Almas Mazigo¹

Introduction

The new coronavirus disease (COVID-19) is the recent pandemic that has threatened human life. It is an infectious disease caused by the coronavirus through droplets of saliva or discharge from the nose when an infected person coughs or sneezes (World Health Organization (WHO), 2020a). People infected with the COVID-19 virus experience mild to moderate respiratory illness. Currently, there are no specific vaccines or treatments for COVID-19 (WHO, 2020a).

The outbreak of the COVID-19 started in Wuhan, China on December 12, 2019. The WHO declared it a global pandemic on March 11, 2020. COVID-19 has been fast spreading in the world thereby infecting people and causing fatalities. WHO (2020b) reported that by 20 May 2020 the world had almost 5 million confirmed cases of COVID-19, including over 300,000 deaths. The confirmed cases include over 2 million cases reported in the Americas; 1.9 million cases in Europe; approximately 400,000 cases in Eastern Mediterranean; 170,000 cases in Western Pacific; 150,000 cases in South-East Asia, and 66,000 cases in Africa. The COVID-19 pandemic is also negatively impacting on local and national economies.

The speed and scope of the coronavirus poses extraordinary challenges for leaders in national, state, and local governments (Kerrissey and Edmondson, 2020). Whereas important responsibilities of these leaders during pandemic crisis

E-mail: mazigoa@gmail.com

¹ Lecturer, Faculty of Humanities and Social Sciences, University of Dar es Salaam University College of Education (DUCE), Tanzania.

Mazigo

doi: 10.5281/zenodo.4113695

include solving the immediate problem and keeping it from happening again (Gates, 2020), available evidence shows that most leaders face the 'leadership test' as far as their roles in devising effective responses to COVID-19 pandemic are concerned.

Some 'coronavirus leadership tests' that government leaders face includes stopping or slowing the spread of the COVID-19 virus in their jurisdictions, saving lives of their people, as well as saving their failing local or national economies. Indeed, government leaders must make complex choices during this COVID-19 pandemic which "involve a trade-off between potential benefits (e.g., saving more lives and avoiding a collapse of health care services) and costs (e.g., economic costs)" (Donnarumma and Pezzulo, 2020: 1).

When making such hard choices, government leaders ought to draw on shared ethical values. National Ethics Advisory Committee of New Zealand (2007) argued that society members are likely to appreciate and support leaders who base their hard choices on shared ethical values and make decisions with goodwill and reasonable judgement. Likewise, Upshur, Faith, Gibson, Thompson, Tracy and Wilson (2005) reported that the use of ethical values to guide decision-making in the pandemic crisis is likely to enhance trust and solidarity within and between organizations and communities, and strengthen the legitimacy of plans and levels of trust in those who may need to make difficult decisions for the common good.

The social, economic and political contexts and the shared ethical values might have necessitated government leaders' choice of diverse policy interventions to respond to the COVID-19 pandemic. Thus, some government leaders have devised and implemented the full lockdown of their cities, states and nations; others have implemented the partial lockdown strategy, and, yet, some others have resorted to the 'no lockdown' strategy. Nevertheless, most analysts of the COVID-19 response measures

Mazigo

doi: 10.5281/zenodo.4113695

of governments have commended the adoption of the full or partial lockdown, on one hand, and blamed the adoption and implementation of the no lockdown strategy, on the other.

I believe a consideration of specific social, economic and political contexts as well as the shared ethical values when appraising government leaders' reasoning about complex choice options to respond to the COVID-19 pandemic, would lead to a fair verdict of their chosen interventions and, in turn, would offer good lessons on practising ethical and effective leadership during pandemics. In fact, we can conduct ethical appraisals to determine the extent to which the shared ethical values guided decisions and actions of government leaders and whether those leaders treated their people in an ethical manner, when responding to the COVID-19 pandemic.

I attempt to do so in this article. I take the case of the COVID-19 response measures of the government of Tanzania and aim to ethically appraise President John Magufuli's reasoning about and eventual implementation of the no lockdown strategy.

Emergence and Measures to Contain COVID-19 in Tanzania

Tanzania confirmed its first COVID-19 patient on 16 March 2020. Following this confirmed case, the government embarked on several preventive measures to contain the speedy spread of COVID-19 in the country. The government closed schools, colleges and universities; banned sports, music events, political meetings and community events; introduced quarantines and special COVID-19 hospitals (*Daily News*, 2020a). Meanwhile, citizens were advised to practice better hygiene, physical distancing, face masking, and avoid unnecessary travels and movements. Most citizens complied with these recommendations.

