

# Market Traders in Ouagadougou (Burkina Faso) Challenged by Covid-19

## Discourses and Practices in the Face of Preventive Measures

### George Rouamba

Lecturer in sociology and anthropology, Joseph Ki-Zerbo University, Burkina Faso  
[georgerouamba@gmail.com](mailto:georgerouamba@gmail.com)

### Zakaria Sore

Lecturer in sociology, Joseph Ki-Zerbo University, Burkina Faso  
[sorefiles@gmail.com](mailto:sorefiles@gmail.com)

### Yacouba Tengueri




Sociology Assistant, University of Dédougou, Burkina Faso  
[yacouba.tengueri@univ-dedougou.bf](mailto:yacouba.tengueri@univ-dedougou.bf)

### Claudine Valerie Bowendsom Rouamba-Ouedraogo

Full Professor of Sociology, Joseph Ki-Zerbo University, Burkina Faso  
[valerie.rouamba@ujkz.bf](mailto:valerie.rouamba@ujkz.bf)

**How to cite this paper:**  
 Rouamba G., Soré Z., Tengueri Y., Rouamba-Ouedraogo C. V., (2022). Market Traders in Ouagadougou (Burkina Faso) Challenged by Covid-19: Discourses and Practices in the Face of Preventive Measures. . *Global Africa*, (2), pp. 86-99.  
<https://doi.org/10.57832/1zqg-gg07>

Received: September 8, 2022  
 Accepted: October 15, 2022  
 Published: December 16, 2022

© 2022 by author(s). This work is openly licensed via [CC BY-NC 4.0](https://creativecommons.org/licenses/by-nc/4.0/)   

### Abstract

Based on material collected using mixed methods, this article analyses the knowledge and prevention practices of Ouagadougou traders concerning Covid-19. Their discourse is based on a conception which, by focusing on highly publicised patients (from the rich or supposedly wealthy classes), reinforces the idea of a pathology of the “rich”, a “disease of the snow”, “of the cold”, and of “air conditioning”. Covid-19 is then perceived as a disease of the West, with its cold climate, its rich, whose equivalents in Burkina Faso are the civil servant cadres and businesspeople who have a favourable economic situation and use air conditioning on a daily basis. The reconfiguration of citizen interactions pits two types of citizens in opposition to each other. On the one hand, the agents of the state acting as dominant actors, predators of resources, and even local representatives of the West, and on the other hand, those left behind, the dominated who suffer the measures recommended by the dominant. This construction of the risk linked to Covid-19 leads to a trivialisation of the pathology in the markets, and, consequently to the contestation of the official protective measures. Demonstrations against the closure of markets, places of worship and land borders are a form of condemnation of the passivity of a state seen to be dominated by the West. It reflects a mistrust, fuelled by the unequal power relations between the North and the South around global health.

### Keywords

Covid-19, traders, markets, West, State, Ouagadougou

## Introduction

**B**urkina Faso has recorded 21,128 positive cases of Covid-19, or 955 cases per 1,000,000 inhabitants as of 21 August 2022. At the time, deaths totalled 387, or 17.51 cases per 1,000,000 population (Johns Hopkins University, 2022). Ouagadougou, with a population of 2,415,266 and a density of 1,014 inhabitants per square kilometre (INSD, 2022), accounted for 84.2% of Covid-19 cases (Kobiané et al., 2020). International guidelines set by the World Health Organisation (WHO) were used as a reference for the development of the Covid-19 response plan, with the creation of a National Committee placed directly under the responsibility of the Prime Minister. Its executive secretariat, headed by two senior army officers, provided a military face to the fight against Covid-19. The police and gendarmerie were responsible for supervising compliance with the curfew and restrictions of movement. The police stations located in the markets were used to provide sanitary control. The option of linking public health actions to national security was clearly adopted by the state authorities. The Centre des opérations de réponse aux urgences sanitaires (CORUS), placed under the responsibility of the Ministry of Health, ensured the operational management of the fight against the pandemic.

The country has a predominantly rural and informal economy, with 52.8% of the workforce self-employed, of which 31.3% is in family businesses, and 12% salaried employment. The main formal economic sectors in Ouagadougou are manufacturing (14.6%), retail commerce (15.6%) and wholesale commerce (8.2%), transport (5.8%), car repair (5.7%), construction (5.9%) and special domestic household activities (4.6%) (INSD, 2022). As soon as the first positive cases were announced on the 9th of March 2020, several measures were taken by the government to break transmission. The closure of large markets and “*yaars*”, air, land and rail borders, the introduction of a curfew and the quarantine of infected towns were announced on the 21st of March 2020. This situation raises questions about the effects of Covid-19 on the informal sector. How have economic actors in the capital's markets experienced Covid-19? Three reasons make this question relevant. Firstly, the economic effects of Covid-19 on the financial vulnerability of households have been underestimated at times. However, studies conducted in Bangladesh, Nigeria, Kenya and Pakistan show that people with no fixed job and living in slums have been made very vulnerable as a result of Covid-19. Furthermore, for members of families living in crowded conditions, without good access to water, compliance with social and health distancing measures was unthinkable (Eboko & Schlimmer, 2020; Jones, 2022).

