

Presidential Denial in Crisis: Magufuli's COVID-19 Discourse in Tanzania

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Abstract

The World Health Organization (WHO) required all nations to implement mitigation measures against the COVID-19 pandemic. In Tanzania, however, certain political discourses diverged from these global guidelines. This study investigates discursive actions of denial in order to understand how delegitimation is enacted during a crisis. Specifically, it examines the strategies employed by President John Pombe Magufuli to deny the presence and severity of COVID-19 in Tanzania. Two speeches delivered on April 22 and May 3, 2020 were purposively selected from the Tanzania Broadcasting Corporation (TBC) and analysed using Van Leeuwen's (2008) legitimation framework. The findings reveal that Magufuli drew on personal authority, instrumental rationality, experiential rationality, and evaluative strategies to delegitimise lockdowns, the use of Western masks, social distancing, and the public reporting of cases and deaths. These results suggest that political leaders may deploy discourse as an instrument of power, knowledge, experience, rationality, and social norms to advance denialist positions that reflect their preferred crisis management approaches. Further research is recommended to deepen understanding of delegitimation practices in political discourse during health crises.

Keywords: denial, delegitimation strategies, COVID-19, Tanzania

Introduction

Acts of Denial and Linguistic Studies

The acts of denial are purely linguistic. They are manifesting in talks by the speakers in social interactions. They are the delegitimation practices uncovered in discursive arguments in terms of semantic and pragmatic dimensions. Such dimensions are accomplished in the high dimension of the social-political context (Rojo & Van Dijk, 1997; Van Dijk, 1997, 2013). The pragmatic dimension is accomplished using speech acts. Here, actions of denial position the power-holder as someone who uses language to protect himself/herself against accusations. The acts of denial are related to delegitimation practices to show that what the speaker did was either wrong or inappropriate (Van Dijk, 1997). The acts of denial may also be done through semantic dimensions which are accomplished through discursive strategies. The discursive

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strategies consider the choice of appropriate stylistics (semantic and rhetoric). The choices justify the speaker's right, while at the same time refuting and eliminating the opposition's claims (Van Dijk, 1997). The power-holder may seem to employ discursive arguments of legality, morals, values, authority, and beliefs to justify the controversial actions (Fairclough & Fairclough, 2013; Reyes, 2011; Van Leeuwen, 2008). The acts of denial during the pandemic were important to the understanding of the way heads of state, through their speeches, employed different delegitimation strategies to deny the pandemic and the WHO's recommended measures. Therefore, the study aimed to analyse delegitimation discursive strategies used by John Pombe Magufuli in his speeches to deny COVID-19 in Tanzania. The target was to gain insight into the way delegitimation actions are accomplished through discourse during a crisis.

The article starts with introduction section whereby the following sub-sections are given: the acts of denials and the global COVID-19 discourse; acts of denials and COVID-19 conspiracy theories; Africa and the threat of COVID-19; and COVID-19 context in Tanzania. Then follows the methodology section whereby the analytical approach used and the material and procedures used are explained. Then, the findings section shows the acts of denials used by John Pombe Magufuli during the COVID-19 pandemic. The findings are discussed in detail in the discussion section. Finally, the concluding section is provided to show the implications of the findings and the recommendations.

Acts of Denials and the Global COVID-19 Discourses

Towards the end of 2019, the world experienced the outbreak of the coronavirus pandemic, with its first case being reported in Wuhan Province, China (Hasöksüz et al., 2020). The disease was commonly known as COVID-19. It was caused by SARS coronavirus 2 which affects the respiratory system of the human body (Hasöksüz et al., 2020). It spread all over the world and posed a dangerous threat to both human health and economies. The WHO declared COVID-19 a global pandemic and a public health emergency. The statistics by Worldmeter reported that within three months of COVID-19's occurrence, a total of 25,237 deaths had been reported (Worldmeter, March 27, 2020; 14.36 GMT). The fatality rate was higher at 2–3%, compared to SARS (2003) and MERS (2012) (Gupta, 2020). In response to the pandemic, the WHO recommended measures for adoption by countries around the world. These measures included: surveillance (testing, laboratory, and emergency centres), containment (contact tracing and quarantines), health workers' protection (Personal Protective Equipment – PPE), communication (public health messages, training of experts and material development) and mitigation measures (social distancing, mask-wearing, frequent hand washing, lockdowns, and vaccinations).