Since the first case of the outbreak of COVID-19, the government has taken enormous efforts to contain the virus, except the adoption of the lockdown approach. In fact, on several

Mazigo

doi: 10.5281/zenodo.4113695

occasions of his televised speeches, President Magufuli has ruled out a lockdown approach claiming that it does not suit the Tanzanian context (*Daily News*, 2020a). Instead, the President has urged people to stop panicking, observe preventive and protective guidelines on the virus, and participate in national building activities (*Daily News*, 2020b).

Citizens' observance of prescribed COVID-19 preventive and protective guidelines and other government advised measures have together contributed to slowing down the spread of the virus in the country. As of 20 May 2020, Tanzania had recorded 501 confirmed cases of COVID-19 and 21 deaths. These records stand quite a far from the 112,000 deaths from COVID-19 that were projected by the Imperial College London (Wills, 2020). Following recent evidence of the slowing down of COVID-19 spreading in the country, the government has ordered the reopening of universities, colleges and high schools as well as the resumption of some sports as of 1 June 2020.

Ethical Basis for Tanzania's No Lockdown Strategy

President Magufuli advanced several arguments to support his choice of the no lockdown strategy and its implementation in Tanzania. In this article, I present and analyze his three arguments on (i) preventing potential harms on citizens and the national economy, (ii) obligation to neighbouring landlocked countries, and (iii) uncertainty about the lockdown timeframe. The President emphatically advanced these three arguments in a televised speech that he delivered at Chato in Geita on 17 May 2020.

President Magufuli claimed that implementation of the lockdown would have caused more severe problems to majority Tanzanians. He noted that lockdown measures would have prevented majority Tanzanians who work in the informal economy sector from earning daily income to sustain their livelihoods. Furthermore, the President argued that locking people

Mazigo

doi: 10.5281/zenodo.4113695

inside would have forced the government to feed them and that would have been very difficult given the economic incapacity of his government. Considering the social and economic situation of the country, the President was right in his belief that locking people in would have only caused starvation and unbearable despair.

In addition, the President noted that COVID-19 was hitting the Tanzanian economy hard. Therefore, implementing stringent social isolation measures in the name of lockdown would have caused severe damage on the struggling economy and contributed to depriving citizens work opportunities to earn income and sustain their livelihoods. He noted that lockdown measures would have derailed the ongoing flagship development projects which have the potential to revive and stimulate the national economy.

The above argument of preventing the potential harms shows President Magufuli's awareness of the consequences of both the adoption of the lockdown and the no lockdown strategies as well as his commitment to prevent severe harms to his citizens and the national economy. The argument also reveals the President's awareness of the economic incapacity of his government to guarantee welfare of his citizens in lockdown. Committed to preventing potential severe harms from happening and to promoting welfare of his citizens, the President had to choose the COVID-19 response with potential minimal harms. The no lockdown strategy coupled with citizens' strict observance of the COVID-19 preventive and protective guidelines was chosen because it seemed destined to achieving minimal harms.

It seems that the citizens supported the President's no lockdown strategy because they have continued to participate in socio-economic and productive activities while adhering to COVID-19 preventive measures. Given that the country has recorded few COVID-related deaths than previously projected, it

Mazigo

doi: 10.5281/zenodo.4113695

can be said that the no lockdown approach has been effective in preventing more harms.

On the other hand, President Magufuli argued that practising the no lockdown strategy in the country was important and offered his nation and its people the opportunity to fulfil their obligation toward their neighbouring and landlocked countries. He stated that his nation has the obligation to care for and promote the welfare of neighbouring countries during this COVID-19 pandemic instead of letting them suffer. In that regard, for instance, he explained:

We are surrounded by many countries, almost eight countries need us to move their economies, closing borders would mean shrinking their economies ... some countries depend on food from Tanzania, rice, maize, meat and milk...they get all these from us, so closing our borders would have severe (socio-economic) impacts (Quoted in the Daily News, 2020b).

The shared values of caring for and showing solidarity with neighbours are at the core of President Magufuli's obligation to neighbouring countries argument. These values are also important elements of the communitarian ethics of the Bantu people and have for a long time been the bases for Tanzania's corporation with neighbouring countries.

Drawing on insights enshrined in the values to care for and support neighbours during difficult times, the President argued that the time of the COVID-19 pandemic is the difficult time for neighbouring countries and Tanzania is obliged to be there for them and do what she can to help them overcome their difficulties. Given this position, Tanzania's boarders with her neighbouring countries have remained open to provide citizens of those countries with opportunities to trade or transit goods. Besides, there is no evidence indicating that Tanzanians have been unhappy with the decision to open borders for neighbouring

Mazigo

doi: 10.5281/zenodo.4113695

countries in the fear of being infected with the COVID-19 virus. On the contrary, there have been reports on citizens applauding the President for leaving borders with neighbouring countries wide open and for allowing them to participate in cross-border trades to earn livings.

