

HEALTH POLICIES AND MANAGEMENT OF THE COVID-19 PANDEMIC IN COTE D'IVOIRE

⁽¹⁾AGOBE Ablakpa Jacob & ⁽²⁾Eben-Ezer César Léonce KOFFI

⁽¹⁾Master-Assistant, Institute of Ethno-Sociology (IES) -UFR-SHS, Félix Houphouët-Boigny University,

⁽²⁾Master-Assistant, Institute of Ethno-Sociology (IES) -UFR-SHS, Félix Houphouët-Boigny University

ABSTRACT: The COVID-19 coronavirus that appeared in China and spread to several countries has become a public health problem. This pandemic in manifestation is claiming many victims, whose statistics in this study are not exhaustive. Restrictive measures in terms of social and especially hygienic interaction are therefore recommended as part of therapeutic actions¹. This study examines the factors explaining the dysfunction observed in the management of the coronavirus COVID-19 in Côte d'Ivoire². The study was essentially qualitative, using appropriate survey tools, in this case documentary analysis and semi-structured interviews administered to a category of actors in Abidjan. This enabled us to arrive at the following results: the dysfunction in the management of COVID-19 in Côte d'Ivoire is linked to the non-respect of the normative framework edited by the authorities of the Ministry of Health through the persistence of lifestyle habits that are proof of the restrictive measures announced in the face of the seriousness of the COVID-19 coronavirus. Thus, the actors are developing strategies outside the normative framework to redefine new types of lifestyle relationships.

Keywords: Health policies, Management, Covid-19 pandemic, Côte d'Ivoire

I. INTRODUCTION

The COVID-19 pandemic has created damage to human life, the coronavirus COVID-19 impacts the economies of African countries with 30 million jobs at risk' (A.J. Agobe, K. G. J-C, Koffi & A. P-C, Vonan, 2020).

Faced with this situation, many countries have adopted quota measures to stem the spread of the virus: a state of health emergency, closure of land and sea borders, prohibition of gatherings, closure of universities, schools, places of worship, restaurants, curfews, establishment of a cordon sanitaire, etc., but the severity of these measures varies from country to country. In Benin, for example, the president assumes the impossibility of imposing long-term general confinement in a country where the majority of Beninese have non-wage income and cannot wait several weeks without working. In both Nigeria and the Democratic Republic of Congo (DRC), all inbound and outbound flights have been banned, and bars, restaurants, schools, places of worship, etc. are closed. Rwanda is among the countries that have taken the most draconian measures (border closures, confinement of its population, systematic temperature taking, schools and non-essential businesses closed). In South Africa, general confinement was imposed and the police sometimes intervened by opening fire with rubber bullets to disperse the crowd or enforce distances with whips. Containment in particular involves keeping individuals in an enclosed space in order to limit the spread of the disease in the population. When total

¹A. J.AGOBE, K. G. J-C KOFFI & A. P-C VONAN, 2020, The Coronavirus Pandemic (Covid-19), Between Health Awareness and Risk Construction in Côte d'Ivoire, Global Academic Journal of Humanities and Social Sciences, 2020; 2(2) 22-29 DOI: Available online at <https://gajrc.com/gajhss>

²Selon l'Institut National de Santé Publique du Québec (INSPQ), 2020, les coronavirus sont des virus reconnus pour causer des infections respiratoires généralement bénignes chez les humains et les animaux. Certaines souches peuvent être plus pathogènes, telles celles du syndrome respiratoire aigu sévère (SRAS-CoV-1) et du coronavirus du syndrome respiratoire du Moyen-Orient (MERS-CoV), ainsi la souche nouvellement identifiée et nommée SRAS-CoV-2. L'appellation SRAS-CoV-2 (pour Syndrome respiratoire aigu sévère Coronavirus 2) est utilisée pour désigner ce nouveau coronavirus, tandis que le terme COVID-19 (pour *Coronavirus Disease 2019*) désigne l'infection causée par ce virus.

