



# SOCIOLOGICAL EXPOSITION OF 'WHAT COUNTS' AND 'WHAT WAS COUNTED' DURING COVID-19 IN AFRICA

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## Abstract

COVID-19 pandemic in Africa laid bare a stark gap between that measured in formal epidemiological records and that that truly concerned African populations. Global, regional, and local health entities prioritized measures such as confirmed cases, deaths, hospitalizations, and vaccine doses administered; yet these metrics often failed to reflect socio-economic effects, cultural disruptions, and mental consequences. Weaknesses in tests, surveillance, and data infrastructure led to lack of reporting and misrepresentative depictions of Africa's epidemiological landscape. The realities that were overlooked, such as loss of livelihoods, rising food insecurity, gendered inequities, mental health issues, and disruption to schooling, represent significant threats to human security. These socio-economic failures had subsequent impacts on the legitimacy of the state, governance, and regional stability, including escalated extremist recruitment, crime, and coercive enforcement of health measures. This paper undertakes a critical examination among the pandemic politics that revolve around quantity, calling instead for an integrative framework that combines biomedical measures with qualitative proxies that reflect lived realities. By adopting community-based participatory data gathering, the improvement of civilian registration infrastructure, and morally responsible uses of digital technologies, Africa can potentially restore narrative authority as well as build strong, contextually aware systems of public health that respond both to that which is measured as well as that which truly matters.

**Keywords:** COVID-19; Africa; Counting; Public Health Data; Lived Realities; Pandemic Governance

## Introduction

COVID-19 pandemic was not only a health crisis, but also a big social, economic, and political challenge that tested governments as well as global health systems (Johnson *et al.*, 2020). On the African continent, the pandemic brought to the surface long-established issues about fragile health systems, economic issues, as well as social support (Banke-Thomas & Yaya, 2021). At the initial stages, the global response was based on figures, as daily releases regarding confirmed cases, hospitalizations, death, as well as, subsequently, vaccine uptake, were relayed across international media as well as governments' statements. Quantification was then the core story behind the experience of Africa's COVID-19 pandemic (Dhingra *et al.*, 2022).

This emphasis on biomedical statistics also brought into sharp focus the questions about what exactly matters in African societies. The continent has social as well as demographic realities, such as big informal economies, dependency on community support, and a relatively young population, so the impact of the pandemic extended beyond infection and death figures. To many, the crisis was more about the impact of lockdowns, border closures, and economic disruption than about the virus. These had very severe impacts on food security, schooling, gender relationships, mental health, as well as cultural practice (Awogbami *et al.*, 2024). These usually receive less attention in significant discussions that concentrate on health statistics.

The difference between what was measured and what is important shows the political side of how knowledge is created in global health governance. Measuring things is not a neutral action; it is affected by power, resources, and priorities. Africa's limited ability to test and health policies driven by donors meant that the continent's COVID-19 situation was often shaped by outside indicators, which were more familiar to international organizations than local realities (Vanyoro, 2023). As a result, Africa was seen both as a 'mystery' because of its low reported death rate and as a place at risk of disaster due to its weak health systems. This article aims to look closely at the gap between numbers and real-life experiences during the pandemic in Africa, pushing for a better and more context-aware way to prepare for and respond to pandemics (Atuire & Hassoun, 2023).

### Methodology

It utilized qualitative research that involved reviewing old records to investigate the contrast between the officially recorded cases during the COVID-19 pandemic in Africa as opposed to the things that genuinely 'counted' among the local communities. Close to six years after the pandemic's worst period, the research relies on old records as the direct observations, as well as those reports, are no longer readily obtainable. The archival technique offers a reliable medium to reconcile happenings, illustrate key stories, as well as uncover buried realities.

It was based on reports and dashboards of the World Health Organization, Africa Centres for Disease Control, and ministries of national health. It was also substantiated by research articles, policy briefs, news articles, and papers prepared by community organizations. Such records gave not only facts but also indicated the political agendas that determined what was framed or overlooked. Civil society archives were helpful in demonstrating daily experiences of livelihood disruptions, food insecurity, gender-specific overburden, and mental health issues that were regularly missing in the official statistics.

