

The Covid-19 Pandemic and State Fragility: The Case of the Democratic Republic of the Congo

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ABSTRACT

The COVID-19 pandemic provided a test for political systems all over the world, and more so for developing countries with less endowed hospitals and public health facilities. The Democratic Republic of the Congo (DRC) faced this challenge when the pandemic was at its height, but the country registered a smaller number of both patients infected with the disease and those who died from it in comparison to developed countries. The most important lesson from the pandemic for the DRC is the need to improve hospital and other public health facilities in the country for all citizens.

Keywords: COVID-19, DRC, hospitals, public health, government

Introduction

According to Timothy Garton Ash, professor of European history at the University of Oxford, “a pandemic is a very specific kind of stress test for political systems” (Bennhood 2020). If developed countries like the United States, Italy, and Spain could perform so poorly with respect to the COVID-19 pandemic test, at least in its beginning, we can imagine the difficult challenges that fragile states like the Democratic Republic of the Congo (DRC) faced in dealing with it. Since the new coronavirus destabilized the world economy and laid bare the weaknesses of political systems all over the globe, it is most interesting for a student of political economy to examine how a fragile state with limited resources such as the DRC deals with a major health crisis like the COVID-19 pandemic, as well as to draw the lessons learned from this episode for the future.

The coronavirus pandemic that hit the world in late 2019 and early 2020 was due to a viral infectious disease involving a severe acute respiratory syndrome, great damage to the lungs, and reduced kidney function. It is particularly dangerous to people over sixty-five years of age and those with chronic health issues like heart disease, hypertension, and diabetes. The new coronavirus first appeared in the Chinese city of Wuhan in December 2019 and quickly spread around the world, with a surprisingly great impact on Europe and the United States. Chinese authorities did not inform the World Health Organization (WHO) of this outbreak until December 31, 2019. As the virus began spreading widely and rapidly, the WHO declared it “*a public health emergency of international concern*” on January 30, 2020, and a pandemic on March 11, 2020. As of April 30, 2020, 3,256,846 cases of COVID-19 were confirmed around the world, with over 233,388 deaths and 1,014,753

recoveries. As of December 6, 2022, there had been 641,915,931 confirmed cases of COVID-19 globally, with 6,622,760 deaths and 635,293,171 recoveries.¹

A continent of 1.3 billion people with very poor health facilities, Africa was spared from very large numbers of cases and deaths from COVID-19. The Africa Centers for Disease Control and Prevention (Africa CDC), an agency of the African Union, and other health experts warned in 2020 that it was too early for Africans to believe that they had dodged the bullet. For they still did not know what lay ahead. Interestingly, the highest numbers of infections in the continent have been found in South Africa, the most industrialized economy in Africa, and in North Africa (Egypt, Morocco, and Algeria in particular), which has close relations with Mediterranean Europe. Nigeria, the continent's most populous country and largest economy, had, as of April 30, 2020, registered 1,932 confirmed cases of COVID-19 and 58 deaths only.² As of a little over two and a half years later, on December 6, 2022, Nigeria had 266,283 confirmed cases of COVID-19 and 3,155 deaths.³

How does the DRC compare with these leading African countries? How did its fragile state manage the public health crisis? And what impact will this experience have on the future of the country? These are the major questions that I seek to address in this paper on lessons learned from the COVID-19 pandemic in the DRC since 2020.

The Challenges of COVID-19 in the DRC

Geographically, the DRC is the second largest country in Africa after Algeria, with an area of 2,345,408 square kilometers (905,567 square miles), and an estimated population of approximately 100 million people. Located in the center of the African continent, it shares borders with nine countries: Angola, the Congo Republic, the Central African Republic (CAR), South Sudan, Uganda, Rwanda, Burundi, Tanzania, and Zambia. While relations with all these neighbors, except Rwanda, are generally good, the country is still destabilized by unresolved conflicts in Eastern Congo, due to the presence of armed groups from Rwanda, Uganda, and Burundi, as well as local militia, all of whom are also involved in illicit exploitation of minerals and other resources. To these must be added thousands of refugees from the civil wars in South Sudan and the CAR.