[https://www.google.com/search?q=Selon+1%E2%80%99Institut+National+de+Sant%C3%A9+du+Qu%C3%A9bec+\(INSPQ\)%2C+2020%2C+les+coronavirus+sont+des+virus+reconnus+pour+causer+des+infections+res](https://www.google.com/search?q=Selon+1%E2%80%99Institut+National+de+Sant%C3%A9+du+Qu%C3%A9bec+(INSPQ)%2C+2020%2C+les+coronavirus+sont+des+virus+reconnus+pour+causer+des+infections+res)

containment is achieved, individuals should be kept inside their homes 24 hours a day. It may also be partial, in which case a time slot is defined by the governors. For some experts, "confinement is an [important public health] measure, generally defined using epidemiological tools, but which must take into account sociological elements of the environment, country or zone in question³", recalls Professor Birane Faye of Cheikh Anta Diop University in Dakar (L. Rey & M. Dare, 2020, PP.3-4).

In light of the above, on 11 March 2020, the World Health Organization (OMS) Emergency Committee declared Coronavirus 2019 (COVID-19) a pandemic. The COVID-19 outbreak is becoming the biggest health and mobility crisis ever seen. While the number of cases continues to increase rapidly, it is also changing mobility and trade patterns as well as immigration and border management regimes. In addition, due to travel restrictions imposed to slow the spread of the virus, many migrants are in distress and suddenly find themselves in an irregular situation (IOM, 2020). In response to this situation, the IOM's Immigration and Border Management Division (IBM) works closely with the Migration and Health Division (MHD) and other departments to provide immediate and medium- to long-term technical assistance to immigration, border and consular officials in the Member States concerned to help people on the move - as well as frontline health and border officials - to remain safe and healthy (IOM, idem). It is also about identifying and providing immigration, consular and visa support for the development of recovery programmes adapted to changing immigration procedures. IOM's COVID-19 programming contributes to the community's Strategic Plan for Preparedness and Response.

The OMS's International Strategy for Disaster Reduction and the United Nations Global Humanitarian Response Plan. IOM programming is designed to respond to population mobility and cross-border dynamics while adopting an inclusive approach towards all travellers and migrants - regardless of their migration status - and combating misinformation that can lead to anti-migrant sentiment and xenophobia. This approach is anchored in the IOM's Health, Border and Mobility Management⁴ (HBMM) framework (idem).

In Côte d'Ivoire, a study conducted by A.J. Agobe, K. G. J-C, Koffi & A. P-C, Vonan(2020) has shown that: the contamination curve of COVID-19 has risen exponentially. On the other hand, the authors A.J. Agobe, K. G. J-C, Koffi & A. P-C, Vonan (idem) found unchanged practices⁵ in terms of compliance with World Health Organization (OMS)⁶ preventive measures against the spread of the coronavirus COVID-19 by populations. Moreover, Mr. Christoph Vogt, Head of the Regional Delegation of the International Committee of the Red Cross (ICRC) in Abidjan, said: "The pandemic that affects the planet is unfortunately not yet over. We must try to return to a more normal economic and social life, learn to live with COVID-19 while minimizing its impact. This is a marathon, not a sprint".⁷ This indicates that the policies for managing the COVID-19 pandemic that do not translate into real action in the field lead to the passivity of the populations regarding the barrier measures in such a situation of the COVID-19 coronavirus pandemic in Africa in general and in Côte d'Ivoire in particular. What factors explain the dysfunction observed in the management of COVID-19 in Côte d'Ivoire? This study analyses the factors explaining the dysfunction observed in the management of COVID-19 in Côte d'Ivoire. The

³<https://theconversation.com/la-distanciation-sociale-au-senegal-un-remede-au-covid-19-qui-a-du-mal-a-passer-134810> cité par les auteurs L.REY & M. DARE, 2020.

