's contention. Elaborating on the 'asymmetric hypothesis,' he argued those sharing conservative ideology were less tolerant of uncertainty, more likely to distrust science, debunk scientific evidence, downplay the significance of the virus, and assimilate and endorse fake news and conspiracy theories (Kerr, Panagopoulos, & Linden, 2021). Based on the asymmetric hypothesis, it follows that citizens belonging to the Republican party or sympathetic to the Republican agenda viewed issues differently and treated their views differently, as well as treated the COVID-19 virus differently.

As such, the contestation surrounding the virus, including the debate and partisanship, heightened political polarization among congressional, senatorial, gubernatorial, and the public, casting doubt on our representatives and democratic institutions. Americans began to change voting attitudes and patterns, with more people towards the less extreme or more extreme elements in American politics. Analysis of large-scale tweets by congressional members during the height of the Covid pandemic confirmed: "high levels of polarization in elite communication to the public, with congressional Democrats discussing the pandemic more frequently and emphasizing threats to public health more so than Republicans" (Green, Tyson, Panagopoulos, Van & Linden, 2021). Although the WHO on May 5, 2023, declared the end to Covid-19 as a global health emergency, however, the division, mistrust, and disunity created regarding non-pharmaceutical measures and vaccines not only had the consequences of brewing dislike and resentment but also heightened polarization; Lies and misinformation remained and retained its disunifying potency among political leaders, political parties, and their general public supporters. Citizens on both aisles were less likely to share political views with opposition group members. As Jung Kunz stated that "Whenever parties and politicians are heavily divided over how to respond to the Covid-19 pandemic, this will

further increase social divides, as citizens perceive a strong political polarization and they are thus more likely to develop stronger negative attitudes towards partisans of other parties, too” (Kunz, J. (2021). Such was the political climate we find ourselves in America. Public health response to the coronavirus pandemic has been polarized, becoming a damaging and direct threat to the effective containment of the covid pandemic.

### **African Governments – Depoliticization and Unification**

Despite the predicted apocalypse, several hypotheses have been advanced regarding the unexpectedly low number of Covid-19 casualties in the African continent. However, African countries did not engage in partisan politics in the war against the deadly virus. Unlike African nations, partisanship, politicization, and resistance to Covid 19 in America under President Trump's administration contributed to the prolonged containment efforts and untold suffering resulting in over a million deaths from the Coronavirus. It was unsurprising that African governments or their politicians, due to their close relationship with the Chinese government, did not blame China for manufacturing the Coronavirus that killed millions of people. In an incident when Zimbabwe's Minister of Defense and head of Zimbabwe Task Force, Oppah Muchinguri, accused China of botched "experiments," blaming it for the Covid 19 that has decimated millions of citizens worldwide, Zimbabwean President Emmerson Mnangagwa demonstrated his disapproval distancing himself from the minister, therefore, implying that the minister is all alone in her comment (Mavhunger, 2021).

Contrary to some claims, Africa was luckily spared the brunt of the Covid 19 pandemic and the low testing rates was tied to Africa's systemic underreporting of Covid-19 cases. The truth lies in the strategies, goals, timing and swift actions, leadership, and responsibilities of its governments, lessons learned from previous pandemics, and community engagement in handling the outbreak (Mukherjee, 2021). African governments realized that politicization and division were not a workable strategy to contain the Covid outbreak. As such, they and their citizens went to work. Along similar lines, rather than daily blaming China or engaging in political division and politicization, African leaders reacted quickly to Covid 19 through well-coordinated coalition efforts by their governments, the African CDC, stakeholders, the African Union in cooperation with WHO mounted the African Task Force (ATC) for Coronavirus to coordinate, oversee preparedness and rapid response to the coronavirus outbreak. The African Task Force made a top prerogative for the rapid containment of the virus to minimize human toll, minimize economic disruption/setback, and security of the continent to pursue the goals of development. As such, the African CDC's primary focus was on rapid detection and containment of the covid 19 outbreak. And the ATC identified and worked tirelessly on six central themes, as demonstrated by Rosenthal et al.:

Laboratory diagnosis and subtyping.