Around the world, politicians, health experts, and media experts were required to implement these measures through different discourses. However, some of the discourses did not align with WHO's proposed measures. For instance, media discourses in the USA were characterised by negative evaluations of residential care. They also presented shocking stories about the pandemic and health experts (Allen & Ayalon, 2021). Blaming the immigrants, foreigners, and diaspora as the sources of the virus filled political speeches and social media discourses in the USA (Wang, 2022). Media

discourses in Serbia also rejected the health risk measures (Milutinović, 2021). The same to Italy, the public discourses underestimated the pandemic by anchoring the pandemic on AIDS, malaria, and flu (De Rosa & Mannarini, 2020). The diverging discourses against the pandemic might have been explained by the available tensions among the big nations (China and USA) and WHO on the genesis of the pandemic and the proposed measures (Jaworsky & Qiaoan, 2021). These tensions resulted in different conspiracies that linked to negative responses towards the WHO's proposed measures.

Acts of Denial and the COVID-19 Conspiracy Theories

A theory is an attempt to explain significant events and/or circumstances associated with malevolent acts, secret and powerful groups (Douglas, 2021). Different conspiracy theories characterised the COVID-19 pandemic. Some believed that the pandemic was the virus deliberately manufactured in Chinese laboratories to wage war against USA and vice versa. The “antimaskers” believed that it was a direct attack from powerful authorities on their civil liberty. Others believed that it was a “hoax” – a plot to deny Donald Trump's re-election campaigns. Others believed that it was the 5G phone masts that spread COVID-19 (Douglas, 2021). Usually, conspiracy theories emerge from the existing tensions, fear of life, fear of losing properties and relatives, existing contradictory information, uncertainties, and imposed restrictions during times of crisis and/or violence (Douglas, 2021; Jetten et al., 2017).

The beliefs in conspiracies tend to have consequences for proposed health policies. For instance, during the COVID-19 pandemic, such beliefs impaired people's intentions to comply with the proposed measures (Douglas et al., 2017). In the USA, the beliefs posed public threats during the pandemic. As a result, the public took preventive measures and they showed intention to vaccinate (Douglas, 2021). It was also observed that the “hoax” conspiracy theory predicted the public refusal towards preventive behaviours. Moreover, the belief that the viruses were manufactured in a laboratory promoted an individual's self-control against the pandemic (Imhoff & Lamberty, 2020). Furthermore, the anti-vaccine conspiracy theory negatively damaged the public effortful measures against the pandemic. However, these beliefs promoted public support for alternative measures such as hydroxy-chloroquine, and the use of traditional measures (Bertin et al., 2020; Teovanović et al., 2021).

The existence of the conspiracy theories had an impact on public responses towards COVID-19 measures. Addressing the pandemic was difficult because the conspiracies were driven by people, groups of people, or individuals with strong political and social identities (Uscinski et al., 2016). This is the case of “anti-maskers” who protested in the USA, the “QAnon” who believed that the pandemic was a plot by democrats to fight against Donald Trump. These groups of people, society, or individuals are likely to reject directives from authorities (health experts and governments). In Tanzania, political social media and public discourses portrayed different beliefs about the pandemic. Some of the political discourses believed the pandemic was the economic war waged by the capitalists (Kangwerema et al., 2021). Some public and social media discourses were described as the “anti-vaccines”. They believed the vaccines as the biological weapons used by the capitalists to depopulate Africans (Malima & Ngaiza, 2023). Therefore, discussing the acts of denial during the pandemic required also the need to gain insight

into different conspiracy theories that emerged during the pandemic. This is because such beliefs are linked to the speakers' acts of denial during the pandemic and the way the pandemic was managed by different heads of state, in the case of Tanzania.

