

## Responses and Impacts of COVID-19 on East Africa's Tourism Industry

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### Abstract

The COVID-19 pandemic has affected all economies and life support systems world-wide. Owing to the pandemic's unpredictable nature, experts and policymakers struggle to find a headway to slow infections and further economic deterioration. The purpose of this study is to assess East African Community (EAC) states' early responses and the pandemic's impacts on the tourism industry. Data were collected through a review of secondary data, including academic and media reports. Special attention was paid to respective policy responses during the early stages of the pandemic outbreak. Findings show that Kenya, Uganda, and Rwanda employed more robust measures to curb the spread of COVID-19, whereas Tanzania and Burundi resorted to censorship and protectionism. The EAC should quickly learn from the current crisis and devise strategies to handle future shocks to the tourism-system. The states should prioritize economic diversification, retraining of the workforce, global engagement, and collaborative management.

**Keywords:** COVID-19; Tourism; pandemics; crisis management; East African Community

### Introduction

On March 11, 2020, the World Health Organisation declared COVID-19 a global pandemic (WHO, 2021). The pandemic presents one of the most significant global public health concerns for humans ever recorded (Wang & Flessa, 2020). The pandemic has caused economic havoc across all countries and territories worldwide (Hall, Scott & Gössling, 2020). Before its global

eruption, COVID-19 was first documented in China, with a few thousand cases reported. By December 31, 2020, over 80 million infections and 2 million deaths were reported, with most fatalities and infections reported in North America, South America, and Europe (WHO, 2021). Besides severely affecting the health sector, the pandemic has also severely impacted other essential sectors, including agriculture, manufacturing, and the services sector. This study focuses on the pandemic's impact on the travel and tourism industry, one of the most important but vulnerable economic sectors.

The latest UNWTO World Tourism Barometer estimates a trillion of USD loss in export revenue (i.e., 11 times the loss recorded during the 2009 global economic crisis) because of COVID-19 (UNWTO, 2021). Estimates show that up to 120 million direct tourism jobs have been put at risk in small and medium tourism enterprises (UNWTO, 2021). According to the World Tourism and Travel Council report, the travel and tourism sector employs 24.6 million people on the African continent and accounts for 7.1% of the continent's GDP (WTTC, 2020), almost all of which have been put at heightened risk. Other obvious global economic impacts of the pandemic include disruptions on both the demand and supply sides of the global value chain and global production networks, which accounts for nearly half of the worldwide trade (Gereffi, 2020; Kano & Oh, 2020; Miroudot, 2020) and fall of crucial commodity prices such as oil (World Bank, 2020).

After reports of the rapid spread and infections in mid-March 2020, many countries issued strict public health measures to curb COVID-19, including lockdowns, in-country travel restrictions, and termination of international arrivals. COVID-19 has suddenly turned all humanity into pandemic citizens, connected by fear, uncertainty, and the ever-present risk of death (Fletcher, Murray, Blázquez-Salom & Asunción, 2020). Investor and consumer confidence plummeted in almost equal numbers, and the surrounding uncertainties of the pandemic continue to hold the entire human system in a state of panic and despair (Fletcher et al., 2020). The pandemic has torn down the economic and conservation fabrics of tourism-dependent countries. Since tourism is so interconnected with most other critical industries, a collapse in the sector has resulted in economic shutdowns worldwide. The main goals of the current study are to assess how East African states responded to the COVID-19 pandemic and determine how the pandemic impacts the region's tourism industry. The study also makes recommendations on the path toward tourism recovery.

The East African Community economic block is an intergovernmental organization that comprises six partner states in the African Great Lakes region (Rwanda, Burundi, South Sudan, Uganda, Tanzania, and Kenya). It is characterized by contiguous borders, economic cooperation, maintenance of a common market, and the operation of common services. With its headquarters in Arusha, Tanzania, the region is home to over 177 million citizens and a combined Gross Domestic Product of USD 193 billion (EAC, 2019). The current study covers only five of the East African Community states (hereafter the EAC): Kenya, Burundi, Rwanda, Uganda, and Tanzania.

## **Research context**

### ***The outbreak of COVID-19 in East Africa***

Like many parts of the world, the EAC has severely been impacted by the COVID-19 pandemic. By December 31<sup>st</sup>, 2020, COVID-19 had infected more than 70,000 people and caused more than 1,500 deaths (WHO, 2021) in the EAC. By the end of 2020, Kenya and Uganda had recorded the highest number of infections and deaths. The ongoing health crisis has had unprecedented devastating impacts on the EAC residents' livelihoods and other socio-economic structures. In particular, the pandemic has caused a major disruption to tourism, the region's leading foreign exchange earner. All five states heavily depend on tourism to alleviate

poverty and spur sustainable development in remote and peripheral areas. The industry has been pushed to near-total collapse, with international arrivals falling drastically (Fig. 1). This has severely impaired governments' capacities to provide essential services and development promises and also people's well-being, which relies heavily on travel and tourism.