⁴ Here, we take up the definition of "Health, Border and Mobility Management", as defined by the IOM (HBMM): "a conceptual and operational framework whose ultimate objective is to improve prevention, detection and response to the spread of disease along the mobility continuum (at points of origin, transit, destination and return) and its spaces of vulnerability (SOVs), where migrants and mobile populations interact with stationary local communities. With a particular focus on border areas, HBMM unifies border management with health security and ultimately supports the implementation of the International Health Regulations (IHR) 2005(The International Health Regulations (IHR) 2005 is a legally binding international law instrument that aims to (a) help countries work together to save lives and livelihoods endangered by the international spread of disease and other health risks and (b) avoid unnecessary interference with international trade and travel".

⁵ The populations have kept their eating habits, namely, frequenting public spaces for consumption and rejoicing. Thus, we are witnessing more and more the persistence of certain risky behaviours, particularly in the behaviour through hugging and hand-to-hand greetings. An observation carried out in certain neighbourhoods of Yopougon and Abobo in Abidjan has shown that people continue to live without fear of contamination by the coronavirus COVID-19. In these communes, people continue to consume food in public restaurants without respecting the one metre safety distance (OMS).

⁶ Respect for social distancing and barrier measures

⁷ Comité International de la Croix-Rouge (CICR), Riposte Covid-19 de la Délégation Régionale du CICR à Abidjan, 21Mai-30 Juin 2020(Edition N°3)www.cicr.org

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factors are as follows: (i) Describing the management system for the COVID-19 pandemic; (ii) Identifying the factors weakening the process of managing COVID-19.

1. Theoretical and methodological approach

Drawing on the structuro-functionalism of Robert King Merton (1965): "Taking up the idea of the Weberian ideal-type, carry out a study of the dysfunctions of bureaucracy, where Weber had stressed effective rationality. Furthermore, his study opts for the global scale: he tries to identify the impact of bureaucratisation on the people who experience it. Merton points out that the more bureaucratisation tends to introduce an authority close to the rational-legal ideal-type, the more dysfunctions and routines paralyse its rationalizing character. He finds an explanation for this in the appropriation of the bureaucratic model by its actors who apply, without any adaptation, the law and rules formalised in writing. Merton's main contribution is to have introduced the 'obscure' side of the concept of function: dysfunction and thus the duality between explicit phenomena favouring the adjustment of a system and implicit phenomena hindering it. Another contribution is the distinction between manifest and latent function: the first brings an expected consequence, the second an unexpected consequence attributed to another function than the one initially assigned (for example, via an informal group). Finally, Merton's work has given rise to a plethora of high-quality empirical studies on organisations of all sizes, private or public..., studies that have refined the issues of transition between traditional and bureaucratic models, the diversity of bureaucracies, and legitimisation".⁸

This theoretical approach applied to this study allows us to understand that the management of COVID-19 as defined by the institutional framework of Côte d'Ivoire is a form of bureaucratisation that does not really take into account the way of life of the populations. These incidents of bureaucratic management of the COVID-19 pandemic have an impact on the way people live. This forces the population to undermine the measures recommended by the institutional authorities and redefine another area for the construction of production, consumption and food relations. This theoretical framework is all the more epistemologically sound because the management of COVID-19 in a context where the populations of Côte d'Ivoire are living in poverty, contrary to the double-digit economic growth promoted by the authorities of Côte d'Ivoire.

Clearly, as the contamination curve of COVID-19 populations climbs, the populations fall into survival with only psychological and moral resilience as a comfort. This would require the management of COVID-19 taking into account the social and cultural values of the populations (relationship of the populations to production, food and consumption, etc.). This allows us to focus on the process of managing the pandemic through a field survey carried out in the city of Abidjan. This study is based on a qualitative approach. It was conducted in the city of Abidjan from 3 August 2020 to 30 August 2020 inclusive. Non-probability sampling was used to test our interviews in order to collect information up to saturation, according to the criteria of (B.Glaser&A.Strauss, 1967). This sampling method resulted in the application in the study field of certain selection rules such as the status and role of the actors in the management of COVID-19. To this end, we interviewed: the political leaders in charge of the management of COVID-19(2), health workers (40) and relatives of COVID-19 victims(30). In total, we interviewed sixty (72) people. With these actors, semi-structured interviews were conducted to understand the process of managing COVID-19 in Côte d'Ivoire.