Africa and the Threat of the COVID-19

The global occurrences of the pandemic resulted in misunderstandings among big powers and African nations at large (Jaworsky & Qiaoan, 2021). The tensions were caused by the genesis of the pandemic, the proposed measures, and the introduced vaccinations against the pandemic (Jaworsky & Qiaoan, 2021). However, with the available tensions among the big powers, the proposed measures suggested by WHO had to be taken to African nations. This was because of the diverse effects of the pandemic in African nations in the areas of tourism, trade, agriculture, and the loss of human life (Bizoza & Sibomana, 2020). These countries responded to the COVID-19 pandemic with dozens of mitigation measures. They included mandatory mask-wearing, the application of lockdowns, suspension of religious gatherings, testing, quarantine centers, suspension of international and domestic flights, the closure of schools and universities, launching of vaccination campaigns, testing, and public information campaigns. However, in Africa, the application of lockdowns and the banning of international travel resulted in various consequences across sectors. For instance, 9.1% of the sub-Saharan population had fallen into immediate extreme poverty due to lockdowns (Patterson, 2022). Following the consequences associated with the pandemic, the heads of state, health experts, and media experts in Africa and East Africa had to implement the proposed measures through different discourses (Maeda & Nkengasong, 2021). However, Tanzania did not apply quarantines. It restricted the use of masks. It did not restrict physical contact; and it did not conduct testing and vaccination campaigns by March 2021 (Ezra et al., 2021).

COVID-19 Context in Tanzania

In Tanzania, the first COVID-19 case was reported on March 16, 2020 in the Arusha region (Mfinanga et al., 2021). Twenty days after the first case, 509 transmission cases and 21 deaths were reported around the country (Mfinanga et al., 2021). The central government launched the national task force in cooperation with WHO. They came with a package of readiness including coordination, surveillance, laboratory, case management, Infection, Prevention and Control (IPC), and Risk Communication and Community Engagement (RCCE) (Tarimo & Wu, 2020). The RCCE engaged in raising public awareness, and development of materials such as posters, brochures, and pull-up banners. These materials were positioned at the exit and entrance points of high interactions. Other communication strategies involved capacity building for journalists and health experts. The RCCE also established national call centres commonly known as "Afya Call Centres" to respond to public calls.

Moreover, the government introduced immediate actions, including the banning of public gatherings, closing education institutions, and banning sports and game schedules. It also encouraged the use of social distancing, the use of masks and sanitary habits. The government closed the national borders as well as international flights (Carlitz & McLellan, 2021; Kangwerema et al., 2021). The government also

called for private sector interventions such as businesses, corporations, and individuals to support the fight against the pandemic (Kangwerema et al., 2021). By April 14, 2023, the latest updates by Worldometer showed a total of 42,973 confirmed infection cases, 846 deaths, and seven critical infection cases. During that time, there were no new confirmed infection cases or new death cases in the country (Alrasheedi, 2023).

Like neighbouring countries (Uganda and Kenya), the effects of COVID-19 were reported in the tourism, trade, and agricultural sectors, and the loss of human life (Bizoza & Sibomana, 2020). Unlike Uganda and Kenya which applied a total lockdown and shutdown of economic activities, Tanzania did not apply such measures. The government only banned international travel and introduced mandatory 14-day quarantines at the point of entering the country. It restricted the use of masks in institutions with less application in public settings. The government did not restrict physical contact, even conducting testing and vaccination campaigns by March 2021 (Ezra et al., 2021). Between March 2020 and March 2021, the public did not consider the use of masks as mandatory. However, the use of water dispensers at home (rural and urban), shops, and offices was mandatory. Unlike other countries, Tanzania withdrew from the initial restrictions by reopening schools, universities, national borders, and other related gatherings. It also discouraged social distancing and the use of masks, and it allowed church gatherings, sports and games (Patterson, 2022). After the death of John Pombe Magufuli in March 2021, Samia Suluhu Hassan, the Vice President became the president upon the constitutional requirements. She was in charge of the pandemic from March 2021. She aligned with WHO recommended measures, and launched the COVID-19 vaccination campaigns on July 28, 2021.

