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INEFFECTIVENESS IN AFRICAN POLICY RESPONSES TO THE COVID-19 PANDEMIC

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Abstract. While the research output on policy responses in many African countries has sufficiently captured numerous country cases, experiences, and challenges encountered, almost all of it falls short in explicating the role of policy design challenges in packaging social policy responses to the COVID-19 pandemic. This paper deploys the policy design lenses to explain the ineffectiveness of Africa's policy responses to the pandemic. Built from a scoping literature review, the paper's point of departure is the realisation that policy responses to the pandemic constituted 'policy-making in a crisis context', which explains policy design missteps committed in the typically fire-fighting mode prompted by the emergency. Observed key design blunders in the formulation of responses include flouting the diversity, equity, and inclusivity (DEI) principles, limited compatibility of the selected policy instruments, and, most importantly, misjudgment of the context-capability/ capacity trade-offs in addressing the pandemic-induced social vulnerabilities. The paper's conclusion makes a case for increasing attention to the policy design phase of policy-making as a critical prerequisite for successful policy action in a crisis of the magnitude of a pandemic.

Keywords: African responses; COVID-19; design; ineffectiveness

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1. Introduction

At a global level, literature teems with the condemnation of governments supposedly for their underwhelming responses to the COVID-19 pandemic (Brown, 2021). Disapprovals of governments' levels of preparedness to contain and manage the global health emergency equally abound (O'Dowd, 2021). Observers judged the responses as reflective of governmental failure in managing the global health crisis, some attributing this failure to the interface dysfunction between institutions producing expert scientific knowledge and key decision-makers in government who formulate policy (Colglazier, 2020). However, these sentiments and the related hard feelings against governments overlooked the fact that the COVID-19 pandemic, as a rare global macro-event, introduced multifaceted, cross-sectoral, and overlapping challenges that constrained efficacious policy responses by governments (Bergant & Forbes, 2023). Africa recorded its first COVID-19 case on 14 February 2020 in Egypt, which spread to 52 countries by the end of April. Notably, the pandemic arrived in an already vulnerable environment, plagued by economic factors not directly connected to the global health crisis, such as declining global demand (Paci, 2021). World Bank surveys of 2020 indicated that the COVID-19 pandemic substantially negatively impacted livelihoods and employment, especially for the already vulnerable populations such as the informally employed, unemployed, and the poor (Paci, 2021). One aspect measured by the surveys was job losses

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during COVID-19 as a percentage of the employed population before the pandemic. On this factor, Kenya and Gabon had the highest scores, 62% and 61% respectively (Paci, 2021). These two were followed by the Democratic Republic of Congo (DRC) with 42%, South Sudan (39%), Central African Republic (33%), then Ghana and Mali with 29% apiece (Paci, 2021). Further, in a sample of eight (8) countries (Gabon, South Sudan, Ethiopia, Malawi, Uganda, Zambia, Mali, and Madagascar), the average income loss in the COVID-19 period was 70.7% (Paci, 2021). Food insecurity has been another primary concern since the beginning of the COVID-19 pandemic. In East Africa alone, the UN-Habitat (2020) estimated that the number of food insecure will increase beyond 41 million in 2020.

There were widespread concerns about the socioeconomic consequences of actions to contain the global health emergency (UN-Habitat, 2020; Dzawanda et al., 2022; Khowa et al., 2022). The central argument advanced by this paper is that while a lot has been published about governmental responses to the novel coronavirus, there is not much literature evaluating the effectiveness of policy designs in containing the pandemic while minimising the impact of governmental policy actions on livelihoods and the broader social aspect of the populations. The paper argues that lapses and challenges faced in governmental efforts to combat COVID-19 mostly emanated from design-related weaknesses more than anything else. The African design environment/ spaces were not quite conducive for effective policy responses to the health crisis despite the region's delayed spread of the pandemic. The paper adopts the policy design in/effectiveness concept as an analytical framework for dissecting the design issues arising from responses to the COVID-19 pandemic in Africa. It is organised as follows: it first unpacks the responses of African governments to the pandemic, outlining both the hard and soft approaches governments adopt. This is followed by a presentation of the concept of policy design (in)effectiveness, which serves as the analytical framework for appreciating the role of policy design in the failures, limited effects, and challenges associated with governmental responses to the COVID-19 pandemic in the African region. The section that follows presents a discussion of the specific design issues arising from the design environment, with far-reaching implications for the effectiveness of chosen policy actions to contain the pandemic. Lastly, the paper analyses some of the key design missteps of African governments.

2. Methodology

This review paper is predominantly qualitative and is guided by the interpretive research philosophy. Document searches were conducted on databases such as Google Scholar, EBSCO, Research Gate, and Web of Science. The study focused on papers on governmental responses to COVID-19 in the African context. Still, although generic studies about the African region were considered, priority was given to specific country cases on responses to COVID-19, including country experiences (challenges, successes, and weaknesses). Search terms included “COVID-19", "pandemic", "African response(s)", "health policy", and "health crisis responses". The inclusion criteria included documents focused on country responses to the COVID-19 pandemic, and papers focused on challenges experienced in responding to the pandemic. The exclusion criteria included papers that focused on COVID-19 responses outside the African continent and technical, medical papers that focused on lab-based experimental aspects. The database search that was conducted on 07 February 2025 yielded a total of 219 publications, and additional documents identified from grey literature were 10. Duplicate papers removed were 17, and unrelated papers rejected based on the stipulated inclusion/ exclusion criteria were 128. Papers that were eventually included in the final analysis were 31. However, to draw insights for analytical purposes, the paper also included literature on policy design effectiveness, ineffectiveness, and policy failure, which totalled 17. Figure 1 summarises the steps followed in document selection.