With respect to public health, the eastern province of North Kivu has been since 2018 the epicenter of Ebola, a virus that causes hemorrhagic fever and bleeding through all body orifices and contaminates all those who come into contact with the blood or other bodily fluids of the patient. The first outbreak of the Ebola virus disease (EVD) occurred in Yambuku, DRC (then Zaire) in 1976. The tenth outbreak, which occurred in 2018, was about to be declared over by the WHO following the release from the hospital of Ebola's then last patient in early March 2020 in the city of Beni, North Kivu. Unfortunately, another case emerged just three days before the equivalent of two incubation periods had materialized (see Latif Dahir 2020). In spite of this setback, Africa and the world can learn a lot on how to defeat viruses like COVID-19 from the rich experience accumulated in the DRC in confining the numerous outbreaks of Ebola since 1976 to a small portion of our vast national territory.

¹ Figures collected from WHO (2022a).

² The corresponding figures for the four other countries on April 30, 2020 were: South Africa, 5,647 confirmed cases and 103 deaths; Egypt, 5,537 and 392; Morocco, 4,423 and 170; and Algeria, 4,006 and 450. Figures for each country collected from WHO (2022a).

³ The corresponding figures on December 6, 2022 were: South Africa, 4,040,980 cases and 102,428 deaths; Egypt, 515,456 and 24,799; Morocco, 1,269,391 and 16,285; and Algeria, 271,100 and 6,881. Figures for each country collected from WHO (2022a).

Moreover, the person that President Félix Tshisekedi appointed as the head of the Multisectoral Committee of Counterattack to the COVID-19 Pandemic (CMR COVID-19) was none other than Dr. Jean-Jacques Muyembe Tsimfumu, the world renowned virologist who, at thirty-four years of age, discovered Ebola in 1976, and who later won a patent for developing a successful treatment for the virus (Honigsbaum 2015, 2455). Director General of the DRC National Institute of Biomedical Research (INRB) and professor of microbiology at the University of Kinshasa, Dr. Muyembe is also the recipient of four prestigious awards for his accomplishments in research on infectious diseases:

- *The 2015 Christophe Mérlieux Prize* of the French Institute, with an award of €500,000 (US\$544,000): €100,000 for the laureate and €400,000 to finance research at the biomedical research institute in the DRC.
- *The 2015 Royal Society Africa Prize*, with an award of £17,000 (US\$21,190): £2,000 for the laureate and a £15,000 grant for the research project he had proposed.
- *The 2019 Hideyo Noguchi Africa Prize* of the Government of Japan, which is worth 100 million yen (US\$844,000), to finance research at the INRB.
- *Nature's 10* selection as one of ten people honored in 2019 by the scientific journal *Nature* for having made a significant contribution to science.

While still coordinating the fight against Ebola in Eastern Congo and the Equateur Province, Dr. Muyembe was now the czar of the counterattack against the coronavirus, both preventive measures and to fight the COVID-19 disease, with all the medical facilities, equipment, and personnel at his disposal all over the DRC. Given its importance as the national capital and the primary center of political, economic, and cultural life in the DRC, Kinshasa, a megapolis of 12 million people, was the epicenter of the pandemic. As of April 30, 2020, the city had 475 confirmed cases of coronavirus infection, or 95.6 percent of the estimated total of 500 cases for the country as a whole. Excluding Kinshasa, only 7 of the remaining 25 provinces had by then announced confirmed cases of infection, each of them in the single digits. Due to limited reporting by the government, the most recent data available about COVID-19 cases at the province level at the time of this writing is from August 20, 2021. As of that date, there had been 33,779 confirmed cases in Kinshasa, and 20,230 confirmed cases across the other 25 provinces. All provinces had reported at least 2 confirmed cases by this date. Kinshasa accounted for 62.5 percent of the total of 54,009 confirmed cases of COVID-19 in the DRC as of August 2021. Additionally, as of July 10, 2021, Kinshasa had reported that 29,433 people had received at least 1 vaccine dose (approximately 35.9 percent of vaccinations), while the other 25 provinces had reported that 52,477 individuals had received at least 1 dose of the COVID-19 vaccine (approximately 64.1 percent of vaccinations).⁴

