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### COVID-19 and Tanzania's 2020 Elections

**Citation for published version:**

Lihiru, V, Macdonald, R & Molony, T 2021 'COVID-19 and Tanzania's 2020 Elections' pp. 1-12.  
<<https://aecp.sps.ed.ac.uk/wp-content/uploads/2021/02/COVID-19-and-Tanzanias-2020-Elections.pdf>>

**Link:**

[Link to publication record in Edinburgh Research Explorer](#)

**Document Version:**

Publisher's PDF, also known as Version of record

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# COVID-19 and Tanzania's 2020 Elections

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## About

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The 'African Elections during the COVID-19 Pandemic' project aims to produce and disseminate detailed, evidence-based, and context-specific recommendations to help ensure that upcoming elections can be conducted relatively safely in the context of the COVID-19 pandemic. The project is funded by the UKRI GCRF/Newton Fund until August 2021.

Based at the University of Edinburgh's Centre of African Studies, the research partner organisations are the Centre for Democratic Development in Ghana; the Open University of Tanzania; and the Harvard Humanitarian Initiative (HHI), working with Echelle in the Central African Republic. The project impact partners include The Carter Center, the Electoral Institute for Sustainable Democracy in Africa (EISA), the International Foundation for Electoral Systems (IFES), the Royal African Society, and the Westminster Foundation for Democracy.<sup>1</sup>

## Background to the project

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Elections involve increased risks of the spread of COVID-19, with IFES highlighting more than 40 stages where people assemble, or objects are transferred during the electoral cycle.<sup>2</sup> Despite these risks, national-level elections have already taken place in Africa during the pandemic, including those in Guinea, Mali,<sup>3</sup> Burundi and Uganda. Seventeen national elections are still due to take place this year, including ten presidential elections.<sup>4</sup> Reducing the risks of increased transmission during these and future elections is paramount.

The 'African Elections during the COVID-19 Pandemic' project is following three elections – in Tanzania, Ghana and the Central African Republic – from beginning to end. The research team are looking closely at each stage of the electoral process to consider:

- How the risks of COVID-19 transmission are being mitigated – if at all.
- The extent to which holding elections has had a demonstrable effect on infection rates.
- Whether the pandemic affects political participation.
- Whether the ability of any social groups or geographic populations to engage in the political process is reduced, either unintentionally or deliberately.

These public health and governance foci allow the project to produce recommendations that can be applied to upcoming African elections so that they are in a better position to be free, fair, credible *and safe*. By including practical factors such as cost and replicability, the hope is that the findings will also be useful to other low- and middle-income countries that are due to hold elections.

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1. <https://aecp.sps.ed.ac.uk/>

2. <https://www.ifes.org/publications/ifes-covid-19-briefing-series-safeguarding-health-and-elections>

3. [https://www.idea.int/sites/default/files/managing-elections-under-covid-19-pandemic-conditions-the-case-of-mali\\_en.pdf](https://www.idea.int/sites/default/files/managing-elections-under-covid-19-pandemic-conditions-the-case-of-mali_en.pdf)

4. <https://africanarguments.org/2021/01/africa-elections-all-upcoming-votes/>

## Sources and data

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Various sources and data are used to inform the recommendations:

- **Updates to procedures** made by Electoral Management Bodies; the responses of parties, civil society groups and civic education bodies; public debate in newspapers and social media to gauge opinions on measures required to secure a free, fair, credible and safe electoral process.
- **Survey data** on the perception of the elections (e.g. participation in rallies, voting) and experience with COVID-19 (measures) in a two-round survey before and after the elections. In the Tanzanian case, the survey is being conducted by IPSOS, with a nationally representative sample of 1,511.
- The research team are aiming to **view** each stage of the election process at select constituencies.
- **Interviews**, at different points during the electoral cycle, with a cross-section of officials engaged in organizing the election, and with representatives of parties and civil society groups.
- Publicly-available **election data** to ascertain shifts in turnout and voting patterns.
- Official and other **data on COVID-19 spread and mortality** in each country, from media and civil society initiatives, as well as World Health Organisation (WHO) and Africa Centers for Disease Control and Prevention (CDC).
- Media and online **coverage of other low- and middle-income countries' (LMIC)** elections held in late 2020 and early 2021 to enable comparative analysis.

## Safe elections during COVID-19

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Elections are often perceived as the day(s) when voters cast their ballots. This is one phase of the continuous process of the electoral cycle, which can be divided in three main periods.<sup>5</sup> Firstly, the pre-electoral period involves, *inter alia*, planning (including budgets, operational work-plans, procurement, and staff recruitment), operational training for electoral officials, voter and civic education, and registration of parties and voters. Secondly, the electoral period involves the nomination of candidates, campaigning, voting, and the results process, and dealing with any complaints and appeals. This is followed by the post-electoral period, in which the pre-electoral and electoral periods are reviewed and reformed, and a strategy is put in place for institutional strengthening and professional development. Holding 'free, fair and credible' elections – regardless of their context – is a complex challenge. Among other factors, the electoral period must be seen to be inclusive and credible, parties must commit to peaceful transition and to respect electoral rules and, perhaps most importantly, people must be able to freely express their will.

Recent evidence suggest that outbreaks can shape public attitudes towards political leaders,<sup>6</sup> hinder participation, or even lead to the postponement or cancelation of elections.<sup>7</sup> Despite such risk, and likely because of the perceived low likelihood of large outbreaks, few Electoral Management Bodies have taken into account and planned for potential challenges resulting from major health emergencies such as COVID-19 in designing electoral processes. As a result, Electoral Management Bodies often require outside technical assistance when attempting to mitigate the risks inherent to the many activities and interactions that occur throughout the electoral cycle.