Secondly, public contestation, both passive and active, has marked the history of the fight against epidemics. The history of the plague in France and Senegal, at two very different times, shows strong similarities in plague response strategies and in people's attitudes towards preventive measures. During the plague epidemic of 1666 in France, the implementation of collective prophylaxis and the control of the circulation of vectors led to a restriction of the circulation of people and goods, with the introduction of a ‘health pass’. The limitation on freedom of movement was perceived by the population as harassment, particularly in commercial areas where there was a slowdown in commercial activities (Revel, 2015). Three centuries later, in 1917, in Saint-Louis in Senegal, the same preventive measures were implemented to fight the plague and similar reactions from the local populations ensued. Restrictions on movement and the prohibition of ablutions performed in public places with the same utensils were deemed arbitrary and contrary to the religious values and cultural norms of the populations, who opposed them initially through peaceful protests and then violent public demonstrations. In response, the coloniser arrested the ringleaders and banned their wives from selling fish in the market. In return, women took to the streets to protest against the restrictions on sales (Ngalamulume, 2006).

Finally, other researches on epidemics in the Global South have shown the inadequacy of international guidelines (Kerouedan, 2014; Gaudillière et al., 2020 ; Al Dahdah et al., 2021). These reflections raise the question of international public health management, under the guise of ‘global health’. It appears as a new concept that takes over from the old concepts of ‘international health’ and before that, those of ‘tropical medicine’ or ‘colonial medicine’ (Al Dahdah et al., 2021, p. 15). Its birth dates back to Alma-Ata in 1978 through the launch of the primary health care (PHC) strategy. It was to become institutionalised

in the decade 1985–1995 in the international institutions which were to be the brain behind the formulation of global health guidelines. The cost/benefit ratio became an indicator of choice for health interventions. Global health would be strongly criticised for its inefficiency in confronting emerging epidemics (Al Dahdah et al., 2021; Gaudillière et al., 2020). Thus, a survey conducted in the markets of Ouagadougou among economic actors made vulnerable by the effects of preventive measures makes it possible to grasp how tensions between modes of managing epidemics and challenges embedded in perceptions around social and geopolitical inequalities.

After describing the methodology, we present the traders' knowledge of Covid-19, from which critical discourses emerge revealing the reality of their relationship with the state and its local elites: relationships made up of distrust of state authority and denouncement of alleged corruption and illicit enrichment by state representatives of financial resources and donations collected from local and international partners in the fight against Covid-19. The discourses and practices around prevention open up a broader reflection on global health in the context of a health emergency.

## Methodological approach

The data was produced through a mixed-method approach combining a questionnaire survey and an interview guide survey with key actors in the informal sector and public administration involved in the fight against the spread of the disease. Data collection took place in March 2021.

### Quantitative data collection

Quantitative component involved 350 traders in five markets in Ouagadougou the state capital. These markets are under two administrative controls: those that are developed and managed by the capital's municipality (the large Rood Woko market and the 10 year market) and those that are managed by traders' associations (Cissin, Toéssin and the Zone 1 markets). Quantitative data were collected using the Kobocollect software. Socio-demographic characteristics of the respondents were as follows:

Table 1: Distribution of respondents according to sex, age, and level of education.

Status	Variable	Number	Rate
Sex	Female	104	29,7 %
	Male	246	70,3 %
	Total	350	100,0 %
Educational level	Illiterate	138	39,4 %
	Primary	85	24,3 %
	Secondary	97	27,7 %
	Higher education	30	8,6 %
Age	20–24 years	53	15,1 %
	25–35 years	154	44,0 %
	36–45 years	90	25,7 %
	46–60 years	37	10,6 %
	Less than 20 years old	10	2,9 %
	More than 60 years old	6	1,7 %
<b>Total</b>		<b>350</b>	<b>100 %</b>

The table shows the high concentration of the surveyed population (69.7%) 25–35 and 36–45 age groups. The population most at risk from Covid-19, the over-60s, account for only 1.7%, compared with 60.8% of people under 35, the least affected by the pandemic.

The survey also chose to diversify the respondents according to their economic status by ensuring that the composition of the survey population reflects the diversity of market actors, emphasising that the group of traders is not homogeneous. In fact, the market includes shop owners, employees, street vendors, and visitors, as shown in Table 2.

Table 2: Distribution of respondents according to their economic status in the markets.

Economic status	Number	Rate
Street vendor	11	3,1 %
Trader's employee	120	34,3 %
Shop owner	179	51,1 %
Visitor	40	11,4 %
<b>Total</b>	<b>350</b>	<b>100 %</b>

Shop owners represent the majority of respondents, with 51%, followed by employees (34%). Employees and “street vendors” constitute an economically vulnerable population with unstable jobs.

## Qualitative data collection

The second aspect of data collection was the realisation of semi-structured interviews with the various stakeholders. The aim was to understand the representations and strategies of the stakeholders in relation to the disease. It involved shop owners, but also administrative actors in the markets and municipal police officers who had helped to ensure compliance with the barrier measures in the markets and yaars. Traders were interviewed in the markets. Institutional actors (police, market managers, heads of traders' associations) were interviewed at their premises. The qualitative survey involved 31 people, distributed as follows:

Table 3: Profile of respondents during the qualitative survey.

Category	Number
Municipal police	2
Municipal authority	5
Market facility management agency	1
Managers of traders' associations and groups	21
Managers of women traders associations and groups	2
<b>Total</b>	<b>31</b>

## Results

### The invisibility of the Covid-19 pandemic in the markets

On the 9th of March 2020, Burkina Faso discovered the first cases of Covid-19, a couple of evangelist pastors returning from a crusade in France. After the State's initial reluctance to reveal the identity of these early cases of patient zero, citizens discovered the identity of the couple through social networks.

The National Committee periodically reported cases of contamination and deaths in the media and predicted a health catastrophe based on estimates by researchers who envisaged 9 million cases with 850,000 deaths, at the peak of the pandemic in April 2020 and warned that only an effective intervention could stabilise the pandemic at 1,200 cases with 100 deaths per day (Guiro, Koné & Ouaro, 2020). However, for market traders, Covid-19 affect only widely known and eminent local elites, namely ministers, ambassadors and senior officials. The absence of the threat in the daily lives of traders was expressed by one of them in these terms:

“No trader or family member I know has been infected. I have never even seen an infected person; it’s a state lie, a kind of state business. The market is full of people coming in, but no one has ever confirmed that a family member is infected... and never heard of it, from those around them; we also heard that a woman died of the disease, according to the government, but her family says the opposite. Also, they said that the Chinese came to treat the disease, but did not even last more than a week, and left saying that there is no disease in Burkina Faso. There is every justification that people no longer believe what the state says about the disease; people doubt the veracity of what the government says about the disease” [Trader, Rood Woko market].

Another trader adds:

“They said ‘avoid all contacts’; so we were confined to our homes, and even when we had visitors, we were afraid to receive the person. As for the number of deaths announced, all seem clear here. We haven’t seen a suspected case at our level”. [Trader, Rood Woko market].

During another interview, the interviewer asked a shopkeeper if she knows of any infected person in her area; her answer was exclamatory: no! She added that, apart from on television and social networks, she did not know of a single sick person. She even doubts that the disease exists among the poor. For her, it is a disease of Europe. She states:

When it is said to exist, by the way, this disease of Europe that makes the whites suffer cannot have much effect on us Africans. As for the diseases of Africa [with a very high incidence and prevalence]... amongst many others, tuberculosis, which is not to be confused with the disease of the whites. But African countries with snow are much more affected. With this sun, this heat [that] overwhelms us, this disease cannot withstand it. [Trader, 10 Yaar market]

Discourses on the invisibility of the disease, or even its non-existence, base their legitimacy on two arguments. Firstly, the media’s focus on patients from the wealthy classes reinforces the idea of a pathology of the ‘rich’, a ‘disease of the snow’, ‘of the cold’ and ‘of air conditioning’. Secondly, the low screening capacity available at the onset of the epidemic led to public debates around certitude of the presence of the disease. For instance, only one laboratory could confirm positive cases within a minimum of 72 hours. It was during this period that the death of a member of the National Assembly became the centre of contradictory statements; those of the family clashing with those of the Ministry of Health, on the cause of her death. At a time the family was insisting on a confirmed diabetic patient, the Ministry was announcing it as the first case of death due to Covid-19 during a public conference (Douce, 2020). This dispute reinforces the scepticism of the traders about the reality of the disease. In the absence of individual experience of the disease, the influence of the media and mass awareness campaigns seems to have produced an insistence on observed objectified knowledge about the disease among traders.

### Calculated knowledge about Covid-19 among market actors

Objectified knowledge thus appears in the discourse of market actors. Methods of contamination and protective measures seem to be well known and sometimes recited in a rote manner. The following table summarises the opinions :

Table 4: Knowledge of modes of contamination by market actors.

Mode of contamination	Number of responses	Rate
By contact	296	31,4 %
Through breathing	281	29,8 %
Shaking hands	217	23,0 %
By eating together	79	8,4 %
By being in contact with individuals	41	4,3 %
God's decision	30	3,2 %
<b>Total</b>	<b>944</b>	<b>100 %</b>

All the respondents seem to have a good knowledge of the ways in which the disease is transmitted. They mention close relationships such as “being in contact” with a sick person (31.4%); breathing (29%); “shaking hands” (23%) and “eating together” (8.4%). Only a minority cited “By being in contact with individuals” (4.3%) and “God’s decision” (3.2%).

This theoretical knowledge was formed as a result of the media hype at the peak of the pandemic. Indeed, the following table shows where market actors get their information.

Table 5: Information sources of market actors.

Typology of information sources	Number of responses	Rate
Radio	306	26,3 %
Television	292	25,1 %
Word of mouth	259	22,3 %
Social networks	146	12,6 %
Billboards	77	6,6 %
Online media and social networks	51	4,4 %
Print media	27	2,3 %
Other	4	0,3 %
<b>Total</b>	<b>1 162</b>	<b>100,0 %</b>

The main source of information was the radio (26.3%), followed by television channels (25.1%), informal communication (22.3%) and social networks (12.6%). The situation of market closures and limited movement is conducive to the use of these media and to conversations in the neighbourhoods. Thus, traders also have relatively good knowledge of prevention measures (see Table 6).

Table 6: Most effective prevention measure against Covid-19.

Most effective measure	Number of responses	Rate
Wearing a mask	201	57,4 %
Hand Washing	77	22,0 %
Maintaining a physical distance of at least one metre	38	10,9 %
Use of sanitising gels	17	4,9 %
Not shaking hands	14	4,0 %
Coughing/sneezing into elbow	3	0,9 %
<b>Total</b>	<b>350</b>	<b>100,0 %</b>

Traders cite “wearing a mask” (57%), followed by “hand washing” (22%), “physical distancing” (10.9%) and using gels (4.9%). Traders’ discourse tends to show that they have good knowledge of the disease, even if they have not experienced it themselves as individuals. On the origin of the disease, marginal discourses are produced, labelling it either as a scientific manipulation by the West or as a divine sanction. The underlying argument is that Covid-19 is a pathology that reveals social inequalities in society: on the one hand, local elites benefiting from the revenue from Covid-19 and, on the other, ordinary citizens, including traders, made vulnerable by the disease.

### The economic vulnerability of market actors

With the closure of markets and trading places, Covid-19 has become a symbol of moral suffering, of the precariousness of the dominated, and especially of the imposition of Western decisions. “Ne pas savoir où mettre la tête” [Not knowing what to believe and trust] expresses all the weariness, the feeling of harassment from the Western world of local actors. In this respect, a shopkeeper expresses his pain in these terms:

“I can say that the disease came to destroy us, even if it did not destroy the whole world, it destroyed Burkina Faso. You know that this market is the economy of the whole country. If you go and see when they wanted to close the market, we did not agree. It’s true that we heard about the disease, but if we were invited to discuss it, perhaps we wouldn’t close the market in this way. We could find solutions to protect ourselves and continue to do a bit of business. But they say no; as other countries are closing down, we’d better close down too, forgetting that other countries don’t manage their population in [the same] way we do. If we take the example of Côte d’Ivoire with their economy, the way of dealing with it can’t be the same; just because the other one is doing it does not mean that I will have to do it too”. [Trader, 10 Yaar]

Another trader adds :

“Moreover, it was a great pain for the population, especially us, the traders. We went to buy our goods to resell and suddenly the market was closed. It was misery for us, the vegetable sellers. Our goods got rotten and it was a great loss. Apart from that, some of these people, if they don’t go to the market, they can’t get food. They come, take the goods from someone else and go and sell them in order to feed their families. But because of this pandemic situation, all these sources of income (or activities) have been interrupted and this has caused misery to the small traders, a real pain. Some were obliged to beg from their neighbours for food. We thank God that we are still healthy after this confinement, we really thank Him” [Trader, Rood Woko market]

Small traders and day labourers have felt the shock of this impoverished situation.

Another trader added:

“Before the closure of the borders, we had traders from Côte d’Ivoire, Mali, Ghana, but they could no longer come here because of this closure. They were our biggest customers. We are very tired of the disease, because there is no longer a market”. [Trader, Cissin market]

This market administrator echoed the comments from traders, saying :

“The wealthiest get by, but those who live day to day, as long as they don’t come to the market, we don’t heat the pot; they have really suffered. Take all the people who gravitate around the market: the street vendors, the orange sellers and others, who have to come to the market to gain their daily bread. How do they feed themselves? For the big traders who already have financial stability, it is the ale of goods that is the problem. But those who gravitate around the big traders, who are not really stable, they are the ones who are vulnerable. They suffered, and it was real suffering” [Administrator, Rood Woko market]

The closing of borders is likened to imprisonment, and therefore to a contraction of the space for mobility. A trader says :

With the border closures, we suffered. You place your order with the colour and sizes, and they send you something else. You have to make do with it, because you can't move around. My wish is that the opening of the borders is done with all possible precautions. This does not mean that we do not believe in the disease. It just means that we can't stand this prison that prevents us from being fulfilled. Let's not make Covid the basis of our daily preoccupation, because apart from it, there are many other more serious diseases that kill. [Trader, 10 Yaar]

Financial vulnerability has created a new experience of suffering among traders. As a result, forms of resistance are mobilized against the elites and the collective prevention practices to combat Covid-19.

## Resistance to Covid-19 prevention measures

Two modalities can be observed in the protest movements at their crescendo: a passive form confined to the marketplace and mobilising pragmatic arguments, and an active form in the public space, mobilising political and economic logics.

### The fantasy of Covid-19 prevention in markets

The markets of the city of Ouagadougou constitute a set of multiple commercial centres, spread throughout the city. The capital has a total of 37 functional markets, most of which have deserted the spaces allocated for their activity and occupy administrative reserves in an uncontrolled manner (Bagbila, 1993). These markets are considered potential virus concentration areas in the event of an epidemic. Thus, one of the preventive measures against Covid-19 was to close these markets. However, following marches and protests by market actors, the markets were reopened, and a special Covid-19 prevention strategy was put in place. Two types of hand-washing facilities were installed at market entrances. One, the "modern" type, is directly connected to the water distribution network of the National Office of Water and Sanitation (ONEA), thanks to funding from the United Nations Development Programme (UNDP). The other, is the "traditional" type, which is manufactured by local craftsmen, and is equipped with a bucket for washing water and a container for collecting dirty water. This model of hand-washing stations was financed by the municipality. The operation of this system requires that a person be responsible for filling the water container and emptying the dirty water. The traders' associations have contributed to the financial compensation of the young traders involved in the awareness-raising campaign among market users. Municipal police officers, in support of young people from the national volunteer programme, were stationed at all market gates to ensure compliance with prevention measures.

Several constraints were identified in the operation of the hand-washing facilities. Instead of actual hand washing, the hygiene devices were used for ablutions and washing of cloths and kitchen utensils. The containers for collecting dirty water filled up at a high rate and volunteers, tired of emptying them into the gutters inside the markets, dumped them there. The places where the hand-washing facilities were installed became so wet and filthy that market users began to give up using them. Over time, the volunteers recruited by the traders' associations stopped receiving their financial incentives for awareness raising. After two months, the hand-washing facilities, covered with dirt, were no longer functional. With regard to prevention practices, certain measures were considered appropriate by the traders. These included wearing masks and washing hands with hydro-alcoholic gel. On the other hand, the not shaking hands and maintaining physical distancing were considered unthinkable. The following table summarises the opinions of the market actors.

Table 7: Practices of protective measures by traders

Measures you observe	Number of responses	Rate
Wearing a mask	315	38,7 %
Hand washing	209	25,7 %



Table 7: Practices of protective measures by traders

Use of sanitation or hydroalcoholic gel	130	16,0 %
Not shaking hands	88	10,8 %
Physical distancing	42	5,2 %
Coughing into elbows	30	3,7 %
<b>Total</b>	<b>814</b>	<b>100 %</b>

Protective measures against Covid-19 were hardly used: about 38.7% used masks, 25.7% used hand washing, 16% used gel. For the other measures, compliance was low, particularly for “greetings” (10.8%) and physical distancing (5.2%). One trader explains the non-compliance with some measures:

“Given the large number of people in the market and the customers we receive, washing our hands regularly seems more difficult to follow, because given the multiple contacts, if we have to wash our hands every time, it seems impossible. Otherwise, there is no problem with wearing masks”. [Trader, 10 Year]

An administrative manager of the market also gives his opinion in the context of monitoring protective measures in the market :

In a market, distancing oneself and not greeting one another is a fantasy. We will never be able to enforce these rules. The traders even had to tell us that this is not a supermarket [laughs!] I even remember that when the market reopened, we proposed opening the shops in alternation, i.e. this one opens today and the other tomorrow; They said that it was not possible, because if we do that, the customers who come from the interior of the country, if they arrive and find that the shop is closed, they will go and buy elsewhere and the trader will lose a customer; so from the start they were opposed to this measure

After a few weeks, there was disorder in the market. One manager described it:

Inside the market, it's each to their own; when you question a trader who doesn't wear a mask, he tells you that when he wears it, he can't breathe, that his mask isn't suitable, so he can't wear it all the time, and that if you have money [to] give him, he'll go and buy the real one [which is more comfortable]. People would come by, to raise awareness, but as there was no repression, what do you do? If the guy refuses, what can you do?

Resistance to the government's recommendations is justified by new experiences of impoverishment among market actors, who suspect that local elites are getting rich from Covid-19-related funding.

### Suspicious of corruption among local elites

A large proportion of traders denounce what they call a “political disease”. By using the term ‘political’, the traders denounce the colossal funds mobilised in such a short time as a response to Covid-19, the corruption of the elites and the unequal access to social aid promised by the State. The financing plan for the country's response to Covid-19 was estimated at 157.86 billion CFA francs, with a mobilisation rate of 64% at the end of November 2020. The State's share represented 26.2%; the contribution of technical and financial partners (TFPs) represented 34.5% and private contributions represented 3.3%. The funding to be sought was estimated at 36% (Ministry of Health, 2020). A “Coronathon”, a popular and civic fundraising event, was organised by the President of the National Assembly. Around two million people were reached on social networks and almost 450 million CFA francs was collected during a large, highly publicised evening (Soudré, 2020).

By 31st of December 2020, after ten months, some 33 billion CFA francs had been spent by the government (ASCE-L, 2021). The beneficiaries were hospitals, religious associations, traders' associations, and the decentralised services of the State. But very quickly, within certain citizen watchdog associations and among urban populations, Covid-19 appeared to be a strategy for the political elites to enrich themselves, and this after the publication of the plan's budget. Opposition

parties became involved and denounced the indirect health-related expenditures in the fight against the pandemic. The concept of a 'corona-business' appeared in the press and in popular discourse. The merchants saw individuals from the upper-class who, through their donations, were showing off their wealth. Generosity of the State and its agents became suspect. Public controversy over the treatment of health workers involved in the fight against the disease has convinced traders that it is in the interest of state actors to keep the disease alive.

A trader leader said:

“In addition, we found that the disease was a source of wealth because we saw rich people making donations; other countries provide aid, and it has not reached the target population; it only stays between them. So, we can't keep killing ourselves when we earn nothing, and they receive their salaries”. [Traders' leader, 10 Yaar].

For these traders, Covid-19 became a form of political and economic scam, of which state elites were the beneficiaries. The government's social measures to mitigate the impact of Covid-19 on poor households seemed paradoxically ineffective. The poorly distributed social assistance was perceived as an attack on their dignity as autonomous and independent men and women. A trader recounts:

I didn't receive anything from their donation. But all this is mismanagement, because we like to say that it's the one in the house who knows where the roof has a hole; so, it's us who are on the ground who know where it's not going. [Traders' leader, 10 Yaar]

Furthermore, the social aid promised by the state has not been considered to be fair:

We didn't get much help. We were only given about forty 25kg bags of rice for the whole market. Apart from that, we didn't get any financial aid. We didn't see any; it might have been done elsewhere, but at our level we didn't get anything more. [Trader, 10 Yaar]

The trader is supported by his peers in these words:

We have not seen anything, let alone received anything. They just closed the market to make us suffer. We were spending without working. It was not easy. I'm used to paying 18,000 F/month as electricity bill. To my great surprise, [got a bill of] 45,000 francs, [when I complained] my complaints were not successful. And it's the same with the water bill. Yet we were led to believe that it was free. They [the State] got it all back. [Trader, 10 Yaar]

The appearance of new products, namely hydroalcoholic gels, masks, and screening tests, in the daily world of traders is reinterpreted as economic complicity with Western imperialism. A slogan of resistance, “Better to die of disease than of hunger”, began circulating in the markets of the capital. On 25 of April 2020, markets were reopened and back into operation (Kaboré, 2020). Traders denounced the behaviour of politicians during the 2020 presidential campaign in these terms:

They ran their presidential campaigns without even requiring face coverings or regularly washing their hands with soap. And after their elections, they want to come back and tell us to shut down our activities that allow us to take care of our families because they have the power? At this level it will be difficult. The State itself knows that it [cannot] enforce this decision any more, because people will remind them [of] what they did during the campaigns. The number of positive cases has increased since the campaigns ended, and they could even be held responsible. So, if they come back and tell us today to close the markets, because the number has increased, I don't know, but it won't be easy for them. [Trader, Rood Woko]

Distrust of state authority is clearly displayed in the statements. As a result, a popular discourse has emerged against the government's barrier measures, as people do not have the same priorities or the same vulnerabilities. There were riots against the closure of places of worship by Muslims, forcing the state to lift this measure at the beginning of May 2020 (Federation of Islamic Associations of Burkina, 2020). The international obsession around security, with the closure of borders, started to be viewed as a form of state complicity with the Western world to impose a form of capitalism on trade relations. Covid-19 then functions as a 'centre of accumulation' for the development of a set of activities aimed towards providing resources for the elites (Laurent, 2000).

## Discussions

Experiences of insecurity and fragility and actions contesting Covid-19 prevention measures provide a perspective for analysing the connections between the health and political dimensions of the pandemic crisis.

### The health dimension of the pandemic

The first cases of Covid-19 infection was an unusual event. In general, infectious diseases have a link to poverty (Jaffré, 2006). In this case, however, the disease is perceived to have entered from the top of society, i.e. the well-to-do classes. This situation leads to a social construction of the viral risk based on the differentiation between the observed risk and the perceived risk (Setbon, 2006). The observed risk is a product of epidemiology. Its materialisation is the number of positive cases and deaths broadcast in the media. The perceived risk is constructed based on multiple references (Jaffré, 2006) with a plurality of possible justifications (Setbon, 2006). Among the economic actors in Ouagadougou markets, Covid-19 is above all an invisible threat. Very few individuals declare that they know someone with the disease in their social circle, apart from cases reported in the media. In the absence of close experiences of sufferers of the disease, the threat from outside the country is not a concrete reality. The only obvious reality is the injunction from the authorities to adopt preventive behaviours, which significantly alters daily routines. Thus, Le Breton rightly reminds us that the ‘discourse of prevention is pervasive and envelops everyday life with value judgements’ (Le Breton, 2018, p. 98). In a context where the disease did not exist socially (Jaffré, 2006), the perceived risk was underestimated, leading to risk mitigation attitudes (Setbon, 2006) in both discourses and prevention practices. At the beginning of the pandemic, the abundance and content of messages produced by the media created a form of objectified knowledge about Covid-19. Traders could recite from memory how one gets infected and what to do for protection but did not appropriate such measures their everyday lives.

Three key moments structure the preventive behaviour of traders with regard to the disease: a time of adherence to prevention directives, due to the wide media publicity around the phenomenon; a relaxed period when measures are eased following public outcry; and a time of resistance against protection measures. These attitudes reinforce the idea that the impact of knowledge on risk behaviour should be put into perspective (Setbon, 2006), as adherence to a prevention strategy at the individual level implies a belief in one’s own vulnerability and an understanding of the seriousness of the disease (Jaffré, 2006). Indeed, knowing about preventive measures does not automatically mean accepting them or being able to implement them. Adequate adoption of measures involves an invisible negotiation between the multiple constraints and representations of the disease (Jaffré, 2006).

Among traders, Covid-19 was also perceived as a radical uncertainty, given that no one could predict the end of the pandemic. This uncertainty could be gleaned from the contents of the various educational messages, some which are contradictory from one source to another. Uncertainties relate to the origin of the virus, its very uneven spread, its mutations, and the right method to protect oneself against it (Morin, 2022).

This is why traders are calling on the health authorities to change their control strategy: “learn to live with the virus”. This suggestion is an explicit recognition of the radical change, characterised by a silent impoverishment that Covid-19 has brought to their daily lives. The security measures and restrictions taken by the government have further weakened the most vulnerable citizens, reminding us that the health crisis must be understood as a political crisis.

### The political dimension of the pandemic

The preventive measures against Covid-19, the curfew and the quarantine of certain cities for three months have led to economic fragility, which is the basis of the critical discourse towards the government. The refusal to adhere to the State’s prevention guidelines raises the question of both citizen participation and that of globalised international interventions. The pandemic has highlighted a crisis of citizenship. Resistance to national directives shows that some traders who have been rendered precarious feel they are ‘second-class’ citizens (Mutabazi, 2020, p. 5) compared to local elites. The

disease has become a grid to categorise agents of the Burkinabe state economy according to three segments: 'civil servants', whose salaries are guaranteed by the state, businesspeople, who own large trading concessions, and petty-traders whose daily subsistence depends on their economic activities. This reconfiguration of citizenship relations involves two types of citizens, one encompassing the State and its agents acting as dominant actors, predators of resources and local representatives of the West, and the other the disenfranchised and dominated who are subject to the measures advocated by the dominant.

In this sense, the health crisis raises the question of the right to a dignified life for each individual. The quest for this implies taking into account the different meanings of life (Fassin, 2006). Firstly, biological citizenship (Petryna, 2004), as a right to life implies that the State should guarantee equitable access to food and other forms of support for all those rendered poor. Secondly, and in its biographical interpretation, citizenship infers a recognition of the most vulnerable, and the possibility of the latter having access to services according to their needs. Finally, citizenship goes beyond biological and social life to include a moral dimension in policy choices (Fassin, 2006). It is the fight against social inequalities that produce different forms of injustice or lack of recognition (Mutabazi, 2020, p. 5). In this sense, healthy citizenship recognises the rights of individuals to participate not only in the formulation and implementation of health strategies that affect them, but also to fight for limited medical resources (Petryna, 2004) at national and supranational levels (Mutabazi, 2020). Therefore, the success of the fight against the pandemic depends on the legitimacy of the government and the financial and political capacity of the State (Jones, 2022). The pandemic has also revealed the limitations of globalised interventions. Traders see State mimicry in the implementation of control measures as a kind of Western domination. This is epistemic ignorance, as those making decisions in response to Covid-19 are unable to fully put themselves in the shoes of vulnerable groups in society. These solutions often implicitly reflect global health frameworks and power structures, and thus reiterate forms of ignorance among decision-makers (Al Dahdah et al., 2021) about the effects of disease on economic activities in specific environments. The standardisation of intervention models is criticised as a form of strategic ignorance on the part of central administrative actors, who have not taken sufficient account of local realities (Al Dahdah et al., 2021).

Strategic ignorance refers to making strategic decisions without taking into account the realities of the context. In this case, the experts of the National Committee and the members of CORUS were accused by the traders of having transposed an inappropriate and inadequate intervention model to Burkina Faso. The criticisms levelled at the Western world for making Covid-19 a priority for action, when there are other, more serious and more deadly diseases, highlight a distortion of reality by international experts from above. This situation, described as 'myopia' by experts from the South, is a feature of global health programmes, which target particular diseases according to their own criteria (Al Dahdah et al., 2021). For economic actors, the measures taken seem to have been based on confused and illogical representations of the disease (Revel, 2015), because in their daily lives, the disease is not a reality. These discourses denounce the universalism of the epidemiological approach to risk, which clashes with the perceptive approach, which is situated in time and space, differentiated and contextualised at both societal and individual levels (Setbon, 2006).

Thus, global health will be subject to strong criticism. Firstly, its intervention strategy is based on a logic of selection and classification of policies and beneficiaries. Secondly, it would be ineffective to tackle new epidemics. It was once criticised for its delay in responding to the Ebola epidemic in Guinea and Sierra Leone (Gaudillière et al., 2020). Finally, it is perceived by experts from the South as 'one of the most effective tools of domination and social, political, and epistemological coercion' (Al Dahdah, et al., 2021, p. 15) of the North over the South, thus propagating the supremacy of a colonial public health system in which the colonised are perceived as ignorant, including of their own diseases (Al Dahdah et al., 2021). In doing so, Covid-19 appears as an existential test for traders, exposing the disconnect between the realities on the ground and the global health directives.

## Conclusion

Preventive measures advocated by public health experts will function as instruments of neo-colonialism to the detriment of small and petty-traders hustling for survival. Covid-19 remains an object of controversy between the various national and international actors involved in stemming its spread. The experience of the suffering of the traders in the city of Ouagadougou leads them to produce a discourse that crystallises, on the basis of the limitation on their circulation between different countries for trade, the relationship of Africa to the world from the point of view of how risk is defined.

An emergence of a virulent discourse against the West, which is accused of imposing prevention policies without taking into account contextual realities, is worth noting. Indeed, faced with other, more deadly pathologies, traders are questioning the choice of waging a tough battle against Covid-19, which now functions as a mirror through which the traders assess the humanism of the West. In the end, there is no universal solution in the fight against Covid-19. Citizens demand a local approach that takes into account the priorities of everyday life.

## Bibliography

- Al Dahdah, M., Falisse, J. B., & Lurton, G. (2021). Ignorance et santé globale. *Revue d'Anthropologie des Connaissances*, 15. Retrieved december 12, 2021, from <http://journals.openedition.org/rac/23685>.
- Autorité supérieure de contrôle d'État et de lutte contre la corruption (ASCE-L). (2021). *Audit des dépenses effectuées dans le cadre du plan de riposte du Covid-19 au 31 décembre 2020* (Rapport de mission sur les constatations de faits sur la période arrêtée au 31/12/2020).
- Bagbila, A. J. (1993). Les marchés urbains de Ouagadougou. *mémoire de maîtrise en géographie, Université de Ouagadougou*, 152 p. <https://beep.ird.fr/collect/depgeo/index/assoc/BAGADR93/BAGADR93.pdf> [Retrieved august 16, 2022].
- Douce, S. (2020). Au Burkina Faso, la polémique sur la gestion de la lutte contre le coronavirus enfle. *Le Monde*, 13. [https://www.lemonde.fr/afrique/article/2020/05/13/au-burkina-faso-la-polemique-enfle-autour-de-la-gestion-de-la-lutte-contre-le-coronavirus\\_6039580\\_3212.html](https://www.lemonde.fr/afrique/article/2020/05/13/au-burkina-faso-la-polemique-enfle-autour-de-la-gestion-de-la-lutte-contre-le-coronavirus_6039580_3212.html) [Retrieved august 15, 2022].
- Eboko, F., & Schlimmer, S. (2020). Covid-19 : l'Afrique face à une crise mondiale. *Politique étrangère*, 85(4), 123-134. <https://www.cairn.info/revue-politique-etrangere-2020-4-page-123.htm>.
- Fassin, D. (2006). La biopolitique n'est pas une politique de la vie. *Sociologie et sociétés*, 38(2), 35-48. <https://www.erudit.org/en/journals/socsoc/2006-v38-n2-socsoc1813/016371ar/abstract/>
- Fédération des Associations islamiques du Burkina. (2020). Communiqué : ouverture des mosquées du 2 mai 2020. <https://lefaso.net/spip.php?article96585> [Retrieved June 05, 2021].
- Gaudillière, J. P., Izambert, C., & Juven, P. A. (2020). *Pandémopolitique : réinventer la santé en commun*. La Découverte.
- Guiron, A., Koné, B., & Ouaro, S. (2020). Mathematical Modelling of the Evolution Dynamics of the Coronavirus Disease 2019 (COVID-19) in Burkina Faso. *Applied Mathematics*, 11, pp. 1204-1218.
- Institut national de la statistique et de la démographie [Burkina Faso]. (2022). *Cinquième recensement général de la population et de l'habitation du Burkina Faso. Synthèse des résultats définitifs*. Ouagadougou.
- Jaffré, Y. (2006). *Dynamiques et limites socio-anthropologiques des stratégies de prévention et de contrôle des risques infectieux dans les pays en voie de développement*. J.-M. Tremblay. In G. Orth et P. Sansonetti (Eds.), *La maîtrise des maladies infectieuses. Un défi de santé publique, une ambition médico-scientifique, Rapport sur la science et la technologie*, ( 24). Académie des sciences, EDP Sciences, pp. 101-115.
- Johns Hopkins University. (2022). Center for Systems Science and Engineering [CSSE] COVID-19 Dashboard: data collection process, challenges faced, and lessons learned. *The lancet infectious diseases*, 22(12), e370-e376. <https://ourworldindata.org/explorers/coronavirus-data-explorer?facet=none&Metric=Confirmed>.
- Jones, J. (2022). An ethnographic examination of people's reactions to state-led COVID-19 measures in Sierra Leone. *The European Journal of Development Research*, 34(1), 455-472. <https://doi.org/10.1057/s41287-020-00358-w>
- Kabore, J. (2020). COVID-19 au Burkina Faso: Des commerçants réclament l'ouverture du marché de Dassasgho. *Burkina24, édition du 28 avril*. Retrieved June 08, 2021, from <https://burkina24.com/2020/04/28/covid-19-au-burkina-faso-des-commerçants-reclament-louverture-du-marche-de-dassasgho/>
- Kerouedan, D. (Eds.) (2014). *Santé internationale: les enjeux de santé au Sud*. Sciences Po, les Presses.

- Kobiané, J. F., Soura, B. A., Sié, A., Ouili, I., Kabore, I., & Guissou, S. (2020). Les inégalités au Burkina Faso à l'aune de la pandémie de la COVID-19 : quelques réflexions prospectives. *Papiers de recherche*, pp. 1-72. <https://doi.org/10.3917/afd.kobia.2020.01.0001>.
- Laurent, P. J. (2000). Le "big man" local ou la "gestion coup d'État" de l'espace public. *Politique africaine*, (4), pp. 169-181. 10.3917/polaf.080.0169.
- Le Breton, D. (2018). *La sociologie du risque*. PUF.
- Ministère de la Santé [Burkina Faso]. (2020). *Plan de préparation et de riposte à l'épidémie de Covid-19 au Burkina Faso (révisé)*, avril 2020.
- Mutabazi, E. (2020). La pandémie COVID19 remet-il en question la citoyenneté des personnes vulnérables ?. *Recherches & éducations*, (HS). [en ligne], HS, july 2020, Retrieved august 22, 2022. <http://journals.openedition.org/rechercheseducations/9351> ; <https://doi.org/10.4000/rechercheseducations.9351>
- Ngalamulume, K. (2006). Plague and Violence in Saint-Louis-du-Sénégal, 1917-1920 1. *Cahiers d'études africaines*, 183(3), 539-565.
- Petryna, A. (2004). Biological citizenship: The science and politics of Chernobyl-exposed populations. *Osiris*, 19, 250-265.
- Revel, J. (1970). Autour d'une épidémie ancienne: la peste de 1666-1670. *Revue d'histoire moderne et contemporaine* (1954-), 17(4), 953-983.
- Setbon, M. (2006). Perception et gestion du risque. In G. Orth et P. Sansonetti (Éds), *La maîtrise des maladies infectieuses. Un défi de santé publique, une ambition médico-scientifique, Rapport sur la science et la technologie*, ( 24). Académie des sciences, EDP Sciences, pp. 123-136.
- Soudré, J., (2020). Coronathon : les fonds récoltés s'élèvent à plus de 450 millions de francs CFA. <https://lefaso.net/spip.php?article97297>, Retrieved august 22, 2022.