The pandemic has flipped John Urry's (1990) gaze theory upon communities – instead of tourists visiting places to imbue the region's natural beauty, megafauna, and cultural endowments, the local people, have been left gazing into the skies for airplanes, hoping tourists will return soon to restart tourism upon which they heavily depend for survival. A collapse of tourism implies loss of jobs and livelihoods, as has happened before because of terrorist attacks, endemic political unrests, and other pandemic outbreaks. However, COVID-19 resonates more closely with the impacts relating to other pandemic, including Ebola virus and HIV/AIDS.

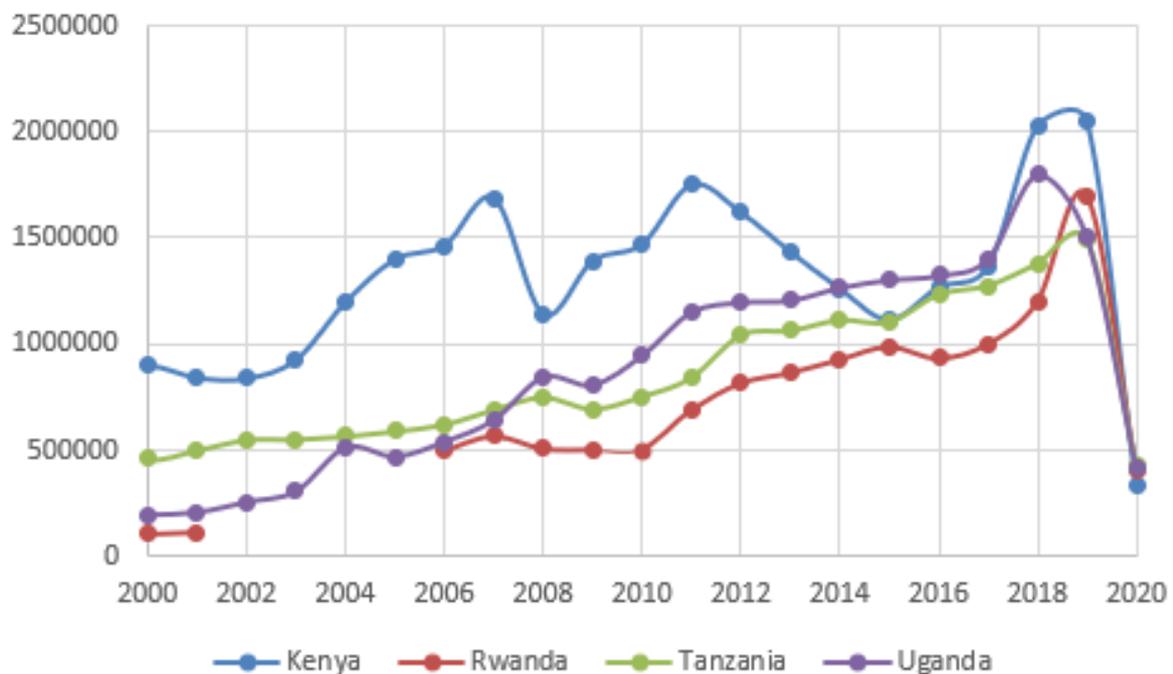


Figure 1: International arrivals (2000-2020). (Source: World Bank and EAC statistics bureau)

### ***Pandemics and tourism***

Pandemics have long played a significant role in how humans socialize, transact, and even how we relate to non-human societies (Hall et al., 2020). While some of the outbreaks have been contained easily because of the nature of the vector or the quality intervention and capacity to adapt (such as severe acute respiratory syndrome or SARS), it has not been the case for others that tend to be more impactful and cumbersome to deal with (such HIV/AIDS and COVID-19). Besides causing human morbidity, mortality, apprehension, and stress on healthcare systems, pandemics restrict global travel, people's movement, and the flow of foreign currency. In this regard, tourism-dependent nations experience economic destabilization more than wealthier countries that have diversified economies (Fletcher et al., 2020; Hall et al., 2020). Pandemics also reduce the competitiveness of regions and countries as tourist destinations both in the now and in the future (Maphanga & Henama, 2019). In this section, we briefly analyse the nature and impacts of pandemics (i.e., Ebola virus and HIV/AIDS) that have been reported in the EAC in the recent past.