Despite this fact, guidance on holding safe elections during outbreaks is limited. The Brennan Center for Justice<sup>8</sup> and the US-based CDC<sup>9</sup> have produced specific recommendations for conducting elections during the current outbreak. However, in both cases, their guidance is tailored towards electoral processes in high-income countries and focuses on the voting phase of the electoral period with little or no recommendations for the pre- and post-electoral periods. Recommendations appropriate to the more challenging conditions encountered in LMIC elections, such as those produced by the Center for Strategic and International Studies,<sup>10</sup> tend to be modified versions of those prepared by the Brennan Center and CDC.

The most thorough COVID-19-specific report on elections is by IFES.<sup>11</sup> Drawing on expertise developed during Ebola outbreak in West Africa, it details every aspect of the electoral cycle, and provides suggestions for mitigating the spread of the virus in pre-electoral activities, election day activities, and post-electoral processes. The recommendations are general in nature though, seeking to address elections in low-, medium- and high-income countries concurrently. Many of the recommendations – such as investing in online platforms, mail-in ballots, and virtual training of election officials – are unsuitable for many low-income countries, since they either assume the presence of an infrastructure that is generally not available, or the recommendations are too costly to implement.

A report by Birch *et al.* for the British Academy is more recent but less detailed, and also tries to cover all income levels at once.<sup>12</sup> One of the report's general recommendations – that electoral practitioners should build on strategies that have already been used in the context in question – is certainly relevant for many low-income countries. However, the evidence base of what is possible in practice is only nascent. The IFES report came out too soon for such evidence to be included, while the Birch *et al.* report – undoubtedly produced under a tight timeline – is inconsistent in supporting its claims with evidence from elections that have taken place during COVID-19, including legislative and presidential elections in 13 African countries.

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5. <https://aceproject.org/electoral-advice/electoral-assistance/electoral-cycle>

6. <https://ejpr.onlinelibrary.wiley.com/doi/full/10.1111/1475-6765.12401>

7. <https://www.ifes.org/publications/ifes-covid-19-briefing-series-legal-considerations-when-delaying-or-adapting-elections>

8. <https://www.brennancenter.org/our-work/policy-solutions/how-protect-2020-vote-coronavirus>

9. <https://www.cdc.gov/coronavirus/2019-ncov/community/election-polling-locations.html>

10. <https://www.csis.org/analysis/pandemic-polls>

11. <https://www.ifes.org/publications/ifes-covid-19-briefing-series-safeguarding-health-and-elections>

12. <https://www.thebritishacademy.ac.uk/publications/covid-19-how-to-hold-elections-safely-democratically-during-pandemic/>

By following three elections – in Tanzania, Ghana and the Central African Republic – from beginning to end, the 'African Elections during the COVID-19 Pandemic' project looks closely at each stage of the electoral period and how the risks of COVID-19 transmission have been mitigated (if at all). The project is premised on the idea that we can learn and draw lessons from national public health and election experts involved in the case studies. This will allow us to produce detailed, evidence-based, and context-specific recommendations that can be applied to upcoming African elections.

## COVID-19 in Africa: cases and deaths tend to be low

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By May 2020, a few months into the COVID-19 pandemic, models offered dire – but inconsistent – assessments of the potential course of the outbreak in Africa over the following months. An Imperial College London study, for example, made projections based on four scenarios.<sup>13</sup> The 'mitigation' scenario projected 4,400 COVID-19 deaths per million of the population, while the 'no action' scenario estimated 6,000 deaths per million. Analysis by Ben Taylor puts this at around 360,000 deaths in Tanzania if the pandemic is left unchecked.<sup>14</sup> A Tanzania-specific model by the London School of Hygiene and Tropical Medicine projected between 150,000 and 200,000 deaths in an uncontrolled outbreak, or 50,000 deaths with mitigation for a national population of just under 60 million<sup>15</sup> – which can be compared with in excess of 81,000 total recorded deaths in the United Kingdom, where the population is just short of 67 million.<sup>16</sup> The WHO estimated that in the first year of the pandemic up to 190,000 people could die of COVID-19 in Africa if it is not controlled.<sup>17</sup> Taylor's analysis of the model put this at around 10,000 deaths in Tanzania. The WHO model predicts the observed slower rate of transmission in Africa, lower age of people with severe disease, and lower mortality rates compared to most affected countries in the rest of the world.<sup>18</sup>

Ultimately, however, mortality and morbidity in Africa have remained relatively low. The epi curve has stayed relatively flat and case fatality rate is lower than in Europe and North America.<sup>19</sup> Various reasons have been offered for the continent's lower rates of COVID-19-related illness and death (See Tables 1 and 2). Preliminary analysis by the WHO's regional office for Africa does acknowledge the lower testing rates on the continent (which they have raised concerns about),<sup>20</sup> but says the missed COVID-19 cases are largely due to them being asymptomatic. One estimate from the Africa CDC suggests that Africans may be twice as likely as people in the rest of the world to experience COVID-19 without any illness,<sup>21</sup> while a KEMRI-Wellcome Trust Research Programme study, which found that 1 in 20 adults in Kenya may already have COVID-19 antibodies,<sup>22</sup> suggests the number could be even higher. Europeans and South Asians may be more genetically susceptible, and genomic research is underway which may reveal whether there is something in the immune profile within Africa that appears to be protecting the population against the virus.<sup>23</sup> Prior exposure to coronaviruses has also been cited as a possible reason.<sup>24</sup>

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13. <https://www.imperial.ac.uk/mrc-global-infectious-disease-analysis/covid-19/report-19-hiv-tb-malaria/>