Surveillance, including screening at points of entry and cross-border activities.

Infection Prevention and Control in Healthcare Facilities.

Clinical management of severe Covid 19.

Risk, communication.

Supply chain management and stockpile. (Rosenthal et al. 2020).

To minimize economic catastrophe that will result from pandemic restrictions imposed by global trading partners, such as international border crossings, supply chain issues, travel, trade restrictions, and purchase of essential protective equipment, medicines, food items, and other necessities, Africans embarked on local alternatives and solutions such as the development and production of diagnostic tests in Senegal and providing local supplies of mask in addition to immediate actions suspending tariffs on health care commodities, reducing restrictions in food items and the establishment of supply corridors (Lancet, 2020).

### **Africa: Vaccine Hesitancy**

It's significant to note that some African populations, to a lesser extent, experienced Covid-19 vaccine hesitancy for different reasons, and hesitancy ranged from 4% to 38% from a survey of 15 countries conducted by the African Center for Disease Control (Kabongo & Zang, 2022). Rollout of the Covid-19 vaccine slowed because of vaccine hesitancy. African citizens, like many in the U.S. were concerned for various reasons: belief in the non-existence of Covid-19, the safety of the vaccines produced so quickly, the effectiveness of the vaccine, conspiracy theories surrounding the Covid outbreak, side effects, and religious beliefs and low perceptions of the threat posed by covid-19 stemming from the low number of deaths. Beside, America's vaccine hesitancy influenced some global communities resulting in vaccine hesitancy in South Africa as the civil unrest affected its vaccination agenda. Covid energized African scientists as they saw Africa's urgent need for diagnostic manufacturing facilities. Nigeria became the first African nation to sequence the first full genome sequence of SARS-COV-2 viral RNA. Botswana and South African scientists identified and discovered Omicron in a sample of SARS-COV 2 that looked different from the rest. Egypt, Morocco, Algeria, and South Africa have manufactured Covid 19 vaccines since 2021.

It is significant to note African exemplary cases of handling the Covid outbreak compared with the previous discussion on the US handling of the pandemic.

## African Case Studies

### *Liberia*

The government of President Weah enacted and pursued several aggressive policies for areas threatened by the outbreak, placing Liberia's 15 counties under quarantine, and a national compulsory mask-wearing mandate in public places. A new National Response Coordinator was in place to effectively coordinate a pandemic response before identifying the first Corona virus-infected patient in March 2020. Learning from the Ebola experience in coordination with WHO and international health partners, Liberia earlier implemented contact tracing. Other swift policies were education and training of health care workers on case investigation and management, infection prevention and control, psychological support, logistic and laboratory services, and strong community engagement and support. However, what is significant is because of the government's swift, targeted policies, corrective measures, and vaccinations, Liberia had one of the lowest confirmed numbers of Covid-19 cases and deaths compared to countries around the globe. With a population of 5 million, Liberia had 7,400 documented Covid cases with 294 deaths.

### *Ethiopia*

Ethiopia maximized effective coordination with government agencies and consultation and intensified dialogue with religious stakeholders, political parties, the private sector, international development partners, and public mobilization. The government enacted an aggressive, comprehensive, responsive program and, within six months, quickly expanded Covid 19 testing sites from zero to eighty-five. It implanted bold and strict measures in addition to compulsory quarantine, intensified community awareness campaign, stringent contact tracing, and large-scale screening of 40 million people across 11 million households. In collaboration with WHO Ethiopia team, the government designed and implemented three high-frequency phone surveys for data collection and reporting. Over 80 percent of national samples of Ethiopians surveyed supported its government prevention and containment measures. The number of active cases and deaths evidence Ethiopia's success. With some 120.3 million, (about one-third the population of the United States), the country had 500,908 Covid cases and 7,574 deaths since the pandemic began. Ethiopia aggressive Covid-19 mitigating measures by healthcare workers engaged in community house-to-house surveillance provided the world community with a valuable lesson for handling future global outbreaks.