## *The EAC and previous pandemics*

### *Ebola virus*

The Ebola Virus Disease (EVD), commonly referred to as Ebola, is a rare and deadly disease in people and non-human primates. Humans can get Ebola through direct contact with an infected animal or an infected sick or dead person. Associated with one of the highest fatality rates of all pandemics (Dixon & Schafer, 2014; Moghadam, Omid, Bayrami, Moghadam, & SeyedAlinaghi, 2015). Ebola was first described in 1976 near the Ebola River in what is now the Democratic Republic of the Congo (Bell, Damon & Jernigan, 2016). On March 23, 2014, the World Health Organisation publicly announced an outbreak of the Ebola pandemic in the West African state of Guinea (Bell et al., 2016; Sifolo & Sifolo, 2014). Since then, the virus has emerged periodically and infected hundreds of thousands of people throughout the world, but the majority of the infections are located in central and west Africa (MacNeil, Farnon, Morgan, Gould, Boehmer, Blaney, Wiersma, Tappero, Nichol, Ksiazek, & Rollin, 2011). To date, the Ebola virus has infected over 27,000 people and caused more than 11,000 deaths (CDC, 2021).

In Eastern Africa, cases were limited to western and northwestern Uganda, with approximately 600 infections and 200 fatalities (Albarino, Shoemaker, Khristova, Wamala, Muyembe, Balinandi, Tumusiime, Campbell, Cannon, Gibbons, & Bergeron, 2013; CDC, 2021; Okware, Omaswa, Zaramba, Opio, Lutwama, Kamugisha, Rwaguma, Kagwa, & Lamunu, 2002). In 2020, WHO proclaimed that Ebola had been completely eradicated (WHO, 2020). However, as of February 2021, new infections and fatalities were reported in eastern Congo close to the Uganda border (The Guardian, February 10, 2021). Many western media have repeatedly portrayed the virus as an Africa health crisis and travel to the continent deemed as 'high-risk' even though infections have been geographically limited (Novelli, Burgess, Jones & Ritchie, 2018). Sensationalized reports warned tourists against travel to the continent, which, after sustained years of growth, saw a significant (2-5%) drop in international arrivals between 2012 and 2015 (Novelli et al., 2018; UNWTO, 2015).

### *HIV/AIDS*

One of the most devastating infectious diseases in human history, Acquired Immune Deficiency Syndrome (AIDS), has killed over 40 million people and left more than 78 million others living with the virus (<https://www.unaids.org/>). AIDS was first clinically observed in 1981 in the U.S.A (Faria, Rambaut, Suchard, Baele, Bedford, Ward, Tatem, Sousa, Arinaminpathy, Pépin, & Posada, 2014; Sharp & Hahn, 2011). Caused by a retrovirus known as the human immunodeficiency virus (HIV), AIDS is primarily a sexually transmitted disease. The virus is reported to have originated in non-human primates in West-central Africa and is believed to have transferred to humans in the early 20th century (Essex & Kanki, 2005; Hahn, 2005; Sharp & Hahn, 2011). Data on when the first case appeared in the EAC is not available, but the virus' impact is ubiquitous.

Developing and least developed countries have experienced the greatest morbidity and mortality occasioned from HIV/AIDS, with the highest prevalence witnessed in sub-Saharan Africa (Faria et al., 2014). The global tourism industry, in general, is at particular risk from the pandemics like HIV/AIDS because of the mobility of the workforce, the presence of sex tourists, and the heavy reliance of many countries upon tourism revenues (Forsythe, 1999; Golliath & Vallabh, 2018). Countries with high prevalence and increasing incidences of HIV/AIDS infections are shunned (Cossens & Gin, 2008). These conditions epitomise the EAC's tourism, where the economies are heavily dependent on tourism for employment creation and foreign currency flows – the region is also renowned for sex tourism (Kibicho, 2005; Maingi, 2019). Tourism is vulnerable to changes depending on the real and perceived

risk involved in the holiday destination choice (Nyawo, 2020). The majority of East African countries have suffered the tag of high-risk HIV/AIDS destinations (Novelli et al., 2018). In the late 80s to late 90s, Uganda was most impacted, while in the recent past, Kenya and Tanzania have recorded higher infection and death rates (Table I).

Table 1: Impact of HIV/AIDS in the EAC as of June 2020

Country	Infection rates	Total infections (000,000)	Annual deaths
Uganda	6.1%	1.5	21,000
Tanzania	5.1%	1.7	27,000
Kenya	4.8%	1.5	21,000
Rwanda	2.9%	0.23	2,800
Burundi	1.2%	0.085	1,800

(Source: <https://aidsinfo.unaids.org/>)

A common issue witnessed among most zoonotic pandemics (including Ebola and COVID-19) is that they have always resulted in misinformation, stereotypes, and discrimination in relation to the places where they are reported to originate (Jamal & Budke, 2020). While the current pandemic has raised a backlash against Chinese populations (Jamal and Budke, 2020), Ebola was erroneously associated with the entire African continent and African populations (Novelli et al., 2018). While some (i.e., HIV/AIDS and COVID-19) are directly associated with the place, Ebola risk has been erroneously linked to the region and Africa as a whole (Novelli et al., 2018), causing panic and drop in international arrivals with resultant economic slowdowns that could have been avoided (Maphanga & Henama, 2019). The current study focuses mainly on the emergence and impacts of COVID-19 to the tourism industry in the EAC region as well as the policy responses by the respective state governments.