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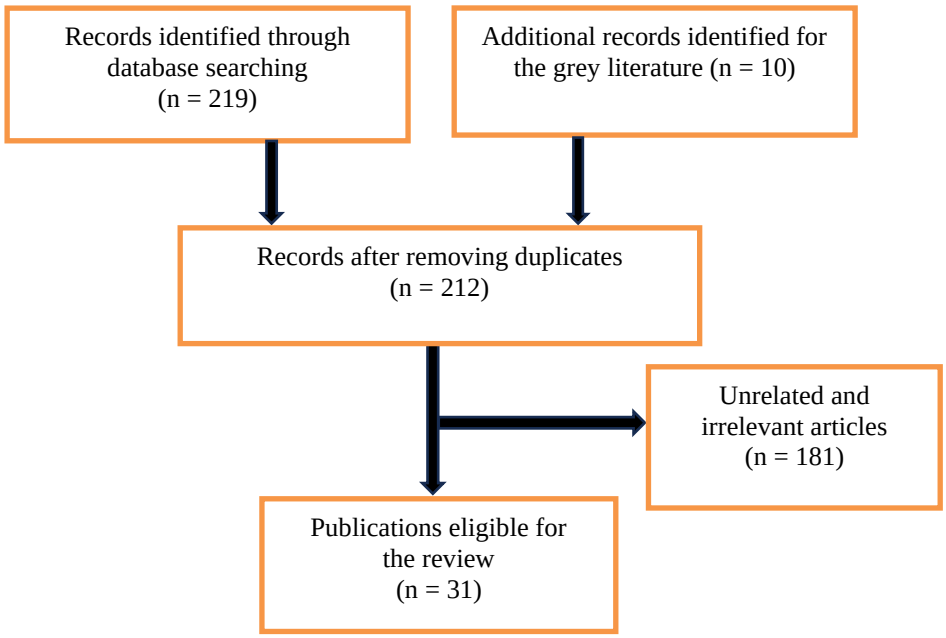


Figure 1. Systematic scoping review diagram
Source: Author

3. African governments' responses to COVID-19

WHO declared the coronavirus disease as a public health emergency of international concern (PHEIC), and following the recommendations of the International Health Regulations Emergency Committee, countries of the world were required to make the necessary preparations for the containment of the disease. Much of the government's response actions were drawn from the WHO's guidelines for the prevention, surveillance, and management of the COVID-19 pandemic (WHO, 2020). Further, the Africa Centre for Disease Control (CDC) also prepared COVID-19 guidelines for African Union member states. Among these were non-pharmaceutical interventions such as mobility restrictions, social distancing, limiting mass gatherings, hand hygiene, border controls, and mask use. Different countries conducted active surveillance of COVID-19 cases and potential cases. Countries including Algeria, Angola, Kenya, Mauritius, Nigeria, and Uganda implemented case notifications and virological, mortality, and hospital-based surveillance. However, this was done at varying levels of implementation (Adebisi, Rabe & Lucero-Prisno, 2021).

Surveillance was closely related to contact tracing, which involved identifying, assessing, and managing people who have been in contact with or exposed to an infected person. Persons with COVID-19-like symptoms and confirmed COVID-19 cases with mild symptoms were isolated/ quarantined and monitored closely. Other actions included lockdowns, curfews, closure of schools, and bans and limits of mass gatherings. Following the WHO guidelines, lockdowns could only be lifted once a health system could test, trace, quarantine, and treat COVID-19 cases (Makombe, 2021). Governments further implemented social protection mechanisms as coping strategies to assist the poor and vulnerable populations and provide social insurance to those unemployed with the break-out of the pandemic. Many African countries created varied cash transfer schemes to mitigate the effects of the pandemic on communities and businesses.

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In many cases, finer categories of beneficiaries were created: poor families, female-headed households, older persons, and low-income informal groups (Devereux, 2021). Social solidarity funds were established in countries of North, West, Central, and Southern Africa. These initiatives were funded through seed money from governments and contributions from private sector players to support informal traders, small to medium-sized enterprises, and larger corporations facing viability challenges during the pandemic (Devereux, 2021). Cases such as Togo created cash transfer schemes specifically to assist informal workers affected by the pandemic. South Africa disbursed funds to vulnerable households through an unemployment insurance fund (UIF) and a social relief of distress grant. However, experiences with these schemes show a high incidence of non-collection, corruption in the disbursement of financial assistance, and failure of employers to remit received funds to beneficiaries (Khowa et al., 2022). Table 1 summarises the policy tools that African governments adopted in responding to the COVID-19 pandemic. As discussed later, this paper argues that the extent of success with these tools was constrained by design-related issues, such as tool incompatibility, where governments adopted tool mixes or combinations, and the inhibitive contextual variables in the policy environment.