Despite the importance of COVID-19 discourses in raising public awareness against the pandemic, in Tanzania, some of the political, public, health, and media discourses did not align with the recommended measures. Some of the public discourses expressed their emotion against the COVID-19 vaccines. They associated vaccines with evil, a source of death, a decline in human intelligence, and a decline in sexual performance (Malima & NGAIZA, 2023). Moreover, online media users denied social distancing based on the crowding nature of public transport (Robinson & Malima, 2021). Political discourses flourished with delegitimation actions of Western measures alternatively to traditional measures and spiritualism approaches (praying and fasting). With the available inconsistencies in implementing discourses against the pandemic, the study aimed to analyse delegitimation discursive strategies used by John Pombe Magufuli in his speeches to deny COVID-19 in Tanzania. The target was to gain insight into the way delegitimation actions are accomplished through discourse during a crisis.

Analytical Approach

Critical Discourse Analysis (CDA), particularly, van Leeuwen's legitimation analytical approach (2008) was used to achieve the research objective above. This analytical approach deals with the sense of acceptance achieved through discursive arguments linked to legitimation or delegitimation arguments. Such arguments may be accomplished through the four discursive strategies, namely: authority, rationality, moralisation, and mythopoeia. The approach enables the analysis and discussions of the findings based on the power-holder's experience, a system of knowledge, self-reasoning,

evaluation, power, regulations, and norms of practices. First, this approach enabled the researcher to analyse the way authority has been used in discourses through official positions, norms of social practices, use of experts (direct or indirect quotations), and reference to famous people to accomplish delegitimation actions. Second, the analytical approach enabled the analysis of rationality arguments based on the way the head of state employed reasoned arguments, knowledge, and experiences to accomplish delegitimation actions during the pandemic. Lastly, the approach enabled the analysis of the power-holder's evaluation of the pandemic, mitigation measures, and people involved in delegitimation actions.

Materials and Procedures

Tanzania was the focus of the study, following different inconsistencies in implementing discourses against the pandemic. The two speeches addressed by John Pombe Magufuli ¹during the pandemic were collected. The judgemental purposive sampling technique was employed to collect the two speeches given on April 22 and May 3, 2020. The selection criteria were based on the speeches relevant to the COVID-19 topic with the exclusions of short remarks and reflections on the pandemic. These speeches were physically collected in forms of audio-speeches from Tanzania Broadcast Corporation (TBC) after the submission of the research permit obtained from the University of Dar es Salaam.

Analysis Procedures

The analysis was guided by van Leeuwen's framework on delegitimation strategies and Attride-Stirling's (2001) six-stage process for qualitative data analysis. First, the audio speeches were transcribed in Kiswahili, then translated into English for wider accessibility. Both processes were overseen by a Kiswahili-English expert from the university to minimise researcher bias.

Next, the researcher and an assistant coded the data collaboratively to ensure consistency, using van Leeuwen's four strategies – authority, rationality, moralisation, and mythopoesis – as the analytical lens. The themes were then refined by grouping similar strategies, excluding irrelevant ones, and distinguishing between different strategies.

In the subsequent stage, the refined themes were described and explored to uncover underlying patterns. Finally, the discursive strategies were interpreted and discussed in relation to previous studies, relevant theories, and the socio-political context of the pandemic.

Findings

The results of the findings show that John Pombe Magufuli employed three delegitimation strategies to denying COVID-19 pandemic. They include the use of authority, rationality, and moralisations as shown in tables 7, 8, and 9.

Authorisation

¹ John Pombe Magufuli was the fifth president of Tanzania after Mrisho Jakaya Kikwete. John Pombe Magufuli ran as the candidate of Chama Cha Mapinduzi and won the October 2015 presidential election. He was then re-elected in 2020. He became in charge of the pandemic since the occurrences of the first Covid-19 case on 16th March, 2020 to March, 2021 before his death. After his death Samia Suluhu Hassan become his successor to present

The findings in Table 7 show that John Pombe Magufuli employed authority, specifically, personal authority to deny the use of isolations in Excerpt 1, to deny lockdown applications in Excerpt 2, and to deny Western COVID-19 testing samples in Excerpt 3.