## Methodology

As the situation regarding the COVID-19 pandemic is still evolving, and the real situation for some countries is still unknown because of the lack of reliable data, this study is inductive in nature. This study covers five of the six EAC states: Kenya, Burundi, Rwanda, Uganda, and Tanzania (Fig.2). Data were collected through a detailed review of published academic articles and unpublished documents, including government websites, local and international media reports, and global public health entities such as the World Health Organisation. The study, covering the period between early to late 2020, draws on the multidisciplinary expertise of the six authors, all of whom represent the EAC region: two Tanzanians, two Kenyans, one Ugandan, and one Rwandese. Two of the authors are currently based in the EAC and have been witnessing the pandemic as it unfolds. The others are based in the United States but are in constant contact with families and other people living in the region. To add credibility to the data and arguments presented, the authors' scholarship and expertise range from wildlife and natural resource management, tourism studies, public health, social justice, and community development.

The sample consisted of academic articles, policy documents, local and international media, and other worldwide web sources. Table 2 lists the main sources of information (academic articles and media reports), excluding government websites, embassy reports, and personal blogs, for respective states. As suggested by Hsieh and Shannon (2005), criteria for inclusion in the preliminary summative analysis were guided by the study's keywords, including COVID-19, East African Community (and respective states), tourism, economic recovery, and other related terms such as HIV/AIDS and Ebola virus. The search results were then downloaded, evaluated, and cleaned to ensure that their scope and focus aligned with the study and to remove duplicate records. The next steps involved visual coding, thematic analysis, and interpretation of the underlying context, as suggested by Stemler (2015). For

every text and web content reviewed, the authors recorded all relevant information in appropriate categories to identify patterns and make conclusions pertinent to our study.



Figure 1: EAC map (Courtesy Toby Dogwiler, Missouri State)

Table 2: Academic articles and media reports dedicated to tourism and the Covid-19 in the EAC

Country	Academic*	Media (Newspaper articles & news-breaking websites)
Kenya	2	52
Tanzania	1	32
Uganda	1	15
Rwanda	1	9
Burundi	0	0

\* Peer reviewed journal articles published as of Dec. 2020

Several limitations are common with this methodology approach of including media and non-academic courses: 1) there are potential political and social biases in media reports; 2) the potential of emphasising words or phrases in isolation in some cases could be reductive, leading the researcher to disregard context, nuances, and ambiguous meaning in reported text especially media reports; 3) content analysis is to a considerable extent a subjective interpretation process of data that can lead to making assumptions and generalisations (Elo, Kääriäinen, Kanste, Pölkki, Utriainen, & Kyngäs, 2014). To help enhance reliability and credibility, the authors reviewed and corroborate data from tens of documents and reports as reflected in the reference list.

### Findings and discussions

This section captures a descriptive analysis of the respective country's policy response and the pandemic's impact on tourism and other closely related sectors. Table 3 summarises how the five states responded to the pandemic outbreak. The responses are assessed against measures and mitigations embraced by other countries following guidelines suggested by health

organisations, including the World Health Organisations and the USA Center for Disease Control.

### **Kenya**

Kenya's earliest policy response to COVID-19 was the *National 2019 Novel Coronavirus Contingency (Readiness and Early Response)*, released in January 2020 (well before its first confirmed COVID-19 case). However, initial efforts by the Government of Kenya (GoK) were largely geared towards preventing COVID-19 from getting to Kenya (Table 3) but ironically maintained open borders. It took pressure from the court orders to suspend all flights from China as of February 28, 2020 (Kakah, 2020). As the pandemic gained ground, the country's president established the National Emergency Response Committee to coordinate the country's preparedness and response to COVID-19. Its mandate was to: coordinate capacity building of medical personnel, identify health facilities and isolation centers, coordinate supply of testing kits and medical equipment, enhance surveillance at points of entry, and develop guidelines for case management, infection prevention, and control (MOH-KE, 2021). As COVID-19 infections increased, the government enacted many measures that were successful in restricting the movement of people and the virus' spread. However, some of the containment measures resulted in panic, fear, and in some instances, death. For example, over a dozen people were killed, and others were left with life-threatening injuries by forceful police actions during the first two weeks of a dusk-to-dawn curfew imposed on March 27, 2020 (Ombuor & Bearak, 2020). By December 31, 2020, Kenya had registered 86,51 cases from 1,046,667 tests conducted and experienced 1,670 death (1.7%) and 78,737 recoveries (MOH-KE, 2021).