Since the first confirmed case of coronavirus infection was announced on March 10, 2020, the government of President Tshisekedi has taken all the necessary measures to protect the population from the COVID-19 disease. In televised addresses to the nation on March 18, March 24, and April 24, 2020, the president asked the public to observe all the rules of hygiene recommended by Dr. Muyembe's committee and health authorities (washing hands regularly, not touching the head, social distancing, using masks and gloves when necessary, and staying home unless it was essential to go out, etc.), and announced the following decisions:

⁴ Data collected from CMR COVID-19 (2021).

- Closing of all schools, universities, and technical and teaching colleges from March 19, 2020.
- Closing of all houses of worship, bars, restaurants, and all sports and other entertainment arenas.
- Prohibition of funeral ceremonies in public or private spaces, with deceased persons to be taken directly from mortuaries to cemeteries.
- The central government to take care of all medical and burial expenses for victims of COVID-19, and to charter planes for repatriating groups of Congolese stranded in places like Cameroun, Dubai, Turkey, etc.
- No public gathering of more than twenty people.
- Suspension of all flights from high-risk countries from March 20, 2020.
- Declaration of the state of emergency for a month on March 24, closing all of the country's borders and suspending travel by air, sea, or land between Kinshasa and the interior.
- Renewal of the state of emergency for fifteen days on April 24.

Despite these initial precautions, given the ongoing state of the COVID-19 pandemic:

- The initial state of emergency was renewed six times before it was lifted on July 22, 2020.
- Schools, universities, and technical and teaching colleges were given permission to begin reopening starting on August 15, 2020, and reopening continued into October 2020; however, schools quickly faced additional closures due to a second wave of COVID-19. The government fully reopened schools on February 22, 2021.
- Restaurants, bars, coffeeshops, stores, banks, and other commercial locations began to reopen with additional restrictions (e.g., reduced hours, capacity reduced to 50 percent, masking requirements) on July 22, 2020. Houses of worship, nightclubs, and all sports, performance venues and other entertainment arenas reopened as of August 15, 2020, with additional restrictions (e.g., reduced hours, capacity reduced to 50 percent, masking requirements). As of December 18, 2020, nightclubs and sports and performance venues were shut down again due to another wave of COVID-19. They reopened in August 2021.
- Funeral ceremonies remained prohibited as of March 15, 2022; an addendum allowing no more than 50 people to accompany the deceased's remains to public, outdoor cemeteries was instated in July 2021.
- Prohibitions restricting the public gathering of more than 20 people in indoor, enclosed public spaces were still in place as of March 15, 2022. But this was never enforced.
- Ports, airports, and borders were reopened on August 15, 2020; as of October 1, 2022, a negative PCR test result was no longer required for fully vaccinated individuals to enter or exit through DRC borders.
- Other precautions instated included:
 - curfews and reduced hours of operation for businesses (instated December 18, 2021; lifted February 14, 2022).
 - mandatory masking and social distancing in public spaces (lifted October 18, 2022). But the wearing of masks was never strongly enforced, even in overcrowded public markets and on buses.

With the approval of the central government, the governor of the city-province of Kinshasa placed the commune (municipality) of Gombe—the center of political, administrative, economic, and cultural life in Kinshasa and the richest of all 24 communes—in lockdown for two weeks,

between April 6 and 20, 2020, including the compulsory wearing of masks in public. Meanwhile, the number of confirmed cases of COVID-19 and the death toll from it continued to increase in the country. Confirmed cases climbed from 1 on March 10, to 45 cases with 2 deaths on March 24, to 394 cases and 25 deaths on April 24, and to 500 cases, 65 recoveries, and 31 deaths on April 30. As of December 6, 2022, there were a total of 94,451 confirmed cases, 92,995 recoveries, and 1,456 deaths due to COVID-19 in the DRC, according to the WHO.⁵ As of October 23, 2022, according to the most recent WHO vaccination data, there were 5,575,771 people in the DRC fully vaccinated against COVID-19, with 6,185,534 total doses given.⁶

Is the state in the DRC capable of enforcing all the generally appropriate measures taken by the government in its counterattack against COVID-19? What are the sources of resilience, if any, that it can rely on to protect the population during the pandemic and restart the economy in a way that will ensure growth and help improve the living conditions of the majority of Congolese people in the post-pandemic period? A lot depends on how well the state performs its fundamental functions of order maintenance, service delivery, and revenue collection, together with the level of trust between it and the citizens.