Table 1. Policy tools adopted by African governments in responding to COVID-19

Information tools	Authority tools	Expenditure tools	Organisation tools
Awareness campaigns and health promotion	Mobility restrictions and border controls	Economic stimulus packages for companies	Creation of national testing centres
Notifications and moral suasion	Social distancing and mandatory masking	Cash transfer schemes and social cushioning	Surveillance, investigation, case notifications and case management
Sharing periodic reports, updates, and briefs	Mandatory testing	Relaxed terms of taxation for businesses	Contact tracing, quarantining and treatment
Data collection	Lockdowns and curfews	Development partners' financial support	National laboratories and hospitals
	Banning of social gatherings	COVID-19 national funds	Prevention and control of infections
	Closure of schools, businesses		Vaccination

Source: Author

4. Policy design (in)effectiveness

In simple terms, policy design involves conscious efforts by governments to respond to public problems emerging in specific contexts (Howlett, 2019; Howlett & Mukherjee, 2017; Olejniczak, Śliwowski & Leeuw, 2020; Linder & Peters, 1984). In doing so, governments have an array of policy tools from which they prepare combinations or mixes of tools to achieve specific goals related to the problem(s) to be addressed. While the motivation for selecting and deploying policy tools is presumably the pursuit of effectiveness in achieving desired goals, the selection of policy tools is not a straightforward case. Capano and Lippi (2016) explain that the context within which instrument selection takes place is complex, frequently characterised by "uncertainty, technical complexity, political salience, conflicting values, interests, preferences, coalitions and legacies" (p.6). Given this, decisions on tool selection are significantly influenced by a combination of contextual factors in a given situation. The central goal of policy design is achieving effectiveness (van Geet, Verweij, Busscher & Arts, 2021), which is realised when a good fit is established between the selected instrument(s) and set targets, ultimately resulting in the formulation of policies that deliver desired outcomes. Mukherjee, Coban & Bali (2021) explained that effectiveness in policy design occurs at three nested levels: first, at the design space/ systemic level, where the requirement is to create a conducive environment for effective policy design. At this level, policy design is influenced by the broader sectoral policy styles, traditions, and the obtaining political conditions. In the case of the COVID-19 pandemic, responses would be conditioned by past responses to health crises and emergencies. Hence, the conditionalities presented by the attendant factors in the design environment can promote or inhibit effective policy design. Designers' creativity and choices are shaped by current political conditions, available public capacities, legacies and traditions that often help preserve long-running path dependencies in specific sectors. A study by Bali, He and Ramesh (2022) confirmed this with the observation that the window opened by

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the COVID-19 pandemic for health sector reforms was not big enough to cause a break with the "entrenched path dependencies and structural interests" (p.1) in the health sector. Second, effectiveness at the level of instrument mixes, which involves generating fitting combinations between tools and goals. It further entails ensuring coherence, consistency, congruence, and goodness of fit (Bali, Capano & Ramesh, 2019) between the clusters of policy tools addressing different elements of the same policy (Mukherjee, Coban & Bali, 2021). The guiding question becomes: 'How effective are the policy instrument mixes in realising expected goals and outcomes?' Third, effectiveness at the level of individual instruments concerns the efficacy and calibration of individual policy tools to achieve specific policy goals (Mukherjee, Coban & Bali, 2021).

5. Critical issues in the African design environment/space

5.1 Crisis in the economic systems

The COVID-19 pandemic-induced state of emergency gave governments few to no options for optimal manoeuvring in balancing responses to the health crisis and permitting regular on-site business and industrial operations. The observable net picture indicates an increased financial burden and plummeting revenue flows. Drastic response actions such as lengthy lockdowns and border closures became common. They led to cuts in international trade, rapidly shrinking fiscal space, closure of organisations, and suspension of on-site business operations (Khowa et al., 2022). Only organisations with operations amenable to teleworking and virtual operations could sustain business under restricted human movements. This resulted in significant job losses, salary cuts, and, ultimately, a drop in tax-based revenues to governments. 2020 for example, the IMF estimated Zimbabwe's real GDP to contract by 7.4% (IMF, n.d.). With these developments came a drop in the financial capacities of governments to fund response actions such as social protection schemes to help vulnerable populations cope with the pandemic. Thus, cash transfer schemes had limited effectiveness in different countries. The financial situation was further compounded by long-running cases of public debt and inflation, which had their toll on governmental responses to the global pandemic (Adeniran, 2020). By 2018, a year before COVID-19 broke out, Africa's average central government debt as a percentage of GDP stood at 61.4% (Chandler, 2020). By 2022, Africa's combined debt stood at US$1.8 trillion. This level of debt limited the potential fiscal and monetary stimulus that governments could proffer under conditions of limited production and plummeting revenues (Bergant & Forbes, 2023). The combined effect of the drop in international prices and the arrival of the COVID-19 pandemic drove African countries into borrowing. Following the drop in oil prices, Nigeria had to borrow US$3.4 billion from the IMF. Egypt, having already borrowed US$2 billion from the IMF, sought US$5 billion in loans to compensate for the budget shortfalls caused by the pandemic (Chandler, 2020). But even before the coming of the pandemic, many countries in the African region were already servicing debts, sometimes making fiscal allocations that were bigger than some critical service areas such as healthcare. The complicated debt situation in Africa led some to propose suspending or cancelling Africa's debt to allow the region some fiscal space for financing COVID-19 response actions (Mahamat, 2020). Africa needed an estimated US$200 billion to finance COVID-19 response actions (Mahamat, 2020) sufficiently.