As the virus spread locally and globally, Kenya's tourism industry started collapsing. For example, there was a 72% drop in international tourist arrival to the country between January and October 2020 compared to the previous year (Tourism Research Institute, 2020). This represented an estimated USD\$ 1.1 billion losses in direct tourist revenue (Tourism Research Institute, 2020). Further, between January and March 2020, Kenya's national carrier (Kenya Airways) lost an estimated \$ 0.73 billion in revenue due to fewer passengers ((Deloitte, 2020). The airline sent home most of its workers on unpaid leave, and the management team and the CEO took a 75% and 80% pay cut, respectively (Deloitte, 2020). Ministry of Tourism and Wildlife (MOTW, 2020) projections show Kenya's tourism-related businesses will experience job losses, employee redundancy, and temporary closures in the short term. As a result, the government of Kenya turned to the domestic market to kickstart the tourism industry. To boost visitation, most destinations have reduced visitor user fees and charges. For example, the Kenya Wildlife Service (KWS) reduced its entry fees to national parks and reserves by 50% and gave a moratorium for rent payment to lodge owners in its parks and reserves for one year (KWS, 2020). Reduced prices for tourism services have made it possible for the domestic market to access tourism products previously priced out of their reach. For example, there are reports that more locals are using ground-tour safari companies to visit Maasai Mara National Reserve to witness the annual wildebeest migration (Wanjiru, 2020).

### **Rwanda**

Like many countries in Africa, Rwanda experienced low COVID-19 cases and deaths than other western countries (Nachega, Atteh, Ihekweazu, Sam-Agudu, Adejumo, Nsanzimana, Rwagasore, Condo, Paleker, Mahomed, & Suleman, 2021). In particular, by March 2020, when COVID-19 cases were identified, Rwanda implemented strict measures to contain the virus spread (Abdallah & Ackerman, 2020). These measures included, among others, limiting

movements and gatherings, closing borders, instituting mandatory quarantine, and non-compliance fines (Abdallah & Ackerman, 2020; Ngamije and Yadufashije, 2020). As the virus spread around the country, Rwanda instituted a country-wide lockdown measure to limit the international travel and movement of residents (Louis, Ingabire and Isano, 2020). By December 2020, Rwanda had registered 8,383 cumulative COVID-19 cases from 730,138 tests conducted and experienced 92 deaths (1.1%) and 6,542 people (78%) recoveries (Nachege et al., 2021).

However, despite the good intention of these strict measures to save lives and stop the spread of the coronavirus, the policies impacted the economy negatively, including business closures, reduction in trade, increased food insecurity, disruption of agriculture, and destabilisation of livelihoods and other life-support systems (Julius, 2020; Umviligihozo, Mupfumi, Sonela, Naicker, Obuku, Koofhethile, Mogashoa, Kapaata, Ombati, Michelo & Makobu, 2020). Among Rwanda's key economic sectors, tourism has been one of the worst impacted industries. The tourism industry has been Rwanda's top country's foreign exchange earner and was identified as a pillar for the country's socio-economic development (Mazimhaka, 2007; Spenceley et al., 2010). Since then, Rwanda has had a steady growth in tourism revenues. For example, tourism revenue grew from US\$ 200 million in 2010 to US\$ 498 million in 2019 (Rwanda Development Board, 2020).

Due to COVID-19, Rwanda registered a 76% net loss by only generating USD\$ 121 million in 2020 compared to USD\$ 498 million generated in 2019 (Rwanda Development Board, 2020). In particular, the hotels and restaurants were the most affected, losing over 90% of their revenues in the same period (Muvunyi, 2020). To help mitigate the negative impacts of overtourism and also promote domestic and regional tourism, Rwanda reduced parks fees, in particular mountain gorilla trekking fees, from USD\$ 1500 to USD\$ 500 for foreign residents and \$200 for Rwandans and EAC residents (Rwanda Development Board, 2020). Further, a tax waiver (pay-as-you-earn) and a COVID-19 recovery fund of USD\$ 200 million was established to revamp the local enterprises and businesses (Julius, 2020)

### ***Tanzania***

Tanzania, like other EAC member states, has been adversely affected by the COVID-19 pandemic. On 16 March 2020, the Ministry of Health of Tanzania announced the first case of COVID-19 (Tarimo & Wu, 2020). Between April 6th and May 2nd, Tanzania had over 1000 infected patients and over 10,000 infections by May 26th (Pearson, Van Schalkwyk, Foss, O'Reilly, Pulliam, & CMMID COVID-19 working group, 2020). Mid-June 2020, the country's president declared Tanzania COVID-19-free – schools re-opened, and many test centers were closed (Pearson *et al.*, 2020). This prompted the global scientific community and WHO to condemn the country's strategy to compact the virus (Kabogo, 2020; Richey, Gissel, Kweka, Barendtsen, Kragelund, Hambati, & Mwamfupe, 2021; Saleh, 2020). For example, in May 2020, the government of Tanzania received a shipment of the supposedly COVID-19 herbal organic remedy from Madagascar, which was thought could cure and prevent cure the disease (Richey et al., 2021). In addition to endorsing the herbal strategy novellas a 'cure' to the coronavirus, the country's president, on various occasions, invoked divine intervention (Nakkazi, 2020). On April 16, 2020, he declared a three-day national prayer against the COVID-19 pandemic (Saleh, 2020). He further expressed his doubt on the effectiveness of imported COVID-19 test kits after secretly authorizing lab tests on goats and sheep that he argued showed positive results to COVID-19 (Nakkazi, 2020; Saleh, 2020). However, the Africa Centers for Disease Control and Prevention, the public health agency of the African Union, and WHO Africa condemned the president's assertion that the COVID-19 test kits were faulty (Nakkazi, 2020; Richey et al., 2021). Since April 29, 2020, the National Health Laboratory based in Dar es Salaam city stopped publishing COVID-19 data on the number of