COVID-19 as a Stress Test for the Fragile State in the DRC

The DRC is a fragile state, that is, one incapable of performing in an effective way the fundamental functions of a modern state. The three regal functions of a state recognized universally are the maintenance of law and order, including territorial and personal security; the delivery of those essential services that people need to lead a decent life; and the mobilization of sufficient revenues to cover state expenditures. Over sixty-two years after independence, the DRC comes up short with respect to each of these functions. However, as a stress test for the state in the DRC, the current COVID-19 pandemic may not only pinpoint the major weaknesses of the political system, but also force the country's political leaders to strengthen those state capabilities needed to enforce order maintenance, service delivery, and revenue collection.

Despite its numerous services and hundreds of thousands of agents, the DRC security sector is very weak in virtually all aspects of *order maintenance* and needs to be restructured for fights such as that against COVID-19. The sector is made up of the armed forces, the immigration agency, intelligence services, the national police, and the judicial system, including the public prosecutor's services and the penitentiary administration. A common denominator to all of these services is their lack of respect for basic human rights, which leads them to see repression rather than serving the public as their primary task. Since the two Congo wars of 1996–97 and 1998–2003, both of which began with the invasion of the DRC by Rwanda and Uganda, the DRC armed forces have been working hard to reestablish peace and effective state authority in several pockets of unrest in Eastern Congo. Many of their superior officers are more concerned with getting rich through the looting of the country's natural resources than with destroying illegal armed militias, both foreign and local. But this is changing now under the regime of President Felix-Antoine Tshisekedi Tshilombo, whose tenure began on January 24, 2019.

In the area of the security sector, a major stress test for the DRC is the prison system, where there is a risk of catastrophe because of overcrowding, malnutrition, and deplorable hygiene due to the lack of clean water and toilets (Kongolo 2020). The overcrowding of Congolese prisons is estimated at 432 percent of existing capacity, with those in Goma and Uvira at 600 percent and the

⁵ Figures collected from WHO (2022a).

⁶ Figures collected from WHO (2022b).

central prison of Makala in Kinshasa at 461 percent.⁷ Makala is also notorious for having 850 people sleeping in a cell meant for 100, and most of them without a bed. Moreover, 71 percent of detainees are waiting to be tried while being condemned to inadequate food and medical care. In such a situation, it has been impossible to maintain social distance as a barrier against coronavirus infections. In fact, even before the COVID-19 disease hit Kinshasa, 40 prisoners died at Makala in January 2020, due to malnutrition and associated diseases. On the positive side, over 12,000 prisoners detained for minor infractions have been freed to reduce overcrowding in jails, but a lot more need to be released so the prisons can become fit for human beings.

With respect to *service delivery*, the government could not succeed in enforcing its regulation on social distancing and the prohibition of gatherings of more than twenty people in public markets and on public transportation. The state has largely failed to provide quality services in these two backbones of the informal economy, on which most people depend for their survival, particularly in urban areas, where 45 percent of the Congolese population or nearly 45 million people live. In this environment, the market provides for both sellers and buyers an indispensable mechanism of survival. Even small sellers can earn some savings for a rainy day while keeping their business an ongoing concern. As for buyers, they can find smaller and more affordable quantities of what is needed for a few days at an affordable price. Since most of them do not have refrigerators, buying meat, poultry, and fresh vegetables must be a daily undertaking. In the DRC, as in many other African countries, the police simply cannot prevent people from congregating in public markets.