Table 7: Authorisation discursive strategies used to deny COVID-19 pandemic

Excerpts	Raw Data
(1)	<p><i>Wizara ya Afya mchukue hizo tabadhari kwa kuangalia kwamba inawezekena wakati umefika badala ya kuwakalisha pale muda mrefu wakati hata akienda mtaani atawakuta wengine walioumwa. Tuconcentrate zaidi na wagojwa badala ya kuconcentrate na kuwakeep kwenye isolations watu ambao ni wazima, tunapoteza resources zetu.</i></p> <p>“The Ministry of Health take those precautions, by considering that it may be the right time to keep them away from isolation because on the street he/she will meet others who have suffered from [COVID-19]. Let’s concentrate mostly on the victims, instead of keeping in quarantines the healthy people; we are wasting our resources.”</p>
(2)	<p><i>Mtu anazungumza ‘funga Dar es Salaam, funga Tanga,’ Sifungi. Nilishasema ni lazima Watanzania tuisibi, tuchape kazi, na tuendelee kuchukua precautions.</i></p> <p>“Someone says, ‘Lock Dar es Salam, lockdown Tanga.’ I won’t do so. I said that we Tanzanians must live, work, and continue taking precautions.”</p>
(3)	<p><i>Nilizungumza na vyombo vya ulinzi na usalama hapa siku ile na nikatoa maelekezo, kwamba bebu nendeni mkacbeke hivi vipimo vikoje?</i></p> <p>“I spoke with the security and defense agencies here that day and I instructed them to go and investigate the test samples to see how they are.”</p>

Source: Field Data from Tanzania Broadcast Corporation (TBC).

Rationality

The findings in Table 8 show that John Pombe Magufuli employed rationality strategy, specifically, instrumental rationality to discourage the banning of business and markets in Excerpt 4 and to discourage the application of quarantine in Excerpt 5. He employed experiential rationality to normalise the pandemic in excerpts 6 and 7. Moreover, he employed scientific rationality to invalidate the use of Western COVID-19 testing samples in Excerpt 8.

Table 8: Rationality discursive strategies used to deny COVID-19 pandemic

Excerpts	Raw Data
(4)	<p><i>Sasa unapofunga Dar es Salaam, ina maana Dar es Salaam wasipelekewe mbele? Ina maana Dar es Salaam wasipelekewe viazi vya kutoka Mbeya? Ina maana Dar es Salaam wasipate ndizi za kutoka Bukoba? Ina maana madereva wa Dar es Salaam wasibebe mafuta kupeleka mikoani, na Dar es Salaam ndio bandari? Kwa hiyo tuendelee kuchukua hatua na sio kulockdown Dar es Salaam, never.</i></p> <p>“If Dar es Salaam is locked, does it mean that Dar es Salaam should not be supplied with rice? Does it mean that Dar es Salaam should not be supplied with potatoes from Mbeya? Does it mean that Dar es Salaam should not be supplied with bananas from Bukoba? Does it mean that Dar es Salaam drivers should not transport inflammable goods upcountry, while Dar es Salaam is the port? Therefore, let’s continue taking precautions but not lockdown Dar e Salaam. Never.”</p>
(5)	<p><i>Hakuna sababu ya mtu unamleta pale anakaa, sijui siku kumi na nne siku ishirini wakati unamwona kabisa hana tatizo. Tuconcentrate zaidi na wagojwa badala ya kuconcentrate na kuwakeep kwenye isolations watu ambao ni wazima, tunapoteza resources zetu.</i></p> <p>“There is no reason to bring a person and retain him/her somewhere, say, for fourteen days, or twenty days, even when it is clear that they don’t have a problem. Let us concentrate more on the victims, rather than keeping the healthy in isolation. We are wasting our resources.”</p>
(6)	<p><i>Inawezekana kuisibi na huu ugonjwa kama wanavyoishi watu wenye UKIMWI, wenye surua, wenye TB na nini na maisha yakaendelea. Tuache kuogopana, tuache kutishana.</i></p> <p>“It is possible to live with this disease as people with HIV/AIDS, people with measles, and people with TB do, and life goes on. Let’s not fear one another, let’s not scare one another.”</p>
(7)	<p><i>Lakini Watanzania tusikubali kutumika, korona baiko Tanzania tu, iko kila mahali, iko Marekani, iko Uingeleza, iko Uholanzi, iko Swideni, iko everywhere. Iko Japani, iko China, iko kila mahali. Sasa wasiitumie hii kama base, kwanza huu ugonjwa haukuanzia hapa.</i></p> <p>“We Tanzanians should not let ourselves be manipulated. Corona does not only exist in Tanzania, it is everywhere. It is in America. It is in Britain. It is in the Netherlands. It is in Sweden. It is everywhere. It is in Japan. It is in China. It is everywhere. So, let them not use it as a “base”. After all, this disease did not originate here.”</p>