5.2 Preparedness to contain COVID-19

One important aspect that impacted the effectiveness of the design of African governmental responses to the novel coronavirus was the level of preparedness for the health emergency. When the pandemic started, the African region had only two referral laboratories equipped with the reagents needed for conducting coronavirus tests (WHO, 2020). Hence, from the early stages of the spread of the pandemic to the continent, countries' preparedness was still very low, with no capacity available for the diagnosis and detection of cases. In January 2020, WHO (2020) singled out 13 African countries at a higher risk of exposure to the pandemic because of their direct links or significant travel volumes in and out of China. When the pandemic started, interventions such as social protection mechanisms in much of the Global South were viewed as 'patchy and dysfunctional' (Leisering, 2021). Social protection policies could not adequately address the upsurge of poverty from increased unemployment, welfare losses, and inequalities triggered by the pandemic.

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5.3 The pandemic and complexity

For some, the COVID-19 pandemic easily passed for the metaphorical Black Swan because of its extreme rarity, outlier status, and pronounced deviation from outbreaks familiar to the world. Starting as an epidemic in Wuhan, Hubei Province in China in December 2019, its dramatic spread across regions of the world pushed it into the proportions of a pandemic by 2020, and in the process, overstretching even the strongest of national health systems (McConnell & Stark, 2021). The complexity of the pandemic lay in its huge, unprecedented, cross-cutting impact on different sectoral systems: "it generated unexpected crises in the national health systems, economic systems, educational systems, cultural systems, sports systems, and social systems" (Bratianu, 2020:411). More importantly, correlations and tight coupling were observed between these systems, that is, between the crisis in the health system and the economic system, between the sociocultural system and the health system and the economic system, etc. (Bratianu, 2020). Complexity literature shows us that where systems are tightly coupled, the chances that "a crisis will cascade into further systems" are high (Walby, 2022:505). Therefore, The complexity aspect brought with it turbulence and disruption, leading to complications in terms of the design of possible government policy response actions. Complexity was further introduced by the co-occurrence of three categories of challenges: first, biomedical challenges, including unavailable or limited testing capacity, shortage of medical supplies and infrastructure, and limited specialised research capacity (Umviligihozo et al., 2020); second, sociocultural challenges such as infodemic, misinformation, cultural barriers, and limited appreciation of the required health habits during the crisis; and third, economic challenges such as the drop in international trade, fall in revenue, and job losses, among others. It is the cross-cutting nature of the COVID-19 impact that called for policy integration in governmental responses, that is, "the combination of policy goals and policy instruments from different policy sectors into a single policy programme" (Maggetti & Trein, 2022:54). But for such integration to work best, it required the designing of a "complex multi-level policy mix" that ensured a coherent response (Maggetti & Trein, 2022). At this point, African public administrations fell short in capacity to successfully integrate multi-sectoral policy goals and policy instruments, for instance, ensuring coherence between goals of cushioning the vulnerable, goals of public health, and goals of economic growth/sustainability. In another perspective, the complexity of COVID-19 alternatively emanated from the diversity of factors driving the pandemic (age, gender, disabilities, climate, socio-economic status, geographical location, handwashing practices, and mobility trends), which often played out against differences in demographics, trends in human mobility and capacities of health systems (Reid, 2021). Complexity and turbulence call for public sectors to become robust in "adapting and innovating policies, programmes, and services" (Carstensen, Sørensen & Torfing, 2023:36). However, considering the "anti-innovation DNA" that some scholars (see Carstensen & Bason, 2012) observed in the public sectors generally, this proposal would not fly.

5.4 (Un)availability of institutional infrastructure

When the COVID-19 disease broke out, and the manner it heavily impacted the health systems of developed countries in the West and Asia, worse consequences were expected in Africa on account of its poor health infrastructure and general fragility of the health systems (Gilbert et al., 2020). In times of health crises, the success of response actions of governments partly depends on the availability of requisite institutional infrastructure in a country (An & Tang, 2020). In line with institutional arrangements for responding to crises, Yan et al. (2020) explained that such arrangements can be formal (involving government machinery for policy-making and implementation) or informal (involving the public, non-governmental organisations, and other societal actors outside government). For several Sub-Saharan African countries, the history of past outbreaks such as Ebola meant the existence of a certain level of institutional arrangements for responding to and managing the pandemic. Dzinamarira, Dzobo & Chitungo (2020) counted on the possibility of leveraging existing health infrastructure and systems established for countries hit by the Ebola Virus Disease (EVD) between 2013 and 2016. Differences in responses to COVID-19 further depended on whether the existing institutional regimes were centralised or decentralised. Centralised systems typically favoured top-down implementation of policy responses to COVID-19, while decentralised systems distributed responsibilities across the tiers of the governance system.