Most state-built public markets are badly managed by officials, who are more interested in collecting rents for stalls and user fees from vendors than in maintenance, particularly with respect to wear and tear and hygiene. Smaller markets established by the vendors themselves independently of public authorities are sprouting all over cities and towns, mostly along major avenues and roundabouts. Instead of banning them for violations of zoning and hygiene regulations, local authorities tolerate them for as long as they can collect user fees, most of which go into their pockets.

In urban DRC, the major means of public transportation available to middle income and poor residents are large buses, which include both state and private vehicles, and minibuses and motorcycles, all privately owned. Social distancing and limiting the number of passengers will ruin the owners and operators of these vehicles. Even for motorcycle operators, many of whom are employees of the motorcycles' owners, having one passenger instead of two or three for a ride simply cannot make for a good day. In the short run, there is no satisfactory solution in this instance, either for the economic operators or for public health. Overnight, the state cannot replace minibuses and motorcycles with larger buses capable of ensuring social distancing and provide new jobs to minibus drivers and motorcyclists who would lose their current jobs. Thus, it is only by designing a better strategy of public health for the future that this dilemma can be avoided.

Here we hit the crux of the matter with reference to the stress test for African states, including the DRC: their failure in service delivery, particularly in the areas of public health, education, roads, and agriculture. In thirty-two years of rule in the DRC, President Mobutu Sese Seko did not build a single world-class hospital in the country. Neither did Joseph Kabila, who stayed in power for eighteen years. As in most African countries, presidents, ministers, other members of the political elite, and close relatives of all three categories go abroad for medical treatment, particularly to Europe, but also to Saudi Arabia, Israel, India, and South Africa.

Since these high-ranking officials do not have to go to hospitals in their own country, they do little or nothing to build new hospitals, medical research institutes, and innovative structures of

⁷ These and subsequent figures are from Kongolo's (2020) article.

public health. In the DRC, they do not even care about keeping up existing state hospitals, dispensaries, and maternity wards. When national boundaries were closed and international flights suspended, many African elites were running scared with the knowledge that should they fall sick and not be able to go abroad, they could not see themselves going into the dilapidated and poorly kept facilities lacking in appropriate equipment and even basic supplies.⁸ As one writer in the French newspaper *Le Monde* remarked about the African elites, “they [were] caught in their own trap” (Tilouine 2020).

This is also true for schools and universities. Most of the children, nephews, and nieces of the Congolese elite are seldom seen in DRC institutions. If they are not enrolled in international schools (American, Belgian, French, etc.) in Kinshasa, primary and secondary school students are sent to schools abroad, as are university students, whose parents prefer the better-equipped European, American, and Asian universities to their own. As in the case of public health, state schools and universities are neglected in the DRC, as the authorities managing them do not have their children enrolled in them and thus have little interest in promoting excellence and improving the quality of the infrastructure and the remuneration of the teaching staff. Instead of paying the latter the salaries they deserve, state authorities often embezzle the funds available for their own use.

Roads are another area of service delivery that is greatly neglected in the DRC, in all three major categories: highways, urban avenues and streets, and roads connecting farming areas to towns and cities (*routes de desserte agricole*). The DRC has some of the worst roads on the African continent. One cannot drive from one end of the country to the other on a well-built and paved highway network. With three or four exceptions, “national highways” exist mostly on paper, as most of the roads so called do not merit the name. Even the city-province of Kinshasa, a metropolis of 9,965 square kilometers (3,848 square miles) and an urban core of 600 square kilometers (200 square miles), has less than 10 well-built and relatively well-maintained boulevards and avenues. Most of the streets are in terrible shape, as some of the poorer neighborhoods tend to resemble villages, except for the overcrowding. Much of the money authorized for road construction and maintenance is embezzled by ministers and high-ranking bureaucrats. In April 2020, Vital Kamerhe, the president’s chief of staff, was arrested on charges of having stolen \$370 million from a fund established in February 2019 for a program of infrastructure construction for the first 100 days of President Tshisekedi’s mandate, which included major roads and bypasses designed to reduce traffic jams in Kinshasa.