II. RESULTS

Within the framework of this study, two reflections guide the analysis of the management of the COVID-19 pandemic in Côte d'Ivoire. These are the analysis of the management system on the one hand and the identification of the factors weakening the management system of COVID-19 on the other.

2.1. Diagnosis of the VIDOC pandemic management system-19

2.1.1. Fighting the VIDOC pandemic-19 through the design and creation of a management protocol

The analysis of the COVID-19 pandemic management system in Côte d'Ivoire shows that the actions of the political authorities in the process of fighting the COVID-19 pandemic through the acquisition of a tool for fighting or constructing a prevention and fight against the pandemic can be read through: an awareness of the seriousness of the COVID-19 pandemic and the commitment by the political and institutional actors to fight effectively against the pandemic through the implementation of a COVID-19 pandemic management protocol⁹.

⁸Philippe Bernoux, 1985, *La sociologie des organisations*, (ISBN 2-02-008941-6), Retrieved from, <https://fr.wikipedia.org/w/index.php?title=Structuro-fonctionnalisme&oldid=172786452> »

⁹In view of the previous consequences on human life and the seriousness of the problems linked to the COVID-19 coronavirus pandemic, the political authorities have taken preventive measures to control and prevent the spread of the COVID-19 coronavirus contagion. The measures in terms of prevention can be summarised in eight(8) key points: i) The closure of all maquis and restaurants from Monday 23 March 2020 at midnight, after that of bars, nightclubs, cinemas and entertainment venues; ii) The introduction of a curfew from 9 p.m. to 5 a.m.; iii) The regulation of interurban, inter-communal and intra-communal transport and the prohibition of

Since the advent of the COVID-19 pandemic, populations have been subject to this protocol for combating and preventing the COVID-19 pandemic. This posture of the populations gives the COVID-19 pandemic management system the means to be resilient to the effects of the COVID-19 pandemic. These values contained in the COVID-19 pandemic management protocol reflect the political authorities' desire to guarantee social and health stability for populations already weakened at the socio-economic level by the COVID-19 pandemic. This is illustrated by the following statement:

One of the regalian roles of the political authorities is to preserve the social and health stability of these populations. That said, the State of Côte d'Ivoire could not remain indifferent to the implementation of a preventive and curative mechanism for its populations. It is in this sense that, as soon as the virus was discovered in China, all the countries of the world, as well as Côte d'Ivoire, were all concerned. The speed at which the COVID-19 virus has crossed the world is worrying and leaves no country powerful. We are all vulnerable to the VIDC-19 pandemic. So, Côte d'Ivoire, like other countries, did not "stand idly by" in the face of the enemy of the common century, which is the COVID-19 pandemic. To this end, a prevention and care system has been put in place by the Côte d'Ivoire authorities. Consequently, observance and non-observance of the prevention rules contained in this COVID-19 pandemic system is advantageous, on the one hand, in channelling the spread of the COVID-19 virus and, on the other hand, scrupulous non-observance of the barrier measures constitutes the anchor point for the damage caused by the COVID-19 pandemic. Efforts need to be combined with the understanding and participation of all social strata for an effective response to the VIDOC-19 pandemic. This implies upstream the respect of barrier measures (D.L, Abidjan, 5 August 2020 at 10:00 GMT).

By ricochet, a health worker testifies in these terms:

The technical facilities in our hospitals are mostly deficient. The COVID-19 pandemic has accentuated the already existing problems of equipping Abidjan's public hospitals. With the advent of the COVID-19 pandemic, we are all exposed to the risks of contamination, but the medical profession is all the more exposed to the risks of COVID-19 contamination (D.C, Abidjan, 23 August 2020 at 9:00 am GMT).