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5.5 Authoritarian heavy-handedness

While some have lauded the proven connection between authoritarianism and efficient pandemic management (Ha, Knox & Janenova, 2024), the scenario was not the same with African authoritarian regimes (Eboko, 2021). The pandemic afforded African authoritarian governments a window of opportunity for the consolidation of power by deploying instruments of repression under the guise of instituting measures to contain the spread of the pandemic. Restrictive measures supposedly to support public health concerns were often ruthlessly applied and could perfectly serve to silence dissent and quell political protests from restive populations. In North Africa, the authoritarian regimes of Algeria, Egypt, and Morocco used the COVID-19 health crisis as a springboard to exploit emergency powers to consolidate their grip on power (Badran & Turnbull, 2022). In Southern Africa, Kamuti (2020) observed the abuse of human rights by the Zimbabwean government, which had already been constantly managing a volatile political situation fuelled by a deep economic crisis. The government found convenience in deploying internationally approved tools such as lockdowns and further declare a state of emergency, which helped severely curtail human traffic in and out of towns and in public places. The government's heavy-handedness in applying containment strategies around the pandemic raised questions regarding the real motive behind the government's execution in the circumstances (Kamuti, 2020). It smacked of the government's well-known authoritarian tendencies in muzzling anti-state voices in the country. In those circumstances, Chenzi and Ndamba (2023) explain that the government's heavy-handedness in the execution of lockdowns, curfew hours, and other restrictive instruments largely affected a large number of informal groups in the country whose livelihoods and survival were abruptly cut by the restrictions on movement.

6. Design missteps

6.1 Sidestepping DEI principles

Governmental policy responses to COVID-19 had implications for handling diversity, equity, and inclusion (DEI) principles among the African populations equally affected by the global health emergency. What varied in the effect of the pandemic among the people was how much they were affected and the differences in how it impacted them. Hence, while some were relatively privileged to have continued access to means of livelihood, the vulnerable and marginalised populations were on the receiving end. Lockdowns, curfews, and other restrictive measures affected livelihoods differently, implying a disproportionate impact on the poor (Chiukira, 2022). There were systemic inequities in many countries. These exposed the age-old structural barriers to the realisation of equity. In a number of African countries, while it is ideal to incorporate DEI principles in national policies and policy-making, not much has been done in most countries, leaving the long-standing postcolonial social and structural barriers unaddressed. Experiences from social sectors such as education and health may be cited for demonstrative purposes. In the education sector, for example, school closures exposed inequities and inequalities in different African countries. While learning continued virtually in many cases, this route seemed to ignore that at least 89% of learners in Sub-Saharan Africa had no access to computers at home, with a further 82% lacking access to the internet (Moyo-Nyede & Ndoma, 2020). Surveys conducted by the World Bank revealed low participation in e-learning by children in many Sub-Saharan African countries. For example, in Mali and Malawi, only three (3) in 10 and less than two (2) in 10, respectively, were participating in online learning (Paci, 2021). But despite these realities, UNESCO was collaborating with African governments in launching programmes to capacitate teachers in managing distance and online learning (UNESCO, 2021). Inequities further arose from the economic stimulus packages by governments, which were not sensitive to the structural marginalisation of vulnerable groups in society, especially those outside the formal economy. When the Government of Zimbabwe released the ZWL$18 billion Economic Recovery and Stimulus Package in May 2020, for example, only formalised small and medium enterprises (SMEs) benefited, and other equally deserving groups in the informal sector were excluded (Chiukira, 2022). In the health sector, the exposure of medical frontline personnel to the pandemic was pronounced in cases where personal protective equipment (PPE) and mechanical ventilators were in short supply. The shortage of PPE negatively impacted the government's responses to the pandemic. In the case of Zimbabwe, at least 1500 doctors across the country were reported to be working without adequate PPE, raising

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their risk of contracting the disease (Mavhinga, 2020). This eventually led the doctors and nurses to strike and sue the government for the lack of PPE in public hospitals (Mavhinga, 2020).