14. <https://mtega.com/2020/05/what-the-models-say-about-covid-19-in-tanzania/>

15. <https://mtega.com/wp-content/uploads/2020/06/LSHTM-200505-Tanzania-modelling.pdf>

16. <https://www.ecdc.europa.eu/en/geographical-distribution-2019-ncov-cases>

17. <https://www.afro.who.int/news/new-who-estimates-190-000-people-could-die-covid-19-africa-if-not-controlled>

18. <https://www.afro.who.int/news/new-who-estimates-190-000-people-could-die-covid-19-africa-if-not-controlled>

19. <https://www.ajtmh.org/content/journals/10.4269/ajtmh.20-0474>

20. <https://graphics.reuters.com/HEALTH-CORONAVIRUS/AFRICADATA/dgkplxkmlpb/>

21. <https://www.theglobeandmail.com/world/article-africas-low-covid-19-death-rate-has-multiple-causes-who-says>

22. <https://science.sciencemag.org/content/sci/371/6524/79.full.pdf>

23. <https://www.nature.com/articles/s41431-020-0636-6>

24. <https://doi.org/10.1016/j.ijid.2020.10.104>; <https://doi.org/10.1126/science.abe1107>; & <https://doi.org/10.4269/ajtmh.20-0474>

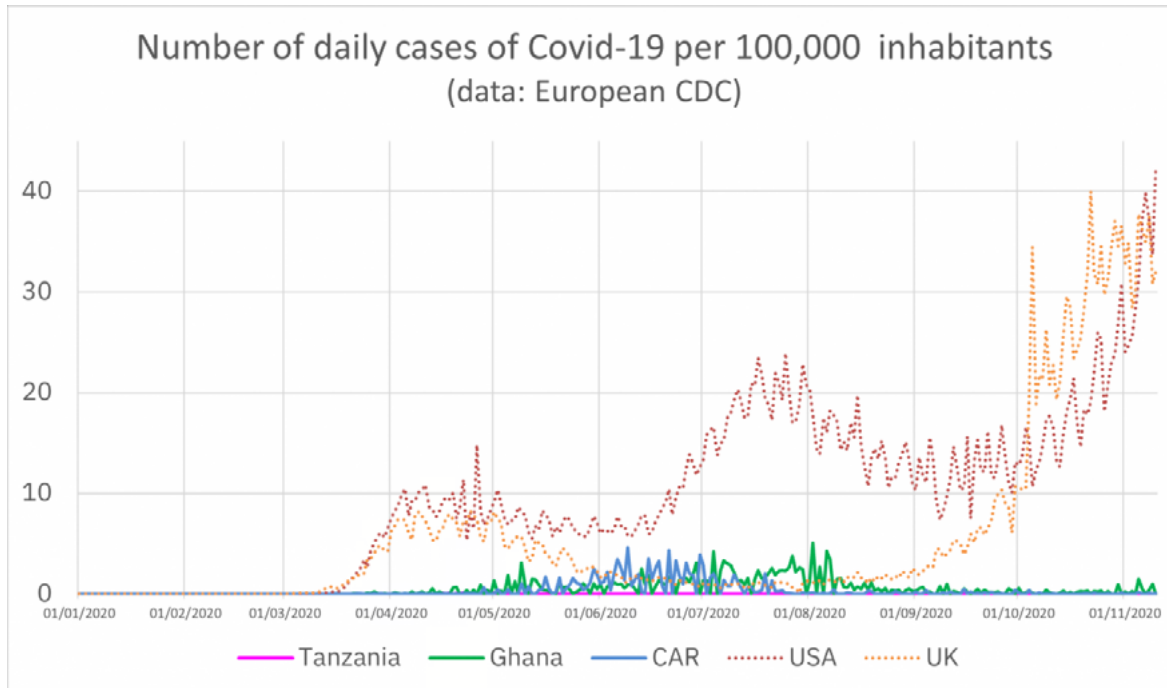


Table 1

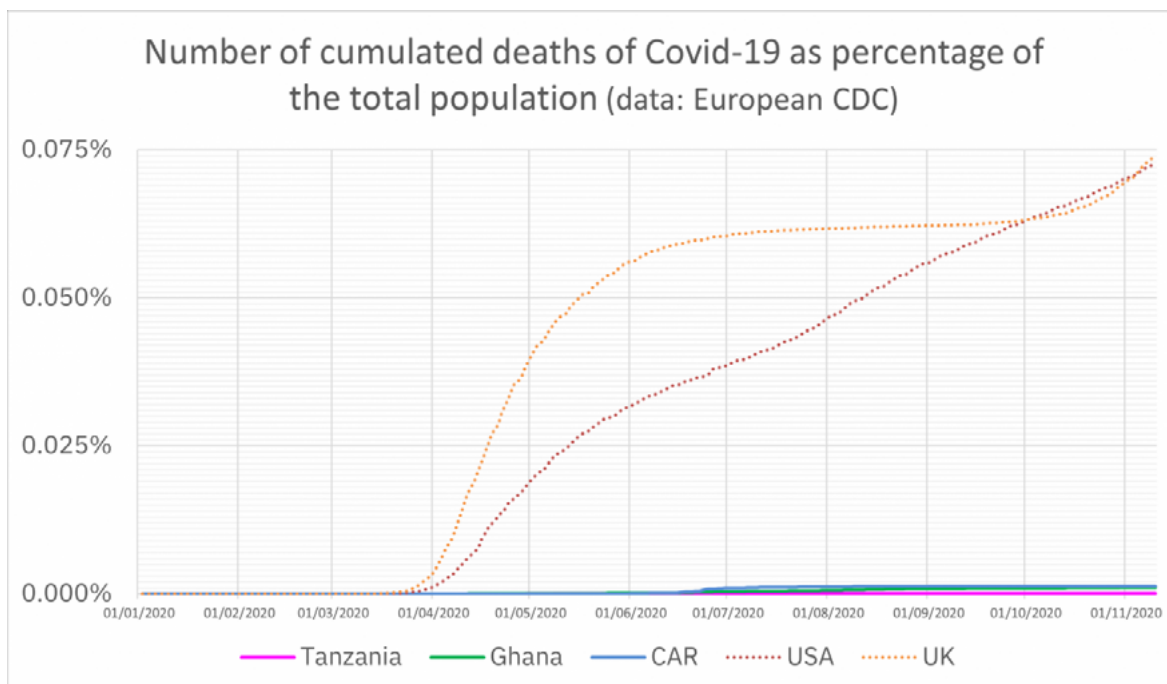


Table 2

WHO Africa sees no evidence of under-reporting of cases and deaths or miscalculation of excess mortality figures.<sup>25</sup> Its expert panel have cited several possible factors to explain the lower rates of death and illness in Africa. These include the continent's young population relative to that of Europe and the United States,<sup>26</sup> and the fact that COVID-19 does not transmit well outdoors,<sup>27</sup> where the continent's significant rural population spends much time.<sup>28</sup> Some studies suggest that low levels of vitamin D, which our bodies produce in response to sunlight, may lead to a greater risk of contracting COVID-19 or suffering more severe effects of infection.<sup>29</sup> There are studies that suggest that the virus performs better at low temperature,

25. <https://www.theglobeandmail.com/world/article-africas-low-covid-19-death-rate-has-multiple-causes-who-says>

26. <https://gh.bmj.com/content/5/5/e002699> & <https://doi.org/10.4269/ajtmh.20-0474>

27. <https://www.medrxiv.org/content/10.1101/2020.02.28.20029272v2>; <https://www.medrxiv.org/content/10.1101/2020.04.04.20053058v1>; <https://www.theguardian.com/commentisfree/2020/oct/19/overdispersion-spreads-covid-transmission-virus>.

28. <https://www.theglobeandmail.com/world/article-africas-low-covid-19-death-rate-has-multiple-causes-who-says>

29. <https://www.theguardian.com/world/2020/oct/31/add-vitamin-d-bread-milk-help-fight-covid-urge-scientists-deficiency-supplements>. See also <https://app.box.com/s/g0ldpth1upfd7fw763ew3aqa3c0pyvky>