### *Rwanda*

Between the genocide and the Covid-19 disease outbreak, Rwandan government strengthened its weak healthcare system. Through a well-coordinated response, the government reached the most Covid vulnerable communities, promoted community awareness of mental health and support, psychoeducation, integrated doctors into home-base care teams paired with community workers, tracked vaccination rates, and dispelled misinformation about the virus and its vaccines. Regions carefully allocated vaccines provided by the US and China, and within two years, approximately 82% of its population was vaccinated at least with the first dose. Of Rwanda's population of 14 million, the country has 133,194 cumulative cases and only 1,468 deaths. As stated by Sabet et al., "Rwanda became a world leader in the vaccine rollout ... for many countries...The achievements of Rwanda's healthcare system were built on a foundation of strong leadership, community engagement, and collaborative partnerships" (Sabet, Hammond, Bajaj, & Rugwizangoga, 2023).

### *Nigeria*

The sixth most populous country in the world, Nigeria was one of the eight nations on the WHO team of expert missions to China for the investigation and to determine the extent of the Covid-19 outbreak and best practices for virus containment (Nwafor et al., 2020). Nigeria, like many African nations, faced severe challenges and was overwhelmed with shortages of health workers, a lack of ventilators, fragile health infrastructures, and national testing capacities, making it difficult to contain the outbreak. However, as Nwafor et al. stated: "Nigeria mounted a swift and aggressive response to Covid-19, leveraging on its existing epidemic preparedness and learning from other parts of the globe where transmission began earlier" (Nwafor et al., 2020). In addition, because of harsh government measures, "Nigeria is believed to have handled the pandemic reasonably well due to previous public health campaigns such as the use of touchless thermometers during the Ebola outbreak in 2014" (Obahor & Dunning, 2021). Furthermore, as Ihonvbere noted, the federal government of Nigeria acted more like a unitary government. The local and state governments did not work autonomously; but gave significant autonomy to the federal government and relied on the guidance, leadership, and direction of the national institutions. As such, Nigeria's states and federal government mounted a united mission to contain Covid-19 effectively (Ihonvbere,

2021). Therefore, due to rapid response, Nigeria, with a population of approximately 221 million, had 266,675 Coronavirus cases, 3,155 deaths, and experienced relatively low numbers of casualties from the virus.

## **United States vs. Africa – A Comparative Analysis: Partisanship, Politicization vs. Cooperation and Unification**

Yes, there are so many factors why Covid-19 transmission and Prevention Strategies vary from country to country or region to region. The US has had a tremendous advantage over African nations in Covid 19 testing, socio-economic status, nutritional status, medical technology, wealth, and health infrastructure. America has the disadvantage of demography with a higher percentage of older people who have other health conditions known as comorbidities. Unlike Africa, it has the advantage of less population density and household size. On the other hand, Africans have the benefit of political correctness, embracement of restrictive measures, united front in the fight for the mitigation of Covid 19, experience with living and managing infectious diseases and the application of the handling of Coronavirus, and the age structure of African population – having a youth population in the world with a median age of fewer than 20 years compared to the US with a median age of 38 years or more. Besides, as claimed, prolonged intake of malaria drugs, including angiotensin-converting enzyme 2 (ACE 2), hydroxychloroquine (HCQ), and chloroquine (CQ) as their "interferons and the neutralizing antibodies have been postulated to play roles in the low prevalence of Covid-19 in malaria-endemic countries" (Hussein, Albashir, Elawad, & Homeida, 2020; David, Robert, & William, 2014; Fauci, Lane, & Redfield, 2020; King & Lamb, 2015).

African governments did not embark on politicization and partisanship as they deemed saving human life a priority of the highest order. Ironically, the unprecedented killer pandemic, supposedly a uniting element and force at a time of national and global unity, became a tool of polarization along ideological and party lines. African nations looked to the United States and China for guidance on best response policies on mitigation and enforcement of Covid-19 vaccine measures in the hope that the advanced economies will most likely be driven and guided by science than opposition politics. Politics rather than science became the norm in the struggle to appeal to and get most of the population on their side. Unlike the swift response by African nations, the US government made crucial mistakes in judgment, inaction, and failure to respond timely. As such, U.S. response compared unfavorably to that of the African governments. This was because the U.S. administration of President Trump initially treated the Covid-19 virus as not severe, assuring the American public that the Coronavirus pandemic was under control. It took months before the U.S. put together a presidential task force on Covid-19; however, most African governments like Liberia, even before identifying the first Covid case, established a National Response Coordinator to coordinate a pandemic response effectively. Furthermore, it took the U.S. nearly three months (January – March 2020) to respond appropriately to the Covid outbreak.