In sharing the fate of health, education, roads, and bridges in being of low priority in state spending since independence, agriculture—together with fisheries and animal husbandry—has been greatly neglected. As a vast country with enormous land, forest, water, hydroelectric, fisheries, and aquaculture resources, the DRC could serve as a breadbasket for the African continent as a whole. Unfortunately, only 10 percent of the arable land is cultivated, and the DRC imports a lot of food staples that it could easily produce at home such as maize (or corn), rice, fish, poultry, and beef. Prices of some of these items increased substantially during the panic that followed the outbreak of COVID-19, but the government has tried its best to impose price controls.

As for the third regal function, *revenue collection* or *resource mobilization*, the DRC is improving its capacity in this area through the digitalization of tax, customs, and other state fees, as this is likely to reduce the embezzlement of state revenues. Despite its wealth in natural resources, the DRC ranks among the world’s poorest countries according to the United Nations Development Programme (UNDP) Human Development Index (HDI). More than half of the population lives below the moderate poverty line of 2 US dollars per day. Much of the country’s revenue is derived from taxes and royalties paid by transnational corporations engaged in mining, forestry, and services, as well as

⁸ On the lack of equipment and supplies, see Maclean and Marks (2020).

from revenues from state enterprises, customs duties, and business, payroll, and sales taxes. Some of the sales taxes were suspended at the height of the pandemic emergency in view of the hardships people were facing because of the confinement due to COVID-19 restrictions. The new discipline in revenue collection has increased the central government's annual budget from 4 billion USD in 2020 to 15.6 billion in 2023.

While the coronavirus was a major factor in revenue collection in 2020, a more important cause of chronically low revenues in the Congo is institutionalized corruption, which has been practiced since independence, and particularly during the Mobutu and Joseph Kabila regimes. It is estimated that nearly 80 percent of the total receipts of the tax, customs, and money-earning state enterprises did not find their way into the state treasury. During the last 8 years of the Joseph Kabila regime, the amount lost to the treasury was somewhere between 15 and 20 billion US dollars a year. Tshisekedi's commitment to fight corruption started turning things around in 2020.

Consequences of COVID-19 for State and Society in the DRC

Since every cloud has a silver lining, the COVID-19 stress test for the DRC did start strengthening a new national commitment to put an end to the fragile and predatory state by improving state administrative capacity, social cohesion, and trust between citizens and public institutions. After elucidating the weaknesses of the state and its governance in the DRC, the current pandemic has opened the eyes of devoted state officials, the intelligentsia, and ordinary people in terms of what needs to be done to end authoritarianism, police brutality, and other forms of repression; to replace the negligence of health, education, and infrastructural structures with better service delivery in these areas of public well-being; and to do away with dependence on external assistance by relying more on our resilience and self-reliance.

The management of the counterattack on the COVID-19 pandemic in the DRC has gone well. At the height of the pandemic, people suspected of having the virus were tested and those found positive were assigned to one of seven of Kinshasa's eighteen main hospitals for treatment. As indicated above, the government assumed responsibility for all the costs of medical care and, if necessary, those for burial. Both public and private media, religious organizations, major political parties, and non-governmental organizations (NGOs) joined the state in urging the population to follow precautionary measures to remain safe and in providing to various groups masks, gloves, detergents, hand soap, clean water, and hand sanitizers to help prevent infections. No major violent incidents have taken place, except for isolated acts of police brutality against people refusing to obey regulations such as the wearing of masks. In at least one incident in Kinshasa, police officers lost control and fired, killing three or five persons.

One of the reasons for the relative calm amid the confinement and disruption of daily routines has had to do with the popularity of President Tshisekedi, who is given the benefit of the doubt on most of his decisions as a mark of respect for his illustrious father, the late Congolese democracy leader Etienne Tshisekedi. Whatever errors the younger Tshisekedi might have made since assuming the presidency on January 24, 2019, there is no doubt that he shares with the mass democratic movement credit for the restoration of democracy and the enjoyment of civil liberties in the Congo today. The independent press is free to publish whatever it wants to, parliament is free to openly question and criticize the president's actions and statements, and no one is tortured by the intelligence agencies, which used to perform like a political police force. The president himself set the tone in his inaugural address, in which he promised to abolish all the illegal detention centers that these agencies used to run as torture chambers, and to free all the political prisoners. He has honored these promises.