6.2 Underestimating context-capability/capacity trade-offs

Policy studies emphasise the importance of capacity in realising effective policy design and, subsequently, expected policy outcomes (Wu, Howlett & Ramesh, 2015; Mukherjee, Coban & Bali, 2021). Capacity needs in the COVID-19 situation came in multiple dimensions: coordination capacity, analytical capacity, regulatory capacity, and delivery capacity (Lund-Tønnesen & Christensen, 2023). Several African health systems were grossly under-equipped to respond to the COVID-19 challenge sufficiently, which had implications for the effectiveness of the responses to the pandemic. For example, the implementation of the WHO's recommended active surveillance of cases was affected by the shortage of expert medical personnel, leading to further problems of COVID-19 data management, limited diagnostic capacity, and ultimately, limited institutional capacities (Adebisi, Rabe & Lucero-Prisno, 2021). Besides the limited critical medical expertise in public hospitals, there were further shortages of medical equipment (e.g., laboratory technology, mechanical ventilators), medication, and required infrastructure, which meant that medical centres could not operate at full capacity, especially for the critically ill. In Kenya, for instance, the aggregate intensive care unit beds were only 200, serving the country's 50 million people, translating to a ratio of 1:250,000 (Emejulu, Emejulu & Uche, 2020). In Zimbabwe, the situation got to a point where "patients were turned away as hospitals ran out of capacity to cope with escalating infections and deaths" (MSF, 2021:1). In addition, there were concerns about the health and safety of staff who were working without adequate PPE. Hence, while the WHO guidelines provided the basis for government action, they overlooked the sensitivity to context. Africa became a victim of instrument insensitivities as the recommended WHO COVID-19 containment strategies were incompatible with the region's contextual realities of limited or lack of household income, chronic food insecurity, and restricted access to educational and health services. Africa's unique health sector challenges and the status of the different national health systems called for context-specific response guidelines instead of the one-size-fits-all approach being promoted (Fagbamigbe et al., 2022).

Conclusions

The analysis in this paper attempted to shed light on the role of ineffective policy design in explaining some of the failures in governmental responses to the COVID-19 pandemic by African governments. It is premised on the argument that the design of policy responses to the pandemic constituted policy-making in a crisis context, which, to an extent, explains the design missteps taken by governments. Hence, design-related weaknesses have had a major contributory effect on the ineffectiveness of government responses. The analysis focused on two broad aspects: first, the problematic factors in the African policy design environment, and second, the specific policy missteps that contributed to unwanted social outcomes. At the level of design space or design environment, critical factors discussed include the limited availability of requisite institutional infrastructure and the level of preparedness for managing and containing a health crisis, among others. These greatly affected how much the African governments could do to avert the health crisis. In a way, the combination of these factors complicated things for governments in their policy endeavours. Besides factors obtained in the design environment, the paper identified and analysed the specific policy actions and how they impaired governments' realisation of coherent and effective response actions. The paper concludes that the design of policy responses in contexts of health crises calls for astuteness in navigating inhibitive factors in the design environment and successfully combining policy instruments in a manner that does not generate adverse ripple effects on other sectors. One persisting gap in the literature has been that policies in complex systems often slip into full or partial failure without much clarity of whether the problem is with the design architecture or the environment within which the policies are introduced (van Geet et al., 2021; Hudson, Hunter & Peckham, 2019). This paper contributes towards closing the knowledge gap on policy failure, focusing specifically on the complex context of health crises, using the explanatory strength of the policy design framework. However, the paper does not fully cover the specifics of 'effective policy design', which requires a separate paper to do justice to that aspect.

References

Adebisi, Y.A., Rabe, A. & Lucero-Prisno, III D. E. (2021). COVID-19 surveillance systems in African countries. *Health Promotion Perspectives*, 11(4):382-392. https://doi.org/10.34172/hpp.2021.49

Adeniran, A. (2020). Comparative study of policy responses to COVID-19 in LICs in Africa. Available at: https://saiia.org.za/wp-content/uploads/2020/12/Policy-Briefing-04-adeniran.pdf (Accessed 22 January 2025).

Badran, S. & Turnbull, B. (2022). The COVID-19 pandemic and authoritarian consolidation in North Africa. *Journal of Human Rights*, 21(3), 263-282. https://doi.org/10.1080/14754835.2022.2080496

Bali, A. S., Capano, G. & Ramesh, M. (2019). Anticipating and designing for policy effectiveness. *Policy and Society*, 38(1), 1-13. https://doi.org/10.1080/14494035.2019.1579502

Bali, A. S., He, A. J. & Ramesh, M. (2022). Health policy and COVID-19: path dependency and trajectory. *Policy and Society*, 0(00), 1-13. https://doi.org/10.1093/polsoc/puab014

Bergant, K. & Forbes, K. (2023). Responses to COVID-19: the role of policy space. Available at: https://cepr.org/voxeu/columns/responses-COVID-19-role-policy-space (Accessed 24 January 2025).

Bratianu, C. (2020). Toward understanding the complexity of the COVID-19 crisis: a grounded theory approach. *Management & Marketing. Challenges for the Knowledge Society*, 15(Special Issue), 410-423. https://doi.org/10.2478/mmcks-2020-0024

Brown, L. D. (2021). Fomenters of fiasco: explaining the failed policy response to COVID-19 in the United States. *International Review of Public Policy*, 3(2), 1-16. https://doi.org/10.4000/irpp.2150

Capano, G. & Lippi, A. (2016). How policy instruments are chosen: patterns of decision makers' choices. *Policy Sciences*. https://doi.org/10.1007/s11077-016-9267-8

Carstensen, H. & Bason, C. (2012). Powering collaborative policy innovation: can innovation labs help? *The Innovation Journal*, 17(1), 2-26. https://innovation.cc/document/2012-17-1-4-powering-collaborative-policy-innovation-can-innovation-labs-help/

Carstensen, M. B., Sørensen, E. & Torfing, J. (2023). Why we need bricoleurs to foster robust governance solutions in turbulent times. *Public Administration*, 101:36-52. https://doi.org/10.1111/padm.12857

Chandler, B. n.d. COVID-19 and African debt: further distress or the beginning of a new paradigm? Available at: https://mo.ibrahim.foundation/sites/default/files/2020-06/debt-distress-COVID19.pdf (Accessed 23 January 2025).