President Magufuli's third argument in support of the adoption and implementation of the no lockdown strategy in Tanzania revolves around uncertainty of timeframe for practising the lockdown. The President noted that since there are no vaccines or cure for the COVID-19 disease and not knowing when current efforts to find them will bear fruits, it is difficult to determine the lockdown timeframe as the virus may last for unknown time. Given this uncertainty, the President thought it wise to learn to live with COVID-19 just as we have learnt, for instance, to live with HIV/AIDS. Accordingly, he thought practising the no lockdown is an option to that end. In fact, the President claimed that the no lockdown option provided citizens with the opportunities to continue living their lives and doing their socioeconomic activities while taking all necessary precautions to prevent the further spread of COVID-19 in the country.

I agree that uncertainty about the lockdown timeframe makes it hard to determine the costs and benefits of implementation of the lockdown strategy within a reasonable time. Considering that Tanzania is economically incapable of providing for the basic needs of her citizens in lockdown, I believe opting for the no lockdown made much sense to counteract potential risks and further harms to citizens and the national economy.

Concluding Remarks

My purpose has been to reflect on the 'real test' that leaders face during the pandemics and highlight important implications for leadership practices. I have reflected on measures taken to respond

Mazigo

doi: 10.5281/zenodo.4113695

to the COVID-19 pandemic in Tanzania and established that pandemics challenge the capacities of leaders to devise ethical and effective measures to stop or slow the spread of the pandemic and to save lives and the economy. I have also established that pandemics challenge the ethics and value system of leaders and societies because pandemics require that leaders engage in complex choices and making hard decisions about people's lives and the local or national economy. Following on this important observation, I believe that the 'real test' of leaders during pandemics involves the identification and choosing of the most relevant and effective sets of shared ethical values to guide them in planning for and responding to pandemics. It follows that leaders who draw inspiration and guidance from the 'right' shared ethical values and principles are likely to consider interests, dignity and rights of their citizens while devising and implementing the responses to the pandemics. Therefore, leaders ought to develop ethical competencies and practice ethical and effective leadership to prepare themselves to pass the 'real tests' associated with pandemics.

References

- Daily News. 2020a. Measures to combat COVID-19 not one-size-fits-all approach. Available at: https://www.dailynews.co.tz/news/2020-05-115eb95dbfeac54.aspx. Accessed on: May 20, 2020.
- Daily News. 2020b. Why Dar won't resort to lockdown JPM. Available at: https://www.dailynews.co.tz/news/2020-05-185ec210e65b477.aspx. Accessed on: May 20, 2020.
- Donnarumma, F. and G. Pezzulo. 2020. Moral decisions in the age of COVID-19: your choices really matter. *arXiv preprint arXiv:2004.07081*.
- Gates, B. 2020. Responding to Covid-19—a once-in-a-century pandemic? *New England Journal of Medicine*, 382(18): 1677-1679.
- Kerrissey, M. and A. Edmondson. 2020. What good leadership looks like during this pandemic. Available at: https://hbr.org/2020/04/what-good-leadership-looks-like-during-this-pandemic, Accessed on: May 20, 2020.
- National Ethics Advisory Committee. 2007. Getting through together: ethical values for a pandemic. *Wellington: Ministry of Health*. Available at: https://neac.health.govt.nz/system/files/documents/publications/getting-through-together-jul07.pdf. Accessed on: May 20, 2020.

Mazigo

doi: 10.5281/zenodo.4113695

- Upshur, R., K. Faith, J. Gibson, A. Thompson, C. Tracy and K. Wilson. 2005. Ethical considerations for preparedness planning for pandemic influenza. A report of the University of Toronto Joint Centre for Bioethics Pandemic Influenza Working Group.
- WHO. 2020a. *Coronavirus*. Available at: https://www.who.int/healthtopics/coronavirus#tab=tab_1. Accessed on May 20, 2020.
- WHO. 2020b. WHO Coronavirus Disease (COVID-19) Dashboard. Available at:
 - https://covid19.who.int/?gclid=EAIaIQobChMIkPGdruPL6QIVWPlRCh2fTwpzEAAYASAAEgLJNvD_BwE. Accessed on: May 20, 2020.
- Wills, T. 2020. Coronavirus in Africa: How deadly could COVID-19 become? Available at: https://www.dw.com/en/coronavirus-in-africa-how-deadly-could-covid-19-become/a-53230519. Accessed on: May 24, 2020.