low humidity, and in certain latitudes,<sup>30</sup> and better in countries with a high population density, high rates of urbanisation, and where there is a significant population aged over 65.<sup>31</sup> Unlike in Europe, in North America and increasingly in the East, in Africa the elderly seldom live in nursing homes,<sup>32</sup> where residents are at high risk.<sup>33</sup> Other factors that have been offered to account for Africa's lower rates include the continent's relatively poor road network and access to international flights, and the imposition of early strict lockdowns in a number of African countries.<sup>34</sup>

The evidence that behavioural factors, including compliance with protective measures, may alter the course of the outbreak in African countries when compared to the rest of the world is limited. A survey of 24,000 people in 18 AU member states (excluding Tanzania) offers an insight into attitudes towards public health and social measures to contain the pandemic.<sup>35</sup> Support for and self-reported adherence to personal measures such as washing hands, wearing a mask and avoiding physical greetings is high, but reported adherence to measures that restrict economic activity is lower. This is consistent with increased income loss and food insecurity that the survey uncovered: many people have no choice but to return to work to survive.<sup>36</sup> The survey does not explicitly ask respondents about their willingness to engage in election-related activities such as voter registration, attending campaign rallies, or queueing at the polling station. However, it does reveal that there is little support for and self-reported adherence to restrictions on frequenting places of entertainment and attending religious services; i.e. public gatherings where one is at greater risk of exposure to COVID-19.



**A sign in a Dar es Salaam bar offering guidance on protecting against coronavirus (October 2020)**

30. [https://www.acc.org/latest-in-cardiology/journal-scans/2020/06/16/13/23/temperature-humidity-and-latitude-analysis;](https://www.acc.org/latest-in-cardiology/journal-scans/2020/06/16/13/23/temperature-humidity-and-latitude-analysis)  
& <https://doi.org/10.4269/ajtmh.20-0474>

31. <https://www.sciencedirect.com/science/article/pii/S0305750X20303788>

32. <https://bostonreview.net/global-justice/nanjala-nyabola-how-talk-about-covid-19-africa>

33. <https://www.cdc.gov/coronavirus/2019-ncov/hcp/long-term-care.html>

34. <https://www.theglobeandmail.com/world/article-africas-low-covid-19-death-rate-has-multiple-causes-who-says>  
& <https://doi.org/10.4269/ajtmh.20-0474>. See also <http://dx.doi.org/10.1136/bmjgh-2020-003319>

35. [https://preventepidemics.org/wp-content/uploads/2020/09/PERC\\_RespondingtoCovidData.pdf](https://preventepidemics.org/wp-content/uploads/2020/09/PERC_RespondingtoCovidData.pdf)

36. This is also to be expected, the report notes, since from around June many governments loosened restrictions that affected income-generating activities.