Chiukira, L. (2022). COVID-19 impact on women in informal cross border trade in Zimbabwe. *Journal of Advanced Research and Multidisciplinary Studies*, 2(1), 58-69. https://doi.org/10.52589/JARMS-KPAOP2BD

Colglazier, E. W. (2020). Response to the COVID-19 pandemic: catastrophic failures of the science-policy interface. Available at: https://www.sciencediplomacy.org/editorial/2020/response-COVID-19-pandemic-catastrophic-failures-science-policy-interface (Accessed 04 January 2025).

Devereux, S. (2021). Social protection responses to COVID-19 in Africa. *Global Social Policy*, 21(3), 421-447. https://doi.org/10.1177/14680181211021260

Dzawanda, B., Matsa, M. & Nikolau, M. (2022). A catastrophic threat to the already vulnerable towards 2030: impact of COVID-19 lockdown on livelihood outcome of informal cross border traders in Gweru, Zimbabwe. *Social Sciences & Humanities Open*, 6(1), 100316. https://doi.org/10.1016/j.ssaho.2022.100316

Dzinamarira, T., Dzobo, M. & Chitungo, I. (2020). COVID-19: a perspective on Africa's capacity and response. *Journal of Medical Virology*, 92, 2465-2472. https://doi.org/10.1002/jmv.26159

Eboko, F. (2021). Authoritarianism and COVID-19: the complex realities of public action in Africa. Authoritarianism and COVID-19: Economies, Societies, International Competition. Italian Institute for International Political Studies. https://www.ispionline.it/en/publication/authoritarianism-and-COVID-19-complex-realities-public-action-africa-31073

Emejulu, J. J. C., Emejulu, Y. A. M. & Uche, E. O. (2020). COVID-19: Africa's challenge and the need for a paradigm shift on the use of ventilators. *International Journal of Clinical Medicine*, 11, 420-430. https://doi.org/10.4236/ijcm.2020.116035

Fagbamigbe, A.F., Tolba, M. F., Amankwaa, E. F., Mante, P. K., Sylverken, A. A., Zahouli, J. B. Z., Goonoo, N., Mosi, L., Oyebola, K., Matoke-Muhia, D., de Souza, D. K., Badu, K. & Dukhi, N. 2022. Implications of WHO COVID-19 interim guideline 2020.5 on the comprehensive care for infected persons in Africa Before, during and after clinical management of cases. *Scientific African*, 15, e01083. https://doi.org/10.1016/j.sciaf.2021.e01083

Gilbert, M., Pullano, G., Pinotti, F., Valdano, E., Poletto, C., Boëlle, P. Y., D'Ortenzio, E., Yazdanpanah, Y., Eholie, S. P., Altmann, M., Gutierrez, B., Kraemer, M. U. G. & Colizza, V. (2020). Preparedness and vulnerability of African countries against importations of COVID-19: a modelling study. *Lancet*, 395(10227), 871-877. https://doi.org/10.1016/S0140-6736(20)30411-6

Ha, H., Knox, C. & Janenova, S. (2024). Authoritarian and democratic states: the COVID-19 pandemic and the efficacy of public health outcomes. *Journal of Public Policy*, 44(4), 767-784. https://doi.org/10.1017/S0143814X24000163

Howlett, M. (2019). Designing Public Policies: Principles and Instruments. 2nd Edition. Routledge: London. https://doi.org/10.4324/9781315232003

Howlett, M. & Mukherjee, I. (2017). Policy design: from tools to patches. *Canadian Public Administration*, 60(1), 140-144. https://doi.org/10.1111/capa.12209

Hudson, B., Hunter, D. & Peckham, S. (2019). Policy failure and the policy-implementation gap: can policy support programs help? *Policy Design and Practice*, 2(1), 1-14. https://doi.org/10.1080/25741292.2018.1540378

IMF. https://www.imf.org/en/Countries/ZWE

Khowa, C. & Mukasi, T. (2022). Socio-economic impact of COVID-19 on rural livelihoods in Mbashe Municipality. *Journal of Disaster Risk Studies*, 14(1), a1361. https://doi.org/10.4102/jamba.v14i1.1361

Leisering, L. (2021). Social protection responses by states and international organisations to the COVID-19 crisis in the global South: stopgap or new departure? *Global Social Policy*, 21(3), 396-420. https://doi.org/10.1177/14680181211029089

Linder, S. H. & Peters, B. G. (1984). From social theory to policy design. *Journal of Public Policy*, 4(3):237-259. https://doi.org/10.1017/S0143814X0000221X

Lund-Tønnesen, J. & Christensen, T. (2023). Learning from the COVID-19 pandemic: implications from governance capacity and legitimacy. *Public Organisation Review*, 23, 431-449. https://doi.org/10.1007/s11115-023-00705-5

Maggetti, M., & Trein, P. (2022). Policy integration, problem-solving, and the coronavirus disease crisis: lessons for policy design. *Policy and Society*, 41, 53-67. https://doi.org/10.1093/polsoc/puab010

Mahamat, M. F. (2020). The Chairperson's remarks at the IMF WB mobilising for Africa teleconference 17 April 2020. Available at: https://au.int/en/pressreleases/20200417/chairpersons-remarks-imf-wb-mobilising-africa-teleconference-17-april-2020 (Accessed 23 January 2025).