Meanwhile, While the Trump administration was occupied pointing fingers at China, the blame, and delaying the game, African governments realized that the most important value and objective was the preservation of human lives at all costs, and rather than embarking on a strategy of politicization and resistance campaign, mounted and expedited a swift regional response and immediately endorsed a joint continental approach in cooperation with WHO Africa. As Jacob asserted: The group expanded testing capacity and capabilities and acted rapidly and quickly, enforcing stringent mitigation measures. And according to T. Lancet, there was no room for complacency (The Lancet, 2020). Unlike the U.S., as Hussein noted: "While maintaining its robust mobilization against Covid-19, faced with a public health crisis of unprecedented scale, Africa has demonstrated solidarity and unified leadership in responding quickly" (Hussein et al., 2020). This contrasts with the U.S. position. Wallach commenting on U.S. systemic failures noted the Trump's administration's "insufficient preparation and capacity, poor leadership and coordination, slowness, and regulatory failures, among many other factors" and called for an examination of these failures to prevent recurrence in future outbreaks (Wallach & Myers, 2020). Other issues, for example, contributing to the U.S.'s initial failure with the Coronavirus response strategy, have dealt with delays in test kits due to the loss of an element in the manufactured tool. It took about three weeks to correct. By the time the test kits were fixed, the inability to test at a large scale and the resulting low number of covid cases published was misleading because it did not reveal the significant community spread in the U.S.

On the other hand, many African countries understood and expected that considerable Covid community transmission would occur in their populations. However, their citizens were not seeing the extreme severity of Covid 19 spread because their governments acted horribly with decisive control measures. Unlike the U.S., which experienced delays in initiating strong Covid-19 response measures, African leaders at the initial outbreak of Covid-19, imposed strict border restrictions and severe control measures, and their citizens understood the risk of the economic fallout as such, they listened and complied rather than forge resistance. African countries that maintained rapid coronavirus measures and introduced lockdown restrictions following the index cases or early on experienced less community spread flattened the curve in contrast to the U.S., which was slow to introduce the lockdown earlier, thereby encountering exponential growth (Balmford et al., 2020). As African nations took drastic measures to mitigate the virus outbreak, the Trump administration and many state and local governments were reluctant to pursue effective measures to contain the spread of the disease. Instead, the U.S. and most state and local

governments took few actions to minimally disrupt everyday social and economic life. Instead of politicizing the virus, most African governments saw the outbreak as an opportunity for unity and cohesion and took decisive action resulting in the suppression of the outbreak. Unlike the Trump administration, the African government's attitudes, and behavior of the parties in power and the opposition were towards cooperation that significantly and effectively managed and contained the Covid-19 outbreak. While the U.S. was a case of partisanship, polarization, and resistance in addition to distrust, the Nigerian case was one marked initially by public distrust of the government and its initiatives to combat the Coronavirus outbreak in the country. Studies conducted by Ezeibe et al. demonstrated a high-level doubt in the government's initiative to contain the spread of Coronavirus among 86 percent of those surveyed (Ezeibe et al. 2020). The Nigerian government, in countering and mitigating the low level of trust, collaborated, and coordinated with religious stakeholders to get their communities and associations comply with government Covid-19 response measures and vaccine intake. Such efforts by religious leaders were significant in minimizing the number of Covid active cases and death because their communities listened and complied. What is substantial as the Nigerian case signifies that the populace was driven strictly by economic survival rather than partisanship politics of division as in the case of the U.S. Opposition political groups did not seize on this issue further to divide the country at a time of unification to combat the virus outbreak.