On the other hand, the observance of the prevention measures contained in the prevention measures dictated by the State of Côte d'Ivoire, reflects the manifest will of the populations to fight against the COVID-19 pandemic. This attitude on the part of the actors contributes to highlighting the values of that could be put forward in the fight against the VIDOC pandemic-19. Indeed, this posture of the populations of Côte d'Ivoire is culturally rooted and reflects the long accepted perception of populations to develop resilience in the face of social crises. However, this cultural disposition of resilience is increasingly tending to be reversed within the category of producers and consumers of alcoholic products on the one hand, and on the other hand, within the category of individuals who consume street products. Indeed, such a perception leads to a reinterpretation and redefinition of the spaces of production, consumption and food. Thus, many paradigms are conveyed: the more one is confined, the less the chances of survival are reduced. It is in this perspective that:

I work in the informal sector in order to take care of the family. So I have to go out and look for the financial resources to fulfil my duty as head of the family. That means providing food and schooling for my children. In my opinion, keeping people confined or creating severe restrictions is not the solution to eradicate the pandemic. Restriction measures should be somewhat flexible.

unauthorised movement between Abidjan and the interior of the country; iv) The progressive containment of populations by geographical area, according to the evolution of the pandemic; v) The creation of humanitarian corridors to assist people or communities in urgent need of assistance; vi) The strengthening of the capacities of pharmaceutical industries, laboratories and diagnostic and care structures throughout the national territory; vii) The early detention, rapid care and confidential isolation of patients; viii) The setting up of a call centre dedicated to covid-19 and an alert and monitoring system using, in particular, new communication technologies. Also, in terms of risk management, the government of Côte d'Ivoire has taken operational measures based on the following major strategies: communication and awareness-raising among the population; strengthening epidemiological surveillance within communities and the country's land, sea and airport borders; promotion of preventive measures through the intervention of joint forces, in this case the involvement of all social and political strata in the fight against the COVID-19 coronavirus pandemic with a view to promoting health-promoting behaviour. The government of Côte d'Ivoire undertakes to disburse the sum of 95 billion CFA francs, i.e. approximately US\$5,400,000,000,000 for the management of COVID-19 cases and the strengthening of the medical system (A.J. Agobe, K. G. J-C, Koffi & A. P-C, Vonan, op cit.P.4).

Because I don't think that the state will be able to help the whole population with food and pay for school fees. And even when the authorities are working to provide assistance to the population, there is unfortunately an irregularity and discrimination in the choice of families to provide assistance. Such is the case of the attempt by the State of Côte d'Ivoire to provide assistance in its project to help poor families following the advent of COVID-19. The State of Côte d'Ivoire had initiated a grant of 25,000 CFA francs or US\$46.25 per month to each poor family to support them during COVID-19. As a result, the selection criteria for the so-called "poor" families were not known to all. There were choices of so-called "poor" families in relation to political or even ethnic or religious affinities. The proof is that all those who testified that they had received the 25,000 CFA francs, or US\$46.25 per month, bore names from the far north of Côte d'Ivoire. In my opinion, this was a failure of the state of Côte d'Ivoire's assistance to the population during the COVID-19 pandemic in Côte d'Ivoire (A.K, Abidjan, 12 August 2020 at 16:00 GMT).

In this respect, the ideology of awareness of the dysfunction observed in the management of the COVID-19 pandemic, in reality allows the credibility of the actors in the management of the COVID-19 pandemic in Côte d'Ivoire to be called into question. This indicates that the management system for the COVID-19 pandemic in Côte d'Ivoire is marred by irregularities that call into question the quality of the COVID-19 management process in Côte d'Ivoire.

2.1.2. Commitment of the populations as an affirmation of an irreversible will to fight the COVID pandemic-19

The individuals surveyed want to be more participatory and engaged in the process of managing the COVID-19 pandemic. Indeed, the non-inclusion of populations in the management process of the COVID-19 pandemic in Côte d'Ivoire is recognised by the populations as the result of discrimination or handicaps that affect the transparency of the COVID-19 pandemic management system in Côte d'Ivoire. The damage caused by the inclusive non-participation of the populations in the management of the pandemic directly affects the way of life of the populations. This statement supports:

The participation of the population in the management of the COVID-19 pandemic is firstly at the level of the state's assumption of certain family responsibilities, in this case the reduction of the cost of food on the consumer market and the reorganisation of working hours. This would enable the population to comply with the instructions in the fight against the pandemic. In my opinion, this is the first participation of the population. The second participation of the population is to integrate religious and civil leaders into the management process of COVID-19, in order to raise awareness on the measures that will act as barriers to the COVID-19 pandemic (A.T.F, Abidjan, 14 August 2020 at 11 h GMT).