Makombe, E. K. (2021). "Between a rock and a hard place": the coronavirus, livelihoods, and socioeconomic upheaval in Harare's high-density areas of Zimbabwe. *Journal of Developing Societies*, 37(3), 275-301. https://doi.org/10.1177/0169796X211030062

Mavhinga, D. (2020). Zimbabwe doctors sue government over COVID-19. Available at: https://www.hrw.org/news/2020/04/09/zimbabwe-doctors-sue-government-over-COVID-19 (Accessed 06 January 2025).

McConnell, A. & Stark, A. (2021). Understanding policy responses to COVID-19: the stars haven't fallen from the sky for scholars of public policy. *Journal of European Public Policy*, 28(8), 1115-1130. https://doi.org/10.1080/13501763.2021.1942518

Moyo-Nyede, S. & Ndoma, S. (2020). Limited internet access in Zimbabwe a major hurdle for remote learning during pandemic. Afrobarometer Dispatch No. 371, 30 June 2020. https://www.afrobarometer.org/publication/ad371-limited-internet-access-zimbabwe-major-hurdle-remote-learning-during-pandemic/

MSF. (2021). Zimbabwe: health system exhausted by most recent COVID-19 wave. Available at: https://www.msf.org.za/news-and-resources/latest-news/zimbabwe-health-system-exhausted-most-recent-COVID-19-wave (Accessed 06 January 2025).

Mukherjee, I., Coban, M. K. & Bali, A. S. (2021). Policy capacities and effective policy design: a review. *Policy Sciences*, 54:243-268. https://doi.org/10.1007/s11077-021-09420-8

Olejniczak, K., Śliwowski, P. & Leeuw, F. (2020). Comparing behavioural assumptions of policy tools: framework for policy designers. *Journal of Comparative Policy Analysis*, 22(6):498-520. https://doi.org/10.1080/13876988.2020.1808465

O'Dowd, a. (2021). COVID-19: government's handling of pandemic had "big mistakes", MPs say. BMJ, 375, n2487. https://doi.org/10.1136/bmj.n2487

Paci, P. (2021). How livelihoods deteriorated in Sub-Saharan Africa due to COVID-19. Available at: https://blogs.worldbank.org/en/africacan/how-livelihoods-deteriorated-sub-saharan-africa-due-COVID-19 (Accessed 11 January 2025).

Umviligihozo, G., Mupfumi, L., Sonela N., Naicker, D., Obuku, E. A., Koofhethile, C., Mogashoa, T., Kapaata, A., Ombati, G., Michelo, C. M., Makobu, K., Todowede, O. & Balinda, S. N. (2020). Sub-Saharan Africa preparedness and response to the COVID-19 pandemic: A perspective of early career African scientists. *Wellcome Open Research*, 5(163), 1-22. https://doi.org/10.12688/wellcomeopenres.16070.2

UNESCO. (2022). UNESCO targets teachers to improve distance and online learning in Zimbabwe. Available at: https://www.unesco.org/en/articles/unesco-targets-teachers-improve-distance-and-online-learning-zimbabwe (Accessed 06 January 2025).

UN-Habitat. (2020). Impact of COVID-19 on Livelihoods, Food Security and Nutrition in East Africa. UN-Habitat and WFP. https://unhabitat.org/impact-of-COVID-19-on-livelihoods-food-security-nutrition-in-east-africa-urban-focus

van Geet, M. T., Verweij, S., Busscher, T. & Arts, J. (2021). The importance of policy design fit for effectiveness: a qualitative comparative analysis of policy integration in regional transport planning. *Policy Sciences*, 54:629-662. https://doi.org/10.1007/s11077-021-09429-z

Walby, S. (2022). Crisis and society: developing the theory of crisis in the context of COVID-19. *Global Discourse*, 12(3-4), 498-516. https://doi.org/10.1332/204378921X16348228772103

WHO. (2020). WHO ramps up preparedness for novel coronavirus in the African region. Available at: https://www.afro.who.int/news/who-ramps-preparedness-novel-coronavirus-african-region (Accessed 11 January 2025).

Wu, X., Howlett, M. & Ramesh, M. (2015). Policy capacity: a conceptual framework for understanding policy competences and capabilities. *Policy and Society*, 34:165-171. https://doi.org/10.1016/j.polsoc.2015.09.001

Yan, B., Zhang, X., Wu, L., Zhu, H. & Chen, B. (2020). Why do countries respond differently to COVID-19? A comparative study of Sweden, China, France, and Japan. *The American Review of Public Administration*, 50(6-7):762-769. https://doi.org/10.1177/0275074020942445

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