coronavirus cases and deaths in the country (Nakkazi, 2020). The country's response to Covid-19 has also been questioned and repeatedly condemned by neighboring states and the international community (Nakkazi, 2020; Richey et al., 2021; Saleh, 2020). However, amid denial and censorship, the Ministry of Health, Community Development, Gender, Elderly and Children issued a travel advisory note to travelers on the same month that required travelers to exercise mandatory self-isolation for 14 days; avoid unnecessary travel to COVID-19 affected countries; as well as declared a toll-free number for individuals use in case of emergency (MOH-TZ, 2020). Since then, the government has continued to monitor the COVID-19 cases and issue various directives and advisories as deemed necessary (see MoH-TZ, 2020).

Tourism is one of the cornerstones of Tanzania's economy, contributing about 17.2% to the country's gross domestic product and 25% of all foreign exchange revenues (Tanzania National Bureau of Statistics, 2018). The sector provides direct employment for more than 600,000 people and generated approximately \$2.4 billion in 2018 (Ministry of Natural Resources and Tourism-MNRT, 2019). Government statistics show that all international flights and parks were closed in March due to COVID-19. Following the directive, tourists visiting the country declined by 76%, and approximately 437,000 lost their jobs, with a revenue loss of more than 80% (Tanzania National Bureau of Statistics, 2020). As of August 2020, tourism in Tanzania opened for business with enhanced control measures and procedures to protect staff and travelers, with no mandatory 14-day isolation or quarantine period (MNRT, 2020). International airlines, including KLM Royal Dutch Airlines, Swiss Air, and Emirates, which halted flights in mid-March, started flying to and from Tanzania. Although there is no mandatory quarantine period in place, temperature checks, mask-wearing, and social distancing are in place (MNRT, 2020).

### *Uganda*

Between the end of March to April 2020, Uganda registered first COVID-19 cases (Migisha, Kwesiga, Mirembe, Amanyana, Kabwama, Kadobera, Bulage, Nsereko, Wadunde, Tindyebwa & Lubwama, 2020; Olum & Bongomin, 2020) and immediately implemented a ban on international travel, closed schools, and instituted a directive for self-testing, contact tracing, a ban on public gathering and a country lockdown (Migisha et al., 2020; Nachega et al., 2021). The first cases were reportedly brought into the country by cargo truck drivers and not international travelers arriving by air (Bell, Hansen, Kiragga, Kambugu, Kissa, & Mbonye, 2020; Olum & Bongomin, 2020). In response, Uganda issued strict directives to contain the spread of the virus, including the cessation of all international arrivals by air or land from March through October 2020 and varying restrictions on the movement of people locally (Haider, Osman, Gadzekpo, Akipede, Asogun, Ansumana, Lessells, Khan, Hamid, Yeboah-Manu & Mboera, 2020). Despite these measures, between March to September, Uganda had registered over 478,687 people and encountered a positivity rate of 20%, and by December 31st, 2020, Uganda had registered over 33,360 cases and 243 deaths (Nachega et al., 2021).

These strict guidelines to contain COVID-19 had a significant impact on Uganda's travel and tourism industry. For example, by the end of the 2018/2019 financial year, the sector contributed 7.7% of GDP, employed 700,000 people, and generated over US\$ 1.6 billion foreign exchange to Uganda's economy, making the tourism industry a leading foreign exchange earner (Kyamutetera, 2020; Ministry of Tourism, 2020). By the end of 2020, Uganda had projected to receive 1.6 million visitors, from 1.4 million in 2018, and generate over US\$1.6 billion (Ministry of Tourism, 2020).