## COVID-19 in Tanzania

The first confirmed case of COVID-19 was reported as having arrived in Tanzania on 15 March 2020, over seven months before election day on 28 October. During the lead up to the polls, the government's response to the COVID-19 pandemic was distinctive, bringing international attention to the country.<sup>37</sup>



**Bottles of drink offering treatment for 'fever, flu and breathing conditions' (COVIDOL) and 'strong flu and dry cough' (NIMRCAF) (January 2021)**

After the first case was announced, the Government of Tanzania was quick to implement a range of fairly standard public health directives akin to those seen in other countries. For example, it cancelled most public gatherings, closed schools and universities,<sup>38</sup> instructed public places to install handwashing stations,<sup>39</sup> and designated hospitals and areas where COVID-19 patients would be cared for. Many private businesses and organisations also took their own initiative and simply closed.<sup>40</sup> In those urban areas where the outbreak was understood to be concentrated,<sup>41</sup> there was a fairly high level of compliance with certain public health measures such as handwashing, social distancing and mask wearing. For example, in Dar es Salaam most shops had handwashing facilities in place quickly, and masks were worn in public.

These public health measures were only partial. The government waited a month before it suspended international flights.<sup>42</sup> Markets and many workplaces remained open. As did churches and mosques, with President John Pombe Magufuli's calls for worshipers to continue attending leading to international criticism.<sup>43</sup> When justifying the limited restrictions, the President asked Tanzanians to learn to live with the virus and argued that hunger, fear and panic would kill more people than the virus itself were a full lockdown to be applied.<sup>44</sup>

37. <https://www.bbc.co.uk/news/world-africa-54603689>

38. <https://allafrica.com/stories/202003171108.html>

39. <https://www.voanews.com/science-health/coronavirus-outbreak/tanzania-confirms-first-case-coronavirus>

40. <https://africasacountry.com/2020/04/the-devil-coronavirus>

41. <https://twitter.com/ummymwalimu/status/1246018165215199232>

42. <https://allafrica.com/stories/202004150162.html>

43. <https://www.bloomberg.com/news/articles/2020-03-22/tanzanian-president-under-fire-for-worship-meetings-amid-virus>

44. <https://www.bbc.com/news/world-africa-54603689>

Alternative remedies also became popular in Tanzania. Following President Magufuli's lead, several public officials promoted the inhalation of steam and the drinking of natural mixtures including garlic, lemon and ginger.<sup>45</sup> Dr Faustine Ndugulile was fired from his position as Deputy Minister of Health. Although no official reason was given for this, the fact that he had been contradicting the advice on alternative remedies led to speculation that this was the cause of his dismissal.<sup>46</sup> In another incident that attracted much international attention, the Minister of Foreign Affairs was sent to Madagascar to collect a shipment of herbal tonic, which has not been shown to be effective in treating or preventing COVID-19.<sup>47</sup>



**A handwashing facility provided by a roadside vendor, Dar es Salaam (October 2020)**

Dr Ndudulile's replacement was Dr Godwin Mollel, a Member of Parliament from Siha constituency. Before being offered the post, he had argued in a parliamentary debate against mass testing for COVID-19. Similarly, Dr Mwigulu Nchemba, a former Minister for Home Affairs, was readmitted to the Cabinet as the Minister of Legal and Constitutional Affairs after arguing in Parliament that the government should stop providing COVID-19 updates in order to reduce public fear and panic.

As the number of cases rose, the government's approach was subject to some criticism. Opposition parties pushed for stronger measures and more resources to fight the virus.<sup>48</sup> Local doctors and the WHO were frustrated that, with places of worship still open, measures towards physical distancing were not being implemented.<sup>49</sup> By April, Tanzania reportedly topped a list of countries the WHO were worried about.<sup>50</sup>

It was during an address to the nation delivered from his home in Chato at the start of May that President Magufuli signalled that his government was changing tack. He accused unnamed 'imperialist foreign powers' of sabotaging the national response, in particular of influencing staff at the National Institute of Medical Research, who he said were conspiring to increase the number of positive coronavirus cases. According to President Magufuli, animals, fruits and vehicle oil had secretly been tested at the national laboratory, and a papaya, a quail and a goat were found to be positive; the head of the laboratory was subsequently fired.<sup>51</sup>

From that point on the government stopped releasing data on the outbreak. The last official recorded case of COVID-19 from mainland Tanzania was on 29 April, and from Zanzibar on 8 May,<sup>52</sup> putting the total number of cases at 509 with 21 deaths. At the same time, these official statistics were being called into question by allegations concerning late-night burials that were circulating on social media, and which were denied by the government.<sup>53</sup> The associated rumours about hospitals in Dar es Salaam being full were later disputed by the Medical Association of Tanzania (MAT).<sup>54</sup>

By mid-May, President Magufuli announced that the number of coronavirus cases were dropping. He gave the example of one Dar es Salaam hospital where he claimed the number of COVID-19 patients under treatment had dropped from 198 to 12. President Magufuli proclaimed to a church congregation that 'God has answered your prayers', and explained that his own child had recovered from the virus by 'following a regimen of self-isolation, steam inhalation, and lemon and ginger juice'.<sup>55</sup> The Magufuli administration introduced new terms for receiving COVID-19 donations. Government officials and

45. <https://www.voanews.com/covid-19-pandemic/herbal-cures-covid-19-spreading-tanzania-despite-no-evidence-they-work>

46. <https://www.bloomberg.com/news/articles/2020-05-17/tanzanian-leader-fires-health-official-amid-criticism-over-virus>

47. <https://www.bbc.co.uk/news/world-africa-52519853>

48. <https://www.thecitizen.co.tz/news/Mbowe-outlines-suggestions-for-virus-fight/1840340-5538448-f2dg0uz/index.html>

49. <https://www.weforum.org/agenda/2020/04/covid-19-in-africa-insights-from-our-30-april-who-media-briefing/>

50. <https://mg.co.za/africa/2020-04-27-crisis-what-crisis-how-not-to-handle-a-pandemic/>