Data were examined in themes through a process of comprehension, emphasizing the issues of exclusion, elision, and erasure in archival sources. This approach enabled the study to analyze the politics of the production of knowledge, demonstrating that the

biomedical indicators dominated the socio-economic realities. In stressing the archival testimony, the approach ensured that Africa's pandemic experience was reconstructed to account for the context, beyond the epidemiological figures provided by the formal governments, to incorporate the broader social, cultural, and other considerations that genuinely prevailed. Nevertheless, a significant limitation to this research is the reliance on archival data nearly six years after the occurrence of COVID-19. Although such records assist in critical rebuilding, they may be incomplete regarding personal experiences that never got recorded. Memory gaps, selective reporting, as well as the absence of the voices of the margins, restrict completeness, although the diversity of the archival sources enhances the reliability as well as the contextualization.

### What Was Counted: Metrics of the Pandemic

The tracking of COVID-19 in Africa mostly depended on health and disease figures that adhered to international health regulations. Primary indicators involved positive infections, mortality due to the virus, rates of hospitalizations, and subsequently, rates of vaccine (Şimşek-Yavuz, 2023). These figures were regularly updated and disseminated through dashboards coordinated by institutions such as the World Health Organization (WHO), the Africa Centres for Disease Control and Prevention (Africa CDC), and ministries of health (Şimşek-Yavuz, 2023). These figures provided valuable snapshots of the pandemic as it evolved, allowed the comparison of various countries, and informed the allocation of resources such as vaccines, ventilators, and personal protective equipment (PPE) (Judson *et al.*, 2022).

Counting was also complicated by the realities of Africa. Few countries had scarce sites to test cases and deaths, so many reports were missing. Fewer than half the countries had, by the middle of 2020, less than five labs that could conduct PCR tests, and rural areas had very few sites where people could be tested (Awogbami *et al.*, 2024). As a result, the official numbers often represented the number of tests performed rather than the actual number infected. Death data suffered, too, as there were inadequate systems to record the death (Vanyoro, 2023). Estimates are that as many as half the deaths that occur on the African continent are never recorded,

even during non-pandemic times, so the formal figures represent incomplete data on the issue.

In 2021, the vaccine coverage was the best indicator used to determine the international response during the pandemic. There were, however, palpable contrasts; while the world celebrated the vaccine rates, Africa suffered because of vaccine nationalism as well as vaccine distribution problems. In other cases, vaccine doses expired before they could be administered to the remote or rural areas, projecting the disconnect between intentions and realities (Johnson *et al.*, 2022).

Aside from the disease data, the aspects like loss of livelihoods, food insecurity, and interruption to schooling were rarely included in formal reports. As a case, the International Labour Organization (ILO) defined that the vast majority, more than 85%, of African workers occupy informal jobs, which were drastically affected during lockdowns. However, such social, economic effects widely were missing from most indicators used to mirror the pandemic effect (Şimşek-Yavuz, 2023, Khambule, 2022).

Overall, the methods used to quantify the effect of COVID-19 in Africa were mostly based on health statistics, as expected on a global basis, their limitation being local measurement abilities. Although these figures were used as currency accepted within international policymaking, they did not reflect adequately the broad-based social and economic ramifications that the pandemic had on African societies (Atuire & Hassoun, 2023).

### **What Counts: Lived Realities and Invisible Losses**

Although government statistics primarily concentrated on health figures, the daily realities of African people living through COVID-19 revealed more significant issues. For most, the health threat posed by the virus was less dire than the economic hardship created by restrictions. Lockdowns, curfews, and border closures prevented the spread of the virus but created severe issues among families and communities. Informal economies, the primary source through which most Africans receive income, were severely impacted, as vendors, artisans, transport workers, and market traders lost significant portions of their income. For millions who receive daily wages to cover basic needs, remaining home usually meant hunger and lack of essentials rather than protection (Awogbami *et al.*, 2024).