However, due to COVID-19 disruptions, by June 2020, Uganda hotel booking had declined by 92.1% and 99.8% among tour operators and travel agents (Ministry of Tourism, 2020). In the 2020/2021 financial year, Uganda estimates a loss of 1 million tourists and US\$

1.6 billion in revenues from the tourism industry (Kyamutetera, 2020; Ministry of Tourism, 2020). This loss and impact on the economy is a result of over 70% business closures (Mahmud and Riley, 2021), a decline in tourism earning (Biryabarema, 2020; Kyamutetera, 2020), closing international travel and cross border trade (Bell et al., 2020; Haider et al., 2020) that resulted in a loss of 7/10 jobs (Biryabarema, 2020; Ministry of Tourism, 2020).

### **Burundi**

The smallest of the five countries in population, Burundi's pandemic situation has remained relatively stable compared with the other five states (<https://bi.usembassy.gov/covid-19-information/>). US CDC places the country is placed in Level 3 (high risk), with non-essential travel not recommended at this time ([www.cdc.gov/](http://www.cdc.gov/)). The first infection case was confirmed on March 31 of a person who had been traveling to Rwanda and Dubai, and the first death was reported on April 12 ([www.africanews.com/](http://www.africanews.com/)). However, reporting on the pandemic is surrounded by a climate of denial and media censorship from the country's leadership. For example, on May 12, 2020, Burundi ordered the WHO COVID-19 response team to leave the country for misrepresenting the country and "unacceptable interference in the country's management of the coronavirus" ([www.aljazeera.com/](http://www.aljazeera.com/)). In the climate of denial and censorship, on June 9, 2020, the then country's president passed on at the age of 55 in what international media reported was a COVID-19 related death, but the country denied it, asserting it was due to cardiac arrest (Burke, 2020).

Quarantine for travelers from select countries, including the USA, Australia, and Britain, was announced on March 12, 2020 (<https://bi.usembassy.gov/>). The main reason why these countries were targeted is not clear. On March 19, 2020, the Burundian government suspended all international flights (except for cargo flights and essential services) and visa issuance until further notice (<https://bi.usembassy.gov/>). A week later, the northern border with Rwanda and the western border with the DRC was closed (UNOCHA, 2020). The Human Rights Watch organisation further condemned the government for censorship and failure to correctly report on the spread and impact of the virus (Human Rights Watch, 2020).

After more than six months of closure, the Melchior Ndadaye International Airport reopened on November 8, 2020 (<https://bi.usembassy.gov/>). Information available at the US Embassy, which is the main source of COVID-19 data in Burundi, directs that all passengers arriving at the airport be transported to designated hotels approved by the Government of Burundi. The travelers are required to make hotel reservations at the Government of Burundi-approved quarantine hotel before arriving. Upon arrival, travelers will be tested at the airport for COVID-19 and are required to quarantine for seven days, but if they test positive, they quarantine for 14 days as they receive treatment at their own cost (<https://bi.usembassy.gov/>). Because of the country's limited resources, those traveling to Burundi are warned to consider the potential additional charges and delays.

Table 3: The EAC states' responses to COVID-19 outbreak

Guidelines and Policy Response	Tanzania	Kenya	Uganda	Rwanda	Burundi
Mandatory face coverings in public places and multi-family compounds.	X	√√	√√	√√	X
Government-run testing, contact tracing and quarantine centers.	X	√√	√√	√√	X
Country-wide lockdown and curfew	X	√√	√√	√√	X
Public information campaigns (COVID-19 guidelines and toll-free numbers availed to citizens)	√	√√	√√	√√	X
Suspension of public social events and gatherings (e.g., sports, funerals, weddings, and religious gatherings)	√	√√	√√	√√	X
Closure of schools, high-learning institutions, and workplaces (except essential services such as medical care, security, banking, etc.)	√√	√√	√√	√√	X



Suspension of international and domestic flights (only tourists with a COVID-19 negative test result allowed under strict guidelines)	√	√	√	√	X
Provision of reliable, consistent, and easy to access COVID-19 information (new cases, deaths, and recoveries)	√	√√	√√	√√	X
Launch of mass COVID-19 testing campaign in selected locations.	X	√√	√√	√√	X
Establishment of COVID-19 Emergency Response Fund Board	√	√√	√√	√√	X
Standard Operating Procedures (SOPs) for tourism businesses	√√	√√	√√	√√	√√

Notes: X = no response, √ = some response, √√ = high response

(Sources: <https://www.who.int/>; <https://www.cdc.gov/>; EAC state governments' websites)

Data was not available regarding the impact of the COVID-19 pandemic on Burundi's tourism industry. This might be because of Burundi's history of ongoing political instability and social unrest. That aside, trends and studies show that majority of future tourists will be conscientious and well-informed about the impact of tourism on local people and how local people will impact tourism, including impacts of pandemics and natural disasters (Nepal, 2020). Thus, the country should invest in tourism data gathering and making that data available to neighboring states and other international partners.