51. <https://www.aljazeera.com/news/2020/5/5/tanzania-covid-19-lab-head-suspended-as-president-questions-data>

52. <https://www.theeastafrican.co.ke/news/ea/Covid19-Tanzania-Zanzibar-island-records-29-new-cases/4552908-5546092-h9r79bz/index.html>

53. <https://www.bbc.com/news/world-africa-52505375>

and <https://qz.com/africa/1849684/tanzanias-magufuli-panned-as-covid-19-cases-jump-three-mps-die/>

54. <https://www.bbc.com/news/world-africa-52646640>

55. <https://www.bbc.co.uk/news/world-africa-52697508>

institutions were directed to not receive any assistance in the form of Personal Protective Equipment (PPE) from individuals or organisations unless such donations had been taken through the clearance procedures with the Ministry of Health and the National Health Laboratory. The government also raised concerns that PPE and other COVID-19-related donations may have been planted with the virus to further the spread of the disease in the country, warned officials against receiving uncertified donations, and directed that all support for the battle against COVID-19 be channelled through the health ministry.<sup>56</sup> The President directed that \$14 million received from the Global Fund would be used for domestic production of PPE. Following this announcement, most of the public health restrictions were lifted towards the end of May and the then Dar es Salaam Regional Commissioner, Paul Makonda, declared that there would be a party on 24 May to celebrate the defeat of coronavirus.<sup>57</sup> In early June, President Magufuli pronounced that COVID-19 had been entirely eliminated from Tanzania, and he thanked God for answering the prayers of the Tanzanian people.<sup>58</sup>

## Measures taken by electoral management bodies to prepare the election

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By the time COVID-19 arrived in Tanzania, the National Electoral Commission (NEC) had already completed the first phase of registering voters to the Permanent National Voter Register (PNVR). The second phase was conducted 2-4 May. Following President Magufuli's stance that the elections would take place even in the context of COVID-19, the NEC introduced a number of preventative measures for the registration process. It announced that it had purchased consignments of face masks, buckets for storing water for washing hands with soap, and it encouraged the use of sanitizers. The Commission also promised that registration centres would have election officials to help people maintain social distance.<sup>59</sup> In its media appeals for Tanzanians to come out for registration, the NEC urged citizens to observe social distancing measures and follow the instructions given by their staff so the process could occur as safely as possible and the transmission of COVID-19 could be kept low.<sup>60</sup> The number of voter registration centres was increased, from 36,549 in 2015 to 37,407 on the mainland, and from 380 to 407 in Zanzibar – although the electoral commission did not directly say if this was designed to curb COVID-19.

The head of the NEC, Justice (Retired) Semistocles Kaijage, stated that voter registration was supposed to be conducted in three phases, but the final phase would be cancelled due to the COVID-19 pandemic. He urged Tanzanians to capitalize on the days, which were allocated on a region-by-region basis, and insisted that the allotted time was sufficient. However, the number of days in some large population centres was increased. For example, registration was extended by two days in Dar es Salaam.

The NEC's risk-mitigating measures were employed throughout the country's regions and districts. For example, the districts of Muheza<sup>61</sup> and Tabora,<sup>62</sup> where some incidence of COVID-19 had been recorded, increased the number of centres for registration, honouring the directives of the NEC. However, it is worth noting that, again, it was unclear whether this was a coronavirus mitigation measure. In Manyara region, NEC Vice-Chairman and Court of Appeal Justice, Mbarouk Salim Mbarouk, argued that the commission had increased the number of registering points in the region from 987 to 1,006 to meet rising demand.<sup>63</sup> NEC staff were observed wearing face masks during the registration process, and items such as hand-sanitizers and cleaning buckets were used, albeit inconsistently.

The evolving voter register was displayed during this second voter registration drive. In addition to allowing physical verification, the NEC introduced the Voters' Interaction System (VIS) which allowed citizens to use a mobile phone to check their eligibility to vote without meeting any NEC officials. The NEC also established a toll-free telephone number, which voters could call for information, as part of the strategy to fight COVID-19.

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56. <https://allafrica.com/stories/202005220117.html>

57. <https://www.theelephant.info/features/2020/05/29/a-problem-of-denial-why-tanzania-could-lose-the-war-against-covid-19/>

58. <https://www.bbc.co.uk/news/world-africa-52966016>

59. <https://www.mwananchi.co.tz/habari/kitaifa/NEC-kutumia-siku-tatu-uboreshaji-daftari-la-wapiga-kura-Tanzania/1597296-5517690-nb07it/index.html>

60. [https://www.nec.go.tz/uploads/documents/sw/1588077565-20200428\\_152555.jpg](https://www.nec.go.tz/uploads/documents/sw/1588077565-20200428_152555.jpg)

61. <http://www.muhezadc.go.tz/event/uboreshaji-wa-daftari-la-kudumu-la-wapiga-kura-awamu-ya-pili>

62. <http://www.taboradc.go.tz/new/tangazo-la-uwekaji-wazi-wa-daftari-la-kudumu-la-wapiga-kura-kuanzia-tarehe-17062020-hadi-tarehe-20062020>