(8)	<p><i>Tulichukua sample za mbuzi, tukachukua sample za kondoo, tukachukua sample za papai, tukachukua sample za oil ya gali, na sample za vitu vingine mbalimbali. Tukavipeleka pale kwenye maabara bila wao kujua na tukavipa majina. Sample ya papai tukaipa jina Elizath Anne, miaka ishirini na sita female, papai lile lilikuwa positive, kwamba lina korona. Maana yake maji yaliyotolewa mule ndani kwenye papai ni positive. Tulipeleka sample ya ndege kwale, imekuwa positive.Tumebukuwa mbuzi akawa positive na tukachukuwa kondoo akawa negative.</i></p> <p>“We took a goat’s sample, we took a ram’s sample, we took a pawpaw sample and we took motor vehicle oil sample and samples of many other different things. We secretly named them in the laboratory, without the knowledge of the laboratory staff. We named the pawpaw sample “Elizabeth Anne,” a twenty-six-year-old female. That pawpaw tested COVID-19 positive. This means that the fluid taken from the pawpaw is positive. We sent a quail bird sample and it tested positive. We also took a goat and tested positive but a ram tested negative.</p>
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Source: Field Data from Tanzania Broadcast Corporation (TBC).

Moralisation

The findings in Table 9 show that John Pombe Magufuli employed moralization discursive strategies, specifically, moral evaluation to show that Western social media spread misinformation during the pandemic in Excerpt 9; to show police officers’ immoral practices of reporting wrong cases of Covid-19 victims during accidents in Excerpt 10; to show that laboratory workers in the National Referral Laboratory (NRL) reported wrong Covid-19 testing results for the interests of capitalists in Excerpt 11; and to show his dislike to close religious gathering done by religious leaders in Excerpt 12. He also employed abstraction strategies to discourage using Western Measures by emphasizing the values of national solidarity, fearlessness, hard work, spiritualism, and national autonomy in excerpts 13 and 14.

Table 9: Moralisation strategies used to deny COVID-19 pandemic

Excerpts	Raw Data
(9)	<i>Nimegundua baadhi ya hawa social media wala sio Watanzania namba zao ziko kwenye nchi zingine za jirani, wanawachafua tu Watanzania.</i> “I have realised that some social media users are not Tanzanians; their mobile phone numbers belong to the neighboring countries. They are only tarnishing Tanzania’s image.”
(10)	<i>Siku hizi hata mtu akikutwa na ajali, polisi wanakwenda wanavaa gloves zao wanasema, ‘Huyu ana Korona’.</i> “Nowadays when a person is involved in an accident, police officers go the scene wearing groves and say, “This person is COVID-19 positive.”
(11)	<i>Either wabusika wa laboratory ile wamenunuliwa na mabeberu.</i> “Either those in charge of the laboratory have been bought by capitalists.”
(12)	<i>Viongozi wetu wa dini msituposhe. Unazuia waumini wako wasiende kanisani, unaweza kukuta buo msikiti hata bukumjenga wewe, umejengwa na hao waumini</i> “Our religious leaders do not mislead us. You stop your believers from going to church. Perhaps you didn’t construct the mosque. It was the laity who constructed it.”
(13)	<i>Watanzania tusimame imara, tushikamane, tumtangulize Mungu, watu tuchape kazi, tusiogopane, tusaaidiane bili tatizo liondoke.</i> “Let us Tanzanians be strong, cooperate, trust God, continue working, not fear one another, and help one another in alleviating this problem.”
(14)	<i>Maswala ya kucopy na kupaste hatutayarubusu hapa nchini</i> “The copying and pasting of things shall not be allowed in this country.”