Food insecurity was a significant problem during the pandemic. According to the Food and Agricultural Organization (FAO), movement restrictions as well as problems within international supply chains led to higher food prices as well as the challenge of achieving nutritious food for people. At-risk groups, such as children who benefit from school food programs, suffered severe short-term effects, worsening the chronic issue among most African countries (Madzorera, 2021, Wang & Kim, 2021).

Gender roles indicate what was valuable in everyday African life. Women, who typically worked informally and performed unpaid domestic work, had harder times. Numerous lost their livelihoods while caring for children and old people. Domestic violence cases were on the rise during lockdowns, reflecting the pandemic impact that exacerbated gender disparities. Adolescents also had issues regarding their schooling as schools shut down and restricted internet access revealed the significant gaps between affluent urban districts and rural areas with limited internet (Stantcheva, 2022, Kundu & Bej, 2021).

Aside from economic and health issues, psychological and cultural factors also took their toll on the people living through COVID-19 in Africa. Many people endured high levels of anxiety, grief over lost family members, as well as mental disorders during the pandemic (Abubakar *et al.*, 2022). However, families typically found strength through religious devotion, social support, as well as traditional healing methods, which were significantly missing from formal statistics (Polizzi *et al.*, 2023).

In short, although biomedical entities were the prime focus in the official narrative, the issues that were most important to African societies were employment, food security, schooling, social relationships, as well as mental health. It is important to recognize these factors to expand the vision regarding pandemics beyond health data to encompass full narratives that reflect actual experiences.

### **The Politics of Counting**

The process of counting during the COVID-19 pandemic in Africa transcended mere technicality; it emerged as a profound political endeavor that underscored the power dynamics inherent in global

health governance. The metrics utilized, such as cases, fatalities, and vaccination rates, functioned as a universal lexicon for addressing the crisis (Van Bavel *et al.*, 2022), providing an illusion of objectivity, comparability, and authority. Nevertheless, beneath these numerical representations resided intricate choices regarding what was quantified, who was acknowledged, and which realities were overlooked. The emphasis placed on biomedical indicators, in contrast to socio-economic and cultural considerations, illustrates how counting can further specific agendas while relegating others to the periphery (Abubakar *et al.*, 2022).

In the international sphere, count methodologies were embedded in the systems of accountability determined by donors. International institutions and financial bodies used numerical data to support the distribution of aid, assess its effectiveness, and maintain global tracking platforms (Brown *et al.*, 2023). African nations, many times dependent on external funding, had the sense that they needed to internalize these common indicators to receive acknowledgment from international actors (Blair *et al.*, 2022). This process created a statistical dependency where African governments would prioritize the creation of data that aligned with international guidelines, even where such measures did not reflect domestic situations. For example, even as there were rise rates in unemployment, food insecurity, as well as mental health issues, they received less consideration as compared to infection rates and vaccine measures, as they were not central to the global pandemic's recognized metrics of success (Brown *et al.*, 2023).

In the domestic sphere, the political rhetoric of the enumeration of health measures entwined with wider questions of governance and legitimacy. African governments used health data to depict their administrative competence and authority, pointing to decreased infection and mortality rates as a demonstration of effective management (Şimşek-Yavuz, 2023). However, inefficient capabilities to conduct tests and inadequate surveillance systems often lead the figures to inaccurately reflect the seriousness of the situation. Upon some occasions, the act of underreporting was a deliberate strategy to prevent public panic, secure political stability, or soften the economic impact associated with the terminology of a 'hotspot' (Ogunleye et al., 2020). Consequently, the act of enumeration spreads

beyond the mere representation of the real, instead acting as a tool to shape specific narratives.