63. <https://allafrica.com/stories/201907240634.html>

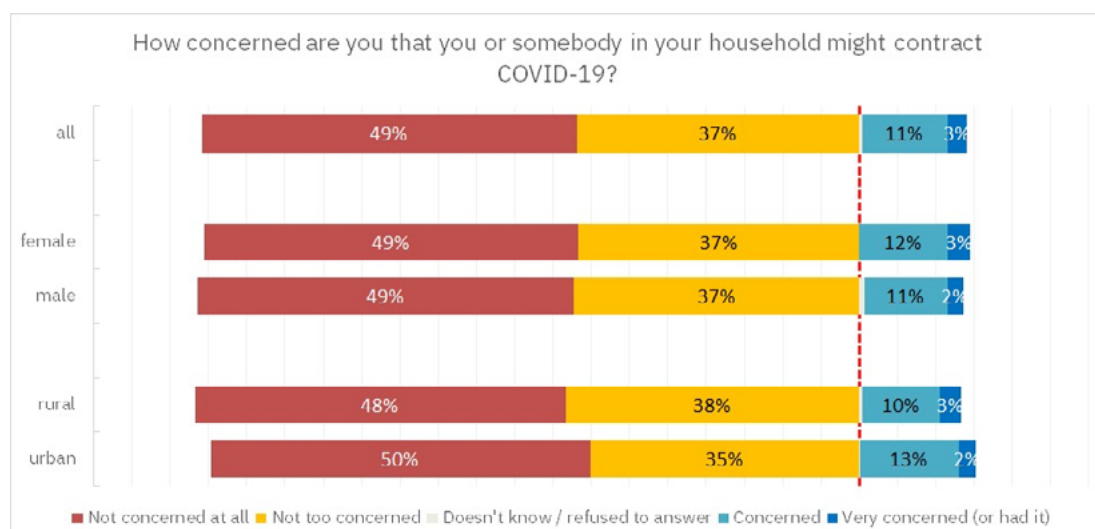
There were similar developments in Zanzibar, where the Zanzibar Electoral Commission (ZEC)<sup>64</sup> announced the second phase of voters' registration and the verification of the electorate's information in the permanent voters' register. The exercise commenced in North Pemba region on 30 May and continued until 12 June. ZEC Chairman, Chief Justice (Retired) Hamid Mahmoud Hamid, told reporters that all of Zanzibar's five regions had been allocated two days for voters' registration and information verification. He reminded all citizens to take precautions against COVID-19 during the registration by wearing masks and observing the recommended social distance. The directives from the Ministry of Health were conveyed to the people. ZEC officials wore masks, insisted that voters wash their hands with soap and water, and encouraged the use of sanitizers.<sup>65</sup>

## The big shift

The big shift came on 8 June with President Magufuli's announcement that COVID-19 had been eliminated from Tanzania. After that point, the NEC made few announcements as to how COVID-19 precautions would feature in the remaining electoral process.

Official announcements still mentioned the virus intermittently. One example was in June, when delays to the accreditation of the voter educators and election observers was attributed to COVID-19. Another is the fact that the opportunity for stakeholders to offer input on the Elections Code of Ethics and Regulations was conducted online so as to avoid social interaction. The elections calendar was released with no days added for voting, nor was any method for postal or technological-based voting introduced. With the country not having fully recovered from the pandemic, and with uncertainty over its future trajectory, the government funded 100% of the general election costs; this in contrast to previous elections, where donors subsidised a substantive amount of the electoral budget. Although the number of places to vote was increased by 16,155 polling stations since the last general elections, the NEC again did not ascribe this to any effort to contain the pandemic.

In general, the remainder of the election took place with little to no COVID-19 precautions in place. The country started returning to pre-COVID-19 ways of life when the pandemic was declared to be over in June. By the time the election campaigns began, daily existence for most Tanzanians had begun to revert to something closely resembling the pre-coronavirus normal. Our survey data, conducted over a two-week period in mid-October, show that levels of concern about the virus were relatively low: When asked 'How concerned are you that you or somebody in your household might contract COVID-19?', 85.9% of respondents replied that they were 'not too concerned' or 'not concerned at all' (See Table 3).



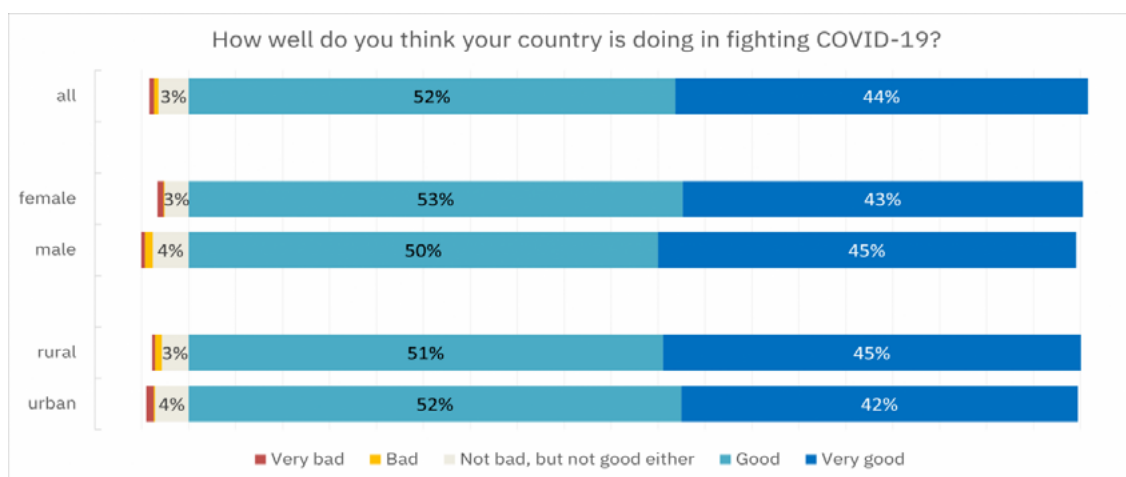
**Table 3**

64. There are two electoral commissions in Tanzania. The NEC is responsible for elections on Tanzania Mainland, the ZEC is responsible for elections on Zanzibar.