It emerges from the comments of all the individuals interviewed that the COVID-19 pandemic management process highlights a synergy of action based on the participation of institutional and individual actors. To this end, one of the most important actions in the management of COVID-19 is the active integration of the populations in order to overcome certain stereotypes of discrimination or alienation in the COVID-19 pandemic management process. This argument illustrates:

Managing the VIDOC-19 pandemic is everyone's business. The political authorities in managing the health crisis must integrate the populations so that together we can fight the pandemic effectively. Unfortunately, because of the funds provided by developed countries to help affected low-income countries, political leaders do not want to integrate the populations in the pandemic management process. In my opinion, this discredits the COVID-19 pandemic management system in low-income countries and in Côte d'Ivoire in particular (K.M, Abidjan, 16 August 2020 at 10:00 GMT).

2.2. Factors undermining the process of VIDOC management19

2.2.1. Public participation in public affairs between perception and reality

People's perception of the management of public affairs is socially rooted. It tends to stand out socially from models deemed obsolete in order to give impetus to a new dynamic of change.

2.2.2. The Persistence of Stereotypes Related to Discrimination in Governance

The participation of the population in the management of public affairs is still a difficulty that populations experience in the management of public affairs. Hence the need for populations to reconcile the vision of those in power and the interests of the people. In this respect, the difficulty of reconciling participatory development action and private life is a major obstacle to access to livelihood opportunities. It is from this perspective that:

Political leaders for economic reasons, i.e. misappropriation of public goods and illicit enrichment, always exclude the population in the management of public affairs. The proof is that, when developed

countries decided to provide financial aid to poor countries affected by the COVID-19 pandemic, the political leaders of our African countries and those of Côte d'Ivoire were constantly communicating to us all day long the statistics of the COVID-19 contamination curve. What was at stake here was to reach a certain quota in order to benefit from subsidies from developed countries for the management of the pandemic. As soon as its funding was granted, there was less and less talk of raising awareness about the VIDOC-19 pandemic. That said, public health and other affairs are managed endogenously by political actors for their own purposes. Anything that would not be misappropriated if people were to take an active part in crisis management. (K.P, Abidjan, 19 August 2020 at 15:00 GMT)

This highlights the persistence of stereotypes related to discrimination in the management of public affairs. Indeed, moral and psychological barriers disqualify people from taking an active part in the management of the COVID-19 pandemic on the one hand, and on the other hand, stereotypes linked to the quality of the management of the coronavirus crisis by political leaders in Côte d'Ivoire legitimize the reluctance of people to participate in the management process of the COVID-19 pandemic in Côte d'Ivoire. This is *illustrated* by the following statement:

The distribution of nose caches by the government of Côte d'Ivoire has been a failure. Officials and civil servants should go to pharmacies with their insurance cards to get access to the nose pads. The fact is that not all pharmacies had access to nose plugs. So, the population as a whole made unapproved nose pads to protect themselves from possible contamination by COVID-19 (D.O, Abidjan, 27 August 2020 at 17:00 GMT).

It emerges from this that there is a low representativeness of populations at the macro and meso level in the management of the COVID-19 pandemic in Côte d'Ivoire. There is a need for efforts to be made to involve people in a state of vigilance in the democratic governance of the management of the COVID-19 pandemic in Côte d'Ivoire. The representativeness of populations is a social issue with multiple stakes that can be measured at the macro, meso and micro social levels in the management of the COVID-19 pandemic.

To add to this, a study by the International Labour Organization (ILO, 2020, P.7) states that: "Today, concern is growing over the continuing rise in the number of VIDOC-19 infections in some parts of the world, while for others concern is related to the ability to sustain a decline in the number of cases. Governments, employers, workers and their organizations are facing great challenges in trying to control the COVID-19 pandemic and to protect occupational safety and health. Beyond the crisis There are also concerns about resuming operations in a timely manner, so that themaintain the progress made to stop transmission".