Another significant observation deals with leadership. There was not a single African nation out of 54 sovereignties engaged in a policy of political polarization and resistance in controlling the Sars Covid-19 virus. Donald Trump scoffed at the virus, and his politically motivated remarks and behavior spiked resistance to Covid-19 protective measures. Concerning social responsibility, Trump exhibited complete recklessness regarding Covid-19 management, aware many Americans were dying. Thousands of American lives lost daily do not fit the definition of social responsibility, and his actions, for the most part, were not advantageous to the American population at the height of the pandemic. His speech, behavior, response, and misinformation about coronavirus measures affected his leadership style, which in turn influenced the public behavior of his supporters. Many have spoken of Trump's seeming preference for authoritarian leadership. However, an authoritarian style can be justified in emergencies where there is little time for cabinet/executive discussion, particularly at the onset of the pandemic. His cult-like relationship with his followers seems emotionally driven at a time of crisis when the nation appears frustrated with a virus, they knew nothing or little about. However, the mismanagement of the virus outbreak cost him the presidency.

Except for South Africa, which accounted for more than 50% of African nation's death tolls out of 54 sovereign African states, the death rates were relatively low in comparison with the United States, which accounted for the highest number of Covid-19 cases and deaths.

Due to a positive, supportive political climate in the face of the ruling party and opposition party unification at the beginning of the Covid-19 emergency, the African population's perception of such unity and cross-party consensus on how to handle the virus positively shaped their attitudes and as such, cooperated with government containment policies. Nevertheless, for Africa and many nations of the globe, America remains a model for scientific experiments.

## Conclusion

In contrast to many African nations, the politicization, polarization, and resistance of Covid 19 response made the virus unmanageable and challenging for the American administrations of Donald Trump and Joseph Biden despite their technological advantage over the African countries. For African nations, partisan politics, politicization, and resistance to Covid-19 did not play a role in the timely management and control of the deadly virus. And unlike the Trump administration, the African governments listened to the experts, scientists, and WHO authorities. African citizens, for the most part, complied with Covid measures advanced by their governments because of their government's persistent efforts to save lives over the capitalist agenda of pursuing profit. This served as an instrument of unification instead of partisanship and division displayed in the United States. Safeguarding the economy was undoubtedly crucial, but not at the expense of thousands or millions of lives. As Papademos stated, "If scientific leaders and politicians take the opportunity to speak honestly, openly, often, and send a consistent message, much can be accepted and accomplished by a citizenry. I do not know what the Covid-19 future holds for Greece, 'like Africa,' they approached this initial crisis excellently. We shall all consider following their lead of consistent messaging, evidence-based evaluation, and adherence to the scientific method" (Papademos, 2020).

Furthermore, despite their health infrastructural and technological limitations, wealth, and resources, African leadership's ability to manage and contain Covid-19 is a lesson on how policymakers in more advanced nations can better manage national responses to future pandemics. While the US engaged in politicization, partisanship, and resistance, African governments embraced objectivity, depoliticization, unification, cooperation, compliance with scientific research, and swift, effective responses to mitigate the outbreak. African governments responded more effectively than the Trump administration, contributing significantly to the low number of active cases and death toll. Rather than engaging in political divisions, the US and others can learn from Africa's swift response to Covid-19 and its containment measures and techniques to reduce future casualties from

pandemics. This view is in line with Jasanoff's remark that "Despite the impressive US achievements in biomedicine and extensive planning for pandemic preparedness, the US record in addressing the public health crisis of Covid-19 is among the worst in the world, as evidenced by absolute incidence and fatalities, ongoing economic disruption, and extreme political disarray" (Jasanoff, Hilgartner, James & White 2023). Significantly, the Coronavirus pandemic revealed vulnerabilities in national healthcare systems, public health infrastructures, political leadership, and governance. The Covid-19 experience served as a remarkable learning opportunity for transformational changes in the handling and managing of future epidemics and pandemic outbreaks. Looking back, Covid-19 was an eye-opener, and learning from the successes and failures of other nations with the hope that the Covid-19 pandemic would offer transformational opportunities for future pandemics.

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