### ***Pathway to tourism recovery***

Leading international tourism agencies have made recommendations as to what nations could do to recover from the pandemic. While providing a technical assistance package to assist governments, the private sector, and donor agencies, the United Nations World Tourism Organisation (UNWTO) provides a three-point recovery scenario that weaves around the sustainable development triple-bottom line. On its part, the World Travel & Tourism Council (WTTC) provides a five-point recovery plan for African nations, which is more relevant to the EAC states (Table 4). Jamal and Budke (2020) recommend that destinations should embark on training on disaster preparedness and health-related crisis management, especially countries located in poor regions like the EAC that either get hit harder by pandemics and other shocks, or they take much longer to recover. Further, for a region with seamless borders and free flow of people and goods, sharing of information and joint information management are crucial in mitigating any economic shocks and accelerating recovery, which has been lacking in the EAC region. As is evident by the current pandemic, some countries have resorted to misguided nationalism and are not sharing information with their neighbors, yet the movement of people is still going on despite the closure of borders. There is also a need to address growing economic and social inequalities to ensure that future tourism is being packaged to deliver its economic promise to improve the well-being of rural and underdeveloped communities (Jamal & Budke, 2020).

Table 4: Tourism recovery plans

<b>UNWTO Proposal</b>	<b>WTTC Proposal</b>
1. Managing the crisis and mitigating the impact – including incentives for job protection, consumer protection, crisis management, and skills development.	1. Removal and replacement of any quarantine measures, with 'air corridors' to countries with similar circumstances, as well as the removal of travel advisories and bans on non-essential international travel, which prevent insurance protection cover for travelers.
2. Providing stimulus to accelerate recover – including tax revisions, financial stimulus for investment, and investment in partnership-building.	2. Adoption of global health and safety protocols to provide assurance to travelers that it is safe to travel again.
3. Future preparedness – including market diversification, market intelligence systems, reinforcing tourism governance, embracing	3. Implementation of a rapid test and trace strategy to help contain the spread of the virus.
	4. Collaboration between the public and private sectors to ensure a standardized, global approach to the crisis.



sustainable development goals, crisis preparedness, and building resilience.	5. Government support for the tourism sector in terms of fiscal and liquidity incentives, and protection of workers.
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(Sources: UNWTO, <https://www.unwto.org/covid-19-resources> and WTTC, <https://wtcc.org/COVID-19>)

## Conclusions

As the adage goes, any crisis can be turned into an opportunity to change for the better. Like many advocates of social and environmental justice in the industry have been saying, COVID-19 allows us to rethink tourism as we traditionally know it and reconsider the pre-pandemic model of tourism growth. It is an opportunity to retrain the workforce and reorient community development. More importantly, it is an opportunity for the EAC countries to evaluate other development goals and frame tourism within the recently revised sustainable development goals. The region should quickly learn from the current crisis and devise strategies to handle future pandemics and shocks. In the short term, they should provide relief packages to affected businesses, support self-employed workers, ensure liquidity, promote skill development, renew visa policies and regulations, and enact favorable policies that allow the business to recover.

Although not unique to the EAC region, data has revealed major gaps in preparedness, policy responses, and handling of the COVID-19 outbreak, which have simplified the impacts and exposed fractures in the EAC partnership and governance framework. In many cases, these impacts have been exacerbated by the novel nature of the virus, but other failures could have been avoided, such as poor information sharing, protectionist policies, poor infrastructure, denial, and media censorship. Nevertheless, the re-birthing of tourism in each state, and for the region, will require new sets of values and paradigms, a dramatic shift from over-dependence, protectionism, and the many injustices that pervade mainstream tourism. Although crisis is inevitable, preparedness and forethought can prevent disaster and loss of lives. COVID-19 has taught humanity in general how little we know how to prepare or deal with extraordinary shocks and their aftermath. Besides the loss of lives, one of the most important lessons the EAC states and other least developed countries will learn from this pandemic is how dangerous it is to depend on an inherently volatile travel and tourism industry.

To build strong societies and communities, economic diversification of enterprises, building resilience in systems, and retraining of the workforce are imperative. Fletcher et al., (2020) also recommend institutional change toward sustainable tourism that is characterized by disincentives for short travel and incentives for sustainable practices such as renewable energy and water-saving strategies accompanied by financial accountability in revenue collection and allocation. Going forward, the EAC states are expected to put tourism at the center of their recovery strategy. However, the strategy should include an emphasis on domestic tourism. To reduce pressure and unrealistic expectations on the tourism industry, states should complement the industry with sectors such as agriculture and home-grown manufacturing that are more resistant to perturbations. Finally, the pandemic allows destinations to learn more about what tourism numbers and tourism investments they need in their precincts. In the recovery and degrowth process, destinations should focus on fewer numbers because some destinations cannot afford to return to the levels of travel that are not congruent with the local environment and cultures. Other recovery measures should include expansions of source markets, diversification of tourism products and niche markets, travel demand forecasting, provision and sharing of tourism data across the region, and establishment of COVID-19 immunity passports and certificates.

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