Source: Field Data from Tanzania Broadcast Corporation (TBC).

Discussion

The findings showed that the head of state employed authority, rationality, and moralisation delegitimation strategies to deny the use of Western measures. He denied the application of lockdown and quarantine. He denied the closing of the businesses, markets, and borders. He denied the publication of COVID-19 death cases and new spread cases. He also allowed the re-opening of gathering-related activities like education institutions, and sports and games. He discouraged the closing of religious-related gatherings. He discouraged the use of Western masks and the use of Western testing samples. He negatively presented the Western social media, some police officers, national referral laboratory workers, and some religious leaders for their intention to support the Western measures.

The head of state framed the pandemic as a war waged against his country in the interests of capitalists. His claim that laboratory workers were compromised by these actors reflected uncertainty about the pandemic itself. Viewing it as a war led

him to perceive Western mitigation measures as instruments serving capitalist agendas. Douglas (2021) presents that uncertainties of the pandemic among individuals led to the emergence of COVID-19 conspiracies. When these uncertainties emerged, they negatively impacted the public responses towards the proposed measures. The raised uncertainties from the head of state might have impacted the public behaviours towards the WHO recommended measures. His uncertainties concurred with the (Wang, 2022) study in the USA. The study found that the political speeches in the USA showed that the pandemic was linked to the Chinese economic plan against the US.

The head of state's delegitimation practices of the Western mitigation measures took the country in another direction regarding the management of the pandemic. Bealiving the pandemic as a war, he opted for local measures. He emphasised the use of local measures such as herbal steaming treatment, garlic, and onions unlike the Western measures (masks, social distancing, testing samples, and lockdown). Such observations concur with Van Dijk (2011) concept of evaluation from which the in-group properties are emphasised as good, acceptable and moral and out-group properties are deemphasised as bad, unacceptable and immoral. In achieving delegitimation actions, the head of state also deemphasised the Western media, some religious leaders, laboratory workers, risky individuals, and some politicians as the agents who were used to achieve the capitalists' interests in the country.

The head of state also denied the application of lockdown in the country. His denial based on his need to supply food to the people during the pandemic. He declared the free movement of people, doing business, and opening of markets so that people should be supplied with their basic needs. Moreover, he also denied the lockdown to avoid the wastage of human resources during the pandemic. His denial actions explained by his experience with the lockdown consequences in sub-Saharan countries. For instance, it has been reported that 9.1% of the sub-Saharan population had fallen into immediate poverty following the use of lockdowns (Asare & Barfi, 2021). Moreover, his decision to discourage the use of lock down and allowing free movement of people might have exposed the public into a danger of being affected with coronavirus. This is because, people continued to do business as usual. Even in public places like shopping centres, bus stations, and in public transport, most people could not wear masks and were getting close to one another as usual.