Unfortunately, while the police have generally followed the presidential directive not to use lethal force in riot control against unarmed demonstrators, some trigger-happy police officers are still eager to use their clubs to beat up on any suspects arrested for a real or alleged criminal offense, and to ultimately use firearms with the excuse that the civilians they were attempting to arrest were armed. We are faced here with a question of institutional culture, one that requires, on the one hand, better training of both senior officers and the rank and file on human rights, and on the other hand, exemplary punishment for senior and middle-rank officers who fail to discipline the men and women under their control.

With reference to service delivery, the DRC experience in dealing with COVID-19, like the prior experience with Ebola, should strengthen the Congolese people's confidence in their own resilience and self-reliance. Because of the Belgian colonial ideology of paternalism and the crisis of decolonization that the Congo went through in 1960–65, much of the Congolese leadership since then has been brainwashed to think that whatever is foreign is beautiful, good, and great to imitate (Kongolo 2020). This is contrary to the reputation of Congolese professionals around the world, who are generally esteemed for their originality, creativity, and self-confidence.

The exemplary work of Dr. Muyembe and that of Dr. Denis Mukwege, the 2018 Nobel Peace Prize laureate, should put an end to any inferiority complex among Congolese political leaders, professionals, and entrepreneurs. In 1995, Dr. Muyembe rejected WHO objections to his use of antibodies developed by Ebola survivors and taken from their blood to treat new cases. He was proven correct when this technique resulted in saving 70 percent of the patients treated. Today, one of the methods being experimented with for COVID-19 patients around the world is to use blood plasma from survivors to treat critically sick coronavirus victims. As for Mukwege, “the doctor who repairs women,” many doctors from around the world go to his Panzi Hospital in Bukavu to learn the techniques he has invented and perfected on how to repair or restore the genital organs of women destroyed through sexual violence.

These two profiles of Congolese doctors and scientists represent one of the priorities of President Tshisekedi for radical change in the DRC. He has called for a change of mentalities or attitudes. There is no better period for this clarion call for a change of mindset than the post-COVID-19 political, economic, social, and cultural environment. Relying on their own resources and initiatives, rather than expecting manna from heaven or the largesse of international financial institutions and the European Union, the Congolese can succeed in planning the reconstruction of medical facilities, schools and universities, roads, and other basic infrastructures for the development of the Congo.

Conclusion

The DRC is a fragile state, incapable of providing essential services to its people and ensuring the security of the national territory, its citizens, and their goods. This fragility goes way back to the origin of the Congolese state, then known as the Congo Free State (CFS). In reality, it was neither a state nor free. As endorsed by the United States and European powers at the Berlin Conference of 1884–85, the Congo was a private property of Leopold II, King of the Belgians. In the age of the trusts, Leopold owned the Congo just as John Rockefeller owned Standard Oil. Consequently, the key question was, is this property profitable? A basically feudal entity for its King Sovereign, who never set foot on Congolese soil, the CFS was not a modern state with regal functions and fundamental human rights. It was a predatory state based on slave labor and in which the inhabitants had no freedom to live their lives as they wished. The Belgian colonial system (1908–60) reduced the level of repression and forced labor but kept the predatory features of economic exploitation intact.

On the other hand, under the postcolonial regimes of Mobutu (1965–97) and Joseph Kabila (2001–19), the state remained a private preserve of the rulers, who used it for wealth accumulation and perpetual rule, instead of a set of impartial institutions working for the general interest. The outcome of this predatory and authoritarian system was a fragile state, incapable of running the country effectively, ensuring peace and security, and providing essential services to the population. With the new regime of Félix Tshisekedi, there is hope that state reconstruction and economic development are goals that can be reached, with a legitimate and responsible government in which the people have confidence and perceive it as representing their best interests. By laying bare the fragility and weaknesses of the predatory state while displaying the need for ending the divorce between state and society and working together for a better future, the COVID-19 pandemic has strengthened this hope.

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