City & Society

State of “Emergency” for health but State of “Exception” for people: Guinea-Bissau’s paradox in the battle against Covid-19

Miguel de Barros, Centro de Estudos Sociais Amílcar Cabral – CESAC

Anaxore Casimiro, Universidade Nova de Lisboa (IHMT-UNL)

Aliu Soares Cassamá, CESAC

Cadija Mané, CESAC

Fatumata Jau, CESAC

Rui Jorge Semedo, Instituto Nacional de Estudos e Pesquisa-INEP

Bissau City, April of 2020, photo by Albano Barai

***Kuma di kurpu* (how is your body)?...** These are expressions in Guinea-Bissau's Creole *kriol* language. Nowadays, beyond simple greetings, these expressions regain new meaning and symbolism. Far from mere strategies for communicating politeness or demonstration of zeal and reciprocity, they also denote an element of mistrust and worry and anxiety for the well-being of the community. In a country with scarce resources to test the population and no hospitalization of confirmed positive cases of covid-19 so far; expressions such as *Kuma ku nô sta* (how are we?) are of critical importance.

The lack of access to health services is chronic due to underfunding. As a consequence, the national health coverage is in a critical state, estimated at about 35%, with 40% of the population living more than 5 km away from the nearest Health Centre (DENARP II). The health spending is approximately 7% of the country's GDP, of which 70.0% is allocated to salary payments (WHO, 2017).

The state of emergency declaration (Decree 6/2020), took place in a complex backdrop of governmental instability and heightened political tension as a result of the post-presidential race judicial battle and the subsequent *coup d'etat*. The dismissal of the

constitutionally elected government and the appointment of a new government, which is not recognized by the international community, has intensified the pandemic risks, as it makes it impossible for the country to present a legitimate and credible representative to its development partners, hence undermining the country's possibilities to fight COVID-19.

Bandim Market surroundings, April of 2020, photo by Miguel de Barros

If before the coup, the country was already facing severe financial hardship, insufficient hospital infrastructure, lack of technical means of diagnosis and treatment, in addition to scarce human resources with clinical know-how to face the Covid-19, the vague and excessively broad state emergency restrictions adopted by the government, limiting

circulation and personal freedom without any safeguards or support system for the population, has exacerbated social inequalities even further leaving the most disadvantaged people of our society especially vulnerable to human rights violations.

In a socio-cultural and socio-economic context of contingency, with lack of access to drinking water, where people in their communities use the same water wheel, most families can only afford a single daily meal. This food is often served from a communal bowl (*kume na un cabas*), a sharing tradition. *Moransas* (family homes) drink in a single mug, and use pit latrine toilets (*cerco*). Particularly at a time of year when ethnic groups adherents to African religions have several traditional rituals that require people to group together; how is it possible to impose social distancing without disturbing the cultural codes of union on the one hand, and, safeguarding community and public health, on the other?

In addition, Covid-19 has occurred at a time typically representative of greater domestic revenue for Guinean families as a result of the cashew nuts harvest, the main export product of the country. The question remains: how to ensure social confinement at home in the absence of public policies to assist families?

Marketplace at fisherman's port in Bandim, April of 2020, photo by Albano Barai

Kuma di kansera (how is life's burden)? A lady asked a fish vendor on the streets of Chapa de Bissau, on the outskirts of vibrant and colourful Bandim - the lung of the city, through which all urban transport passes and where the traffic is more complex, but also the most dynamic and visited space in the Guinean capital. If Bandim ceases to exist, the whole capital's economy would halt.

In Bissau, as in many Guinean urban centres, the informal economy is a structural factor in the organisation of economic and social life. The "contagion" of the economic has had

and will have a major impact due to the restriction on supply, bearing in mind that most of the products consumed on the national market come from the Asian and European continents (both strongly affected by the pandemic). This means that imposing stringent lockdown measures without a robust government support for families will result in price hikes coupled with a reduction in money circulation in the Guinean economy.

The measures imposed by the state of Guinea-Bissau leave the majority of the population fending for themselves, without even the most basic welfare guarantee or support, not even for those who potentially could have been infected by the coronavirus. The government has not taken a pedagogical and proactive leadership informing the population in order to ensure that people are aware of the risk of covid-19 and the strategies to avoid infection, thus has failed in its sanitary response capacity, as well as at a social and economic level.

The most flagrant emergency measure of the emergency laws is with regard to the *Right of Resistance* in article 16, which criminalizes any and all acts of resistance, active or passive, to the orders and instructions issued by the competent public authorities in execution of the state of emergency. The direct consequences of these measures are

illustrated by the sudden increase of human rights violations, namely complaints of police brutality because of quarantine orders violation.

Several videos and testimonials circulated on social networks and on the Guinean television public channel documenting, at different times and places, severe beatings and rough treatment during emergency law enforcement operations. On that account, controlling the spread of the virus instead of prevention, can be understood as a pretext public authorities are using for social control, especially in the capital, hiding an intention to impose in the public space a political authority that seeks the legitimization of the political coup by brutally forcing the population into submission.

In contrast, when it comes to risk communication, social mobilization around covid-19 prevention has been proactively lead by popular initiatives, such as social collectives and traditional power entities (*régulos*), religious leaders and local public figures (both nationally and in the diaspora), who sought to transmit confidence, prevention recommendation messages, as well as offering services and equipment.

Also, worthy of note, are the youth networks and associations with their prevention information, awareness raising initiatives and fundraising campaigns for essential goods

to support families. Radio stations, especially community radios, have been a powerful tool for information dissemination and misinformation debunking, in Creole and the main 13 ethnic languages, which is having a positive impact in health risks mitigation and the reduction of socio-cultural barriers to prevention.

Kuma ku nô mansi (how did we wake up)? It was only a matter of time before coronavirus reached Guinea-Bissau. The only certainty is that the virus is in the country, but no one can say much more than that given the weak State. Every day becomes a struggle for survival: dodging the virus, escaping hunger, whilst being hit with police bully clubs.

The pandemic has laid bare the extent of the State's fragility; its political, health and economic system, but above all the lack of a response capacity without international assistance. At the moment, the entire contingency plan relies on waiting for the contribution of the international community and the first patient hospitalized only after thirty-three cases of infection were identified.

The measures adopted create a differential vulnerability that not only distinguishes social groups in a hierarchy, but also controls the forms of mobility, thus ordering the

population into those entitled to lead a dignified life in the city and its economic centre from those who are not allowed this privilege.

The pandemic is being turned into a security issue when it should be treated as a health and human right concern. Far from protecting the population, the emergency measures compound social inequalities in Guinea-Bissau. Within a political context transformed into a complex interplay of political battlefield for control of power and legitimization process, is precisely the setting that that could pave the way for the coronavirus *state of emergency* to turn into a permanent *State of Exception*.

This situation is likely to get worse during the rainy season (May-November) and will be strongly influenced by the performance of the health system, specially taking into account the lack of human resources. In quantitative terms, the country has only 1.9 doctors and 9 nurses per 10,000 inhabitants, and WHO estimates that less than 2.3 health workers per 1,000 inhabitants will be insufficient to achieve universal primary health care coverage.

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