He also denied the use of testing samples based on the scientific approvals¹ in the National Referral Laboratory (NRL). However, the denial of the testing samples might have limited the updating of the COVID-19 spreading behaviour in the country and the public's lack of information on the new spread cases. This denial was followed by restrictions on publishing the new spread and death cases (Mfinanga et al., 2021). These denial actions might have resulted in public exposure to the risks of being affected by the virus. The head of state's use of the strategy concurs with Gordon (1980) who holds that it is the scientific discipline that can map the surface structures of an object (testing samples) enough to set discursive boundaries for delegitimation purposes. Van Leeuwen (2008) also adds that when power-holders employ scientific knowledge

¹ The head of state ordered the verification of the Western testing samples used during the pandemic. They collected animal samples (goat, sheep), plant samples (pawpaw, onions), oil samples, and bird samples. They gave them human names and sent them to be tested in the NRL. The results were inconsistency. Some tested positive, some negative and others inconsistent.

in discourses, the target is to show the public that something is either valid or invalid for social use. By doing that he/she achieves his/her communicative goal. Moreover, the government restrictions in the use of testing sample affected the Worldometer publication of the upto-dated COVID-19 spread cases in the country. However, after the death of John Pombe Magufuli, Samia Suluhu Hassan allowed the testing of COVID-19 and publications of new spread and death cases. Her decision helped Worldometer in publishing up-to-date information.

The head of state's denial actions of the Western measures implied his decision to use an integrative approach to managing the pandemic. He employed personal authority to emphasise the values of hardworking, and fearlessness, at the same time calling on the public to take precautions. The integrative approach worked with his decision not to allow a lockdown of people, instead, people were encouraged to go to their jobs, and even not to fear the pandemic at the same time taking precautions. Van Leeuwen (2008) insists that power-holders may employ institutional positions to direct the public to follow the government recommendations. Unlike other countries, Tanzania did not apply lockdown. People were encouraged to work as usual (Asare & Barfi, 2021).

The head of state's denial reflected an emphasis on national autonomy, privileging local solutions over external ones. He rejected "copy-and-paste" Western measures, instead promoting traditional practices and spiritual approaches such as prayer and fasting (Kwangerema et al., 2021). This stance implied rejection of Western support and international collaboration, aligning with Kangwerema et al.'s (2021) observation that political discourses during the pandemic downplayed external assistance.

His denial also took the form of normalisation strategies, framing COVID-19 as comparable to malaria, TB, HIV, or flu through experiential rationality (van Leeuwen, 2008). This framing sought to ease public panic fuelled by misinformation, consistent with findings in Tanzania (Malima et al., 2024) and Italy (De Rosa & Mannarini, 2020a) that linked such discourse to confidence-building.

Mobilisation strategies further reinforced denial. Citizens were urged not to fear, police tasked with suppressing "misinformation," and media directed to circulate "good information." Similar patterns of mobilisation are documented in the USA (Wang, 2022), Italy (De Rosa & Mannarini, 2020a), and Serbia (Milutinović, 2021), where public responsibility and institutional discipline were emphasised.

Finally, denial produced tensions with WHO, Western governments, and Africa CDC. The president refused to release COVID-19 case and death data and declared Tanzania coronavirus-free, corroborating Kangwerema et al.'s (2021) account of strained relations. Yet, his approach arguably bolstered public confidence through normalisation and enabled low-income earners to maintain livelihoods by keeping movement unrestricted (Malima et al., 2024).

Conclusion

This study examined the delegitimation discursive strategies employed by John Pombe Magufuli in denying COVID-19 in Tanzania. The findings reveal that he used personal authority to reject quarantine and Western testing samples; instrumental rationality to oppose quarantine and market closures; experiential rationality to

normalise the pandemic; and evaluative strategies to dismiss COVID-19 deaths and test results. He further relied on abstraction to promote values of solidarity, fearlessness, spiritualism, hard work, and national autonomy.

These denial strategies generated tensions with international health agencies, limited access to technical assistance, constrained public choices in mitigation, and increased vulnerability to COVID-19 by withholding vital information. They also reflected a distinctive management approach, marked by reliance on local measures, normalisation, mobilisation of internal resources, and an underestimation of the pandemic's severity.

From van Leeuwen's analytical perspective, the study demonstrates how power-holders can deploy discourse as a tool of authority, knowledge, rationality, and normative practice to advance denial during crises. It is recommended that future research should further interrogate the role of delegitimation in crisis discourses across diverse contexts.

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