Moreover, the dynamics of exclusion played a significant role in shaping data collection methodologies. Marginalized groups, including those from rural areas, inhabitants of informal settlements, and other vulnerable populations, were often excluded from official demographic counts due to inadequate data systems (Litvinjenko *et al.*, 2023). This absence in official statistics further disenfranchised these communities in terms of policy considerations, thereby intensifying pre-existing inequalities. Ultimately, the politics surrounding data enumeration during the COVID-19 pandemic in Africa highlights the conflict between global acknowledgment and local significance. While numerical data conferred legitimacy and fostered international collaboration, it simultaneously obscured the lived realities of numerous African communities, prompting essential inquiries regarding the authority over narratives in times of crisis (Ndlovu-Gatsheni, 2020).

### **Security Implications of What Counts and What Was Counted During COVID-19**

The gap between formal documents and the real substantive problems during the COVID-19 pandemic in Africa created severe security consequences, affecting personal well-being as well as high-level state and regional security. While traditional metrics like cases, mortality, and vaccine doses presented the confined view of the crisis, they did little to meet the necessary challenges, like food insecurity, joblessness, gender violence, and social agitation, which posed the deeper threat to security across the continent (Harrington, 2021; Cole & Dodds, 2021).

At the human security level, the failure to care about the livelihoods of vulnerable populations enhanced current vulnerabilities. Lockdowns and border controls resulted in massive loss of livelihoods, especially among the informal sector, hence worsening poverty and food insecurity. For many families living on the margins, these survival challenges increased their susceptibility to entering criminality, exploitation, or entry into extremist groups. In regions such as the Sahel and northern Nigeria, terrorist organizations took advantage of the state's poor capability to mitigate the survival

challenges posed by the pandemic, framing themselves as alternative sources of justice and welfare. As a result, the invisibility of socio-economic hardship in the statistical records came to be as tangible threats to stability and resilience among the people (Harrington, 2021).

At the sub-national level, the emphasis on biomedical data strongly influenced governmental responses, which tended to prioritize gaining international recognition over gratifying community-specific needs. Lockdown measures enforced by the military and law enforcement bodies sometimes resulted in violence cases as well as declining public trust. The disproportionate use of force observed in the cases of Nigeria, Kenya, and South Africa also indicated the potential to undermine the legitimacy that could cause protests (Harrington, 2021). In addition, governments also tended to manipulate recorded case and mortality rates, inflating or deflating the metrics to gain the appearance of competence, leading to distrust among the public that sometimes culminated in protests or mismanagement accusations.

Regional stability was also compounded by disturbances related to the pandemic. Border closure enforcement worked to impede trade and movement over borders, widening stress within communities that need frictionless exchanges to survive economically (Cole & Dodds, 2021). These measures also worked to fuel the expansion of smuggling networks and unlicensed passages, creating openings that organized crime syndicates could seize. Furthermore, disparities in vaccine distribution and procurement delays worked to spur sensitivities about global inequity, ultimately eroding confidence in international bodies and fueling geopolitical rivalries between Western states, China, and Russia over vaccine diplomacy (Şimşek-Yavuz, 2023).

In short, the security implications related to both the dimensions that were introduced and those that were overlooked during the COVID-19 pandemic highlight the need to include human security paradigms within pandemic response plans. It is important to recognize that issues related to food insecurity, economic survival, and social solidarity are just as significant as epidemiological measures to prevent health crises from escalating into broader security challenges across Africa (Harrington, 2021; Cole & Dodds, 2021).

### **Rethinking Counting in African Public Health**

COVID-19 pandemic on the African continent highlights the imperative need to redesign, essentially, the methodologies used to quantify, analyze, as well as respond to health crises. While epidemiological measures, such as infection rates, mortality rates, as well as immunization rates, are important, a sole reliance on such figures lacks the versatility to capture the full effect of pandemics on African contexts. A holistic approach to evaluation would need to combine both numerical as well as qualitative measures to ensure that the aspects most pertinent to African populations are neither ignored nor diluted by international reporting standards (Ndlovu-Gatsheni, 2020).

Next, Africa must improve the governance of its data. External dependency compromises the capacity to establish priorities that are suited to local realities. By establishing effective health information systems, investing in civil registration and vital statistics, and improving more effective community-based surveillance, African countries would be capable of generating more inclusive data. These systems must extend beyond the urban regions where most data originate, reaching the poor and rural communities usually excluded (Brown *et al.*, 2023).

