



South Africa and Covid-19 Pandemic: Unpacking the Strategies of Management and Control

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ABSTRACT

South Africa at 6th September, 2021 recorded 2,824,063 cases of people with corona virus and 83,617 deaths resulting from COVID 19. It has made over 1700 arrest to enforce strict compliance to the lockdown imposed on the country when the case started and has increased stimulus packages for companies and individuals to cushion the effect of lockdown on the economy. It has also increased the capacity for testing and has since eased the lockdown initially imposed on the country. Away from few cases of African countries such as Botswana and Tanzania, South Africa has adopted a methodology for managing COVID 19 pandemic that seems to be a direct adaptation from the advanced countries of the United States, France and the United Kingdom. This study using qualitative and participant observation methods investigates the process of managing the pandemic in South Africa, the extent to that has helped to flatten the curve of the spread and the impact it has on the people and the economy of South Africa generally. It probes further to query if there are homegrown alternatives that may be best suited to containing and managing situations of this nature going forward.

Keywords: Covid-19, South Africa, Home-grown-alternatives, Lockdown, Pandemic

JEL Classifications: I1, H, E6, R

1. INTRODUCTION

Corona virus (COVID-19) disease first emerged in Wuhan City in China, in December 2019. It is a very high infectious disease which can affect a very large population in short time. Due to the high rate of its infectiousness, the World Health Organization (WHO) confirmed it a Pandemic in March, 2020 and the United Nations Secretary General refers to it as the highest encounter the world has witnessed since the Second World War (Saxena et al., 2020). According to Worldometer (2020) it was reported that the disease spread more than 6.52 cases across 188 countries and territories resulting in more than 385,000 deaths by 3rd June 2020. The disease has been ravaging the whole world and no continent is spared. The infection got to its peak in the United States of America where it affected 2,360,593 people as at 22 June, 2020 and has resulted in the loss of over twenty-five million jobs. United Kingdom is not spared as even the Prime Minister Boris Johnson was at the

Intensive Care Unit for several weeks as a result of being tested positive for covid-19. Italy at a point was declared a crisis zone where the medical facilities were overwhelmed and even required support of doctors from countries like Cuba for medical resource assistance. The Latin America is the worst hit, the cases in Brazil have continued to spike up despite concerted work at containing the virus. The Indian case reached an alarming rate in 2021, where dead body was found on the street, hospital facilities became overwhelmed and global help became expedient.

Considering the fact that no country is spared, developed countries also struggled to survive the pandemic, it was feared that if the virus gets to Africa it may overwhelm the continent which may result in high rate of death. While this palpable fear was real, there was another view which held, that the hot weather situation in most of the African countries may be a blessing in disguise and may help to kill or mitigate the effect

of the virus while in incubation. This is against the backdrop that some uninformed masses believe corona virus is a rich man disease and the poor may not have to worry about it. All these suppositions make the management of the virus even more cumbersome in Africa.

Africa recorded her first covid-19 case on the 14 February in Egypt. With the advent of the pandemic in Africa, some countries like Tanzania and Madagascar have either denounced the existence of the virus outright or seek home grown solution to the pandemic. Other countries such as Nigeria, Ghana and South Africa have decided to follow the way of the western world by adopting the protocol of containment employ by these countries. South Africa recorded its first case of the virus which is a young man among a group of people who returned from Italy on the 5th March, 2020. In the bid to avoid further spread of the virus, all the ten people were traced and isolated. As part of strategy to allay the fear and control the panicky situation in the country, Dr Zweli Mkhize, the then health minister was timely in communication by issuing a statement following the confirmation of South Africa's first COVID-19 case, this was followed with daily press releases to update the public. In order to accommodate the heterogeneity of the country, the state also adopt social media campaign using different languages in the state to educate the public. The education messages emphasized the importance of hand washing with soap and water, the use of an alcohol-based hand sanitizer, the need for physical distancing, it also taught method of covering the mouth with a tissue or flexed elbow when sneezing or coughing, and the need to seek medical attention when the need arises (Charles, 2020).

One week into the discovery of the first confirmed case in South Africa, the country recorded seventeen confirmed cases. Sixteen of these people travelled back from high-risk country to South Africa. This statistic appeared worrisome because one of the PUI has not travelled outside South Africa indicating a local transmission spread (Charles, 2020). On March 14, 2020, as part of being responsive to its citizens, the government of South Africa transported 114 COVID-19 negative South Africans from Wuhan, China, back to the country. In order to observe strict precautionary measure, the 114 people were put on 15-day quarantine at a designated facility. As at 13 June, 2020, the South Africa Resource Portal on COVID-19, reported that so far the total number of test conducted is 1,060,425, number of positive cases is 61, 927, number of recoveries is 35, 006, and total number of death is 1,354. A year after, South Africa recorded 2,824,063 cases of people with corona virus and has suffered 83,617 deaths resulting from COVID 19. In the meantime, the process of managing and containing the pandemic in South Africa will be further expatiated in the study. Methodology adopted for the study is qualitative method mix with a participant observation. Through content analysis, various qualitative resource materials will be analysed. The participant observation will give an on-the-spot assessment of how various cases of the pandemic are managed in the country. The Objectives of the study include: To unpack the management strategy of covid-19 in South Africa, to analyse the extent such methodology has helped in the containment of the pandemic in South Africa and to inquire if a home-grown alternative is available for the management.

The paper after the introduction is followed by an overview of the COVID-19 case from the first case till when it was declared a pandemic, it further discusses the methodology, objectives and the structure of the paper Section two looks at the conceptual framework, discussing the theoretical underpinning the current discourse. The third segment looks at the global COVID-19 threat and how it has changed the narrative of daily activities in the world. This is followed with detail of the South Africa's response and management of the pandemic. Section five seeks alternative response to COVID-19 threat, rummaging on the feasibility of developing a home-grown response to the pandemic or other pandemic going forward. Finally, section six concludes with a discussion of the summary and prospecting for further research.

2. THEORETICAL UNDERPINNING THE STUDY

The developing countries still live under the impression of what scholars like Pareto said, when he averred that economic development in the advanced countries will also lead to economic growth in the developing world. Events over time have proven in the negative, this kind of statement is only meant to foster the dependent of developing countries on the developed economy. It prepares them to Seek their kind of solution and often, looking up on to the developed countries for help. The initial solution offered by Presbisch to get out of this strangulation and trap of the developed economy is to embark on programme of import substitution so that the underdeveloped countries need not purchase the manufactured products from the richer countries, in other words, seeking for alternative, which in practical term may require prospecting for a home-grown alternative or a less terrific and strangulating economy within the rank of developing economies. The process in which the developing countries look up, or are in absolute reliant on the developed country is best explain by dependency theory. It is within this precinct that this current study will be analysed.

Sunkel (1969) defines