III. DISCUSSION OF RESULTS

The interest of this study is justified by the fact that the management of the COVID-19 pandemic through access to resources and protection tools, is justified in particular in terms of access to means of production and others, training of those involved in the management of the pandemic and control of the COVID-19 pandemic management process in the areas of screening and care of victims. The periods of preparation for the presidential elections in October 2020 and the deleterious political divide following the socio-political conflicts of the 2010 and 2015 presidential elections in Côte d'Ivoire, constitute situations of vulnerability at the socio-economic level and situations of dependency for the populations.

In such a context, the quality of COVID-19 pandemic management and social protection are the essential condition for the resumption of sustained economic and social progress, while contributing to a better quality of life and the health of populations. To this end, all actors have the right and duty to participate individually and collectively in planning for the management of the pandemic by redefining their lifestyles. Indeed, political actors have a responsibility to protect populations, which they can only fulfil by ensuring adequate socio-economic and social services to control the effects of the COVID-19 pandemic. This is what has led us to question the way in which the management of the COVID-19 pandemic in Côte d'Ivoire was dysfunctional.

In total, the results of this study reflect the strategies for stakeholder management of the pandemic. They are explicitly perceived through the involvement of actors in the different spheres of social life. With a view to dealing with the consequences of the COVID-19 pandemic, this commitment refers to the ideological production of awareness, commitment and actions linked to the synergy of action based on the supervision of health workers in the management of the COVID-19 pandemic, training, and financial support for vulnerable households through donations of food and materials for protection against COVID-19. First of all, as a contribution to the protection of populations through the fight against the effects of the COVID-19 pandemic, the analysis shows that the lack of equipment for the medical technical platform and the poor democratic management of public goods by the authorities in Côte d'Ivoire is rooted in the perception of this lack, long experienced by the actors. However, the creation of awareness-raising centres through religious denominations

and social groups tends to reverse this political trend in the management of the COVID-19 pandemic by promoting new, more dynamic paradigms through awareness-raising and the development of ideologies of resilience. This analysis is thus similar to the work of L. Rey & M. Dare(2020) showing the constituent elements of the protocol for preventing and combating the COVID-19 pandemic in Africa.

Secondly, the study showed that the participatory logic of the populations in the management of the COVID-19 pandemic is quantitatively weak. It must be said that even if the gap between the perception and the reality of the fight is proven, it must be acknowledged that the political authorities are more committed than ever. To justify this state of affairs, they have drawn up a protocol for fighting and managing the COVID-19 pandemic. The results of this protocol present a new approach to changing the strategies for fighting the COVID-19 pandemic, which is slowly but surely being implemented with the intention that a solution (vaccine) be imported from the West or found locally by researchers in Côte d'Ivoire.

Furthermore, the power of intervention of the political authorities in the prevention and management of the COVID-19 pandemic gives them the power and position to guarantee the health security of the populations. To this end, the solutions envisaged by the political authorities interweave within them, the stakes related to the interests and values to be promoted for the preservation of social capital in Côte d'Ivoire. Finally, the results reveal that the leadership of the political authorities in Côte d'Ivoire is the result of a struggle that is part of the historical dynamic of a break with the old tradition of health crisis management by emphasising a more deterministic perspective with participatory policies for managing the COVID-19 pandemic in Côte d'Ivoire. The discourse of legitimisation and actions to manage the COVID-19 pandemic are reinforced by the sensitisation of religious leaders and a self-awareness of the populations through the media and new channels of awareness and communication.

IV. CONCLUSION

This study is a contribution to the sociology of organisations and public health policies. It analyses the factors of the dysfunction observed in the management of the COVID-19 pandemic in Côte d'Ivoire. It was purely qualitative, using appropriate survey tools, in this case documentary analysis and semi-structured interviews addressed to a category of actors in Abidjan (Côte d'Ivoire). On the basis of this methodological approach, we arrived at the following results: The management of the COVID-19 pandemic in Côte d'Ivoire is the subject of in-depth analyses. It can be noted that the strategies for managing the COVID-19 pandemic are rather timid and that complaints are increasingly being heard throughout the different spheres of social life. The inclusion of participatory democracy in strategies to fight the COVID-19 pandemic cannot be dissociated from the social logics and issues that underlie the concerns of the populations. In Côte d'Ivoire, the populations are all the more convinced of the fight against the COVID-19 pandemic as the adoption of a participatory policy that aims at the good management of the COVID-19 pandemic seems to be more enlightened on the issue. Finally, the population-political authorities relationship is understood as a system of relations in which the strategies for fighting the COVID-19 pandemic, the social practices and the issues that legitimise them are not separable in the optimal management of the COVID-19 pandemic in Côte d'Ivoire.

BIBLIOGRAPHICAL REFERENCES

- [1] Agobe, A. J., Koffi, K. G. J-C., & Vonan, A. P-C. (2020). The Coronavirus Pandemic (Covid-19), Between Health Awareness and Risk Construction in Côte d'Ivoire, *Global Academic Journal of Humanities and Social Sciences*, 2020; 2(2) 22-29 DOI: Available online at <https://gajrc.com/gajhss>
- [2] Bernoux, P. (1985). *La sociologie des organisations*, (ISBN 2-02-008941-6), Retrieved from, <https://fr.wikipedia.org/w/index.php?title=Structuro-fonctionnalisme&oldid=172786452> »
- [3] Comité International de la Croix-Rouge (CICR). (2020). Riposte Covid-19 de la Délégation Régionale du CICR à Abidjan, 21 Mai-30 Juin 2020 (Edition N°3) www.cicr.org © CICR
- [4] Covid-19-Réponse de l'OIM concernant la Gestion de l'Immigration et des Frontières, Retrieved from: https://www.iom.int/sites/default/files/our_work/DMM/IBM/2020/fr/fr_covid-19ibmresponseinfosheet_2pages.pdf
- [5] Glaser, B. G., & Strauss, A. L. (1967). *The discovery of grounded theory: strategy for qualitative research*. Chicago. Aldine.
- [6] INSPQ. (2020). Mesures pour la gestion des cas et des contacts dans la communauté : Recommandations intérimaires, Retrieved from: <https://www.inspq.qc.ca/sites/default/files/publications/2902-gestion-cas-contacts-communaute-covid19.pdf>
- [7] Karen, P., Jim, K., Jessica, K., & Jeff, M. (2020). De la COVID-19 Des stratégies concrètes de gestion de la main-d'œuvre axée sur vos gens, Retrieved from: https://www2.deloitte.com/content/dam/Deloitte/ca/Documents/finance/Work-Force_POV_FR_FINAL-v2_AODA.pdf.

- [8] Organisation International du travail. (2020). Face à une pandémie : Assurer la sécurité et la santé au travail, – Genève : OIT, Retrieved from: https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_742765.pdf
- [9] Également disponible en anglais : In the face of a pandemic: Ensuring safety and health at work – Geneva: ILO, 2020 (ISBN 9789220321379 (imprimé), 9789220321362 (pdf Web)); et en espagnol: Frente a la pandemia: garantizar la seguridad y salud en el trabajo – Ginebra: OIT, 2020 (ISBN 978-92-2-133155-1 (imprimé), 978-92-2-133156-8 (pdf Web))
- [10] Rey, L., & Dare, M. (2020). La gestion de la pandémie du coronavirus en contexte africain : quels enjeux? Paru dans *a+ international*, l'expertise nord-américaine au service de votre administration, numéro 3, Retrieved from, <https://www.enap.ca>
- [11] Riposte Covid-19 de la Délégation Régionale du CICR à Abidjan. (2020). Retrieved from: https://www.icrc.org/sites/default/files/wysiwyg/CoteDivoire/faits_et_chiffres_covid-19_-_dr_abi_-_n3.pdf