Secondly, measurements should move beyond biomedical indicators to include social, cultural, and psychological aspects. While the pandemic of COVID-19 was running, issues like food insecurity, disruption of schooling, violence based on gender, as well as mental health, emerged as important problems; yet they were seldom included as part of official dashboards. Use of multidimensional measures, like the Human Development Index, could potentially allow Africa to monitor both the health and the social impacts simultaneously, so allowing a richer sense of crises as well as more effective responses (Van Bavel *et al.*, 2022).

Thirdly, the implementation of participatory methodologies has the potential to enhance both the precision and credibility of data acquisition processes. Involving community health personnel, traditional authorities, and civil society organizations facilitates the integration of local realities into national and continental statistical frameworks. Furthermore, these methods can serve to connect formal health systems with indigenous resilience strategies, thereby acknowledging the significance of cultural traditions and communal

cohesion in addressing crises (Litvinjenko *et al.*, 2023).

Ultimately, digital innovation presents the potential for Africa to break past data collection obstacles. Digital health platforms, crowdsourcing, as well as mobile technology, can be used to collect data in real-time, particularly in off-grid areas. All these needs, however, to be used conscientiously so that privacy is respected where necessary, while inclusivity is enhanced (Cole & Dodds, 2021).

In reshaping the practice of enumeration, the continent must come up with paradigms that balance the imperative to be comparable worldwide while remaining locally pertinent. This would allow the continent to build local narratives regarding pandemics as well as make future crises the subject of consideration based on more than merely facilely quantifiable markers but also based on aspects that critically matter to African societies (Ndlovu-Gatsheni, 2020).

## Conclusion

COVID-19 pandemic in Africa brought into sharp focus significant gaps between the global focus on biomedical statistics and the everyday experiences of African people. Quantitative measures, such as case numbers, numbers of deceased, hospitalizations, and vaccine percent, gave rise to a limited but powerful story that impacted global perspectives, resources, and the credibility of governmental leadership. However, the statistics were often undercut by inadequate testing infrastructure, fragile health informatization systems, and limited surveillance abilities, indicating that they often reflected infrastructure capability as much as, if not more than, the actual epidemiological states (Mahajan, 2021).

In addition to these numerical measures, African people's concerns also extended to the protection of livelihoods, food security, access to schooling, protection from gender-based violence, and social cohesion. Lockdowns significantly disrupted informal economies that most families rely on, while supply chain breaks and lost income exacerbated

food insecurity. Groups most vulnerable, including women, youth, and excluded groups, suffered disproportionate impacts, combined with mental health issues and cultural disruption. These intangible difficulties, mostly off the radar of formal statistics, highlight the limitation of exclusive attention to numerical data to comprehensively address the pandemic's many facets.

Politics around counting also muddled the issue. Statistics were routinely used to estimate control, garner international assistance, or maintain political order. However, emphasizing global comparability over local significance transformed statistics into instruments of recognition or exclusion. Societies beyond the conventional systems of surveillance, such as those found in the rural, poor, or excluded, became statistically invisible, making the policies irrelevant to their needs. This statistical silence reinforced the prevalent inequities and stressed the need to build more inclusive measurement systems.

Looking ahead, the African response to COVID-19 highlights the need to reconsider methodologies as well as the nature of the data collected. An inclusive strategy would need to combine traditional epidemiological measures with qualitative considerations about socio-economic and cultural situations. Community-based data collection, investments in strong health and civil registration systems, and the responsible use of digital technologies are also important, as Ndlovu-Gatsheni (2020) indicated they could provide metrics that include both biomedical and social dimensions of health emergencies.

Ultimately, the building of strong public health infrastructure in Africa depends not only on pharmaceuticals like vaccines and hospitals but also on addressing daily issues that support the dignity and survival of people. Recognizing the fundamentally political nature of enumeration, future efforts must ensure that health statistics properly capture the core dimensions relevant to African populations, facilitating equitable and locally appropriate responses during moments of crisis.

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