65. <https://allafrica.com/stories/202005210037.html>

Numerous fines and bans were imposed upon media houses, journalists, and social media users for what the government alleges was the spreading of misleading information on COVID-19.<sup>66</sup> This has led to criticism, including from three United Nations Special Rapporteurs, that the real reason may be to stifle opposition to official COVID-19 positions.<sup>67</sup> One of the reasons that people were happy to return to normal life during the election campaign was that very few reports of deaths and illnesses were circulating at that time – even from unofficial/alternative sources of information – when compared to the initial stage of the outbreak. This created a popular perception in Tanzania that the virus had subsided. Here it is important to note that, in the absence of reliable medical data, it is impossible to state definitively whether this perception was accurate or not. It should also be made clear that this analysis relates to the period of the election only. People’s perceptions may have changed since October, particularly as rumours concerning COVID-19 cases in Tanzania began to re-emerge in December and January.<sup>66</sup>

However, the popular perception that COVID-19 had abated in Tanzania is reflected in our October survey, where only four out of 1,511 survey respondents mentioned coronavirus as one of the top three health conditions affecting people in their local area. President Magufuli’s approach appears to have been popular with Tanzanians. When asked ‘How well do you think your country is doing in fighting COVID-19?’, 94.91% said ‘good’ or ‘very good’, with less than 1% answering ‘poor’ or ‘very poor’ (See Table 4).



**Table 4**

With normal life having largely resumed in Tanzania, the elections also proceeded without any major alterations. The candidate nomination procedures by the political parties and at the NEC level took place without any COVID-19 measures. Likewise, there was no guidance as to how campaigns should run while adhering to COVID-19 precautions. After the campaigns began on 26 August, Tundu Lissu, presidential candidate of major opposition party Chama cha Demokrasia na Maendaleo (Chadema), was seen wearing a face mask for the first few days, but he soon abandoned it. After that, there were essentially no COVID-19 measures visible at large rallies, nor at meetings held by either opposition parties or the incumbent Chama cha Mapinduzi (CCM). Only two measures relating to polling day were observed. Firstly, during an interview aired on Azam TV, the NEC’s Education Department stated that all citizens must return home immediately after casting their votes; this, said the Commission, was to avoid crowds forming at polling stations, which would expose voters to coronavirus. Secondly, posters displayed at polling stations, which listed a range of voting-related advice, briefly instructed people to ‘take precautions against COVID-19’ – although they did not elaborate on which precautions needed to be taken. Tanzania’s 2020 elections took place on 28 October, when no further measures to protect against coronavirus were in place during voting, the subsequent vote count, nor during the declaration of results. The NEC proclaimed John Magufuli the winner with 84% of the presidential vote to Tundu Lissu’s 13%, and the swearing in of the President and Members of Parliament continued with the official government stance that Tanzania is free of COVID-19.

66. <https://www.tzaffairs.org/2021/01/coronavirus-update/>



COVID-19 artwork on a bajaji auto-rickshaw, Bagamoyo (October 2020)

## Conclusion

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Both the NEC and ZEC showed, particularly during the conduct of the second stage of voter registration and the display of the voter register, that they were willing and able to adapt their procedures to mitigate the risks of COVID-19 transmission. However, following President Magufuli's announcement, in June, that the country was free of the virus, these efforts ceased. The remainder of the election took place without COVID-19 being a major issue for political parties or voters. Opposition parties' criticism of the government's response disappeared and they started holding mass rallies as soon as the campaign period opened. As IFES have argued, misinformation around COVID-19 can prove a major way of disenfranchising or endangering voters.<sup>67</sup> There are also other, more general concerns about fear of the virus keeping voters away from the polls. Neither of these appears to have been the case in Tanzania. Although turnout was reported to have been low at just over 50%,<sup>68</sup> this can be better explained by unrelated political dynamics (that are not the subject of this working paper). The responses to our survey suggest that voters had few COVID-related safety concerns when it came to voting or any other part of the electoral process.<sup>69</sup> We also had no indication, either in the survey or the qualitative data, that there may be a particular reluctance among women to vote due to COVID-19 – something that has been observed in other contexts.<sup>70</sup> Nor have we found any indication that COVID-19 was instrumentalised to discourage any minority or other vulnerable groups from voting. Indeed, President Magufuli's position that COVID-19 had been defeated, along with the popular perception that it had indeed subsided, appears to have given most Tanzanians confidence that the virus was not a risk when voting.

The government's distinctive approach to the global pandemic makes it difficult to draw on Tanzania as a case study from which to generate recommendations as to how other African countries may make their elections safer or more credible in the context of COVID-19. Most parts of the election took place while the government's official position was that the country was free from the virus. Not only were there few COVID-19 mitigation measures in place during most phases of the elections, but there is also no medical data with which to measure the effects of this absence.

## Acknowledgements

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The authors would like to thank Patrick Vinck and Jean-Benoit Falisse for comments on sections of drafts, and Dennis Konga for his contributions to the Tanzania case study.

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67. <https://www.ifes.org/publications/ifes-covid-19-briefing-series-preserving-electoral-integrity-during-infodemic>

68. <https://www.thecitizen.co.tz/tanzania/news/election-2020-nearly-half-of-29-million-registered-voters-stayed-away-2728308>

69. Fewer than 10 out of 1,511 respondents cited COVID-19 as a reason for being concerned about safety during any of the six stages of the elections that we asked about (Party Primaries, Voter registration, Exhibition of voter register, Journey to the polling station, Queuing at the polling station, Polling booth). In a separate question, only 11 respondents said they had not attended rallies due to concerns about COVID-19.

70. <https://www.ifes.org/news/voting-during-covid-19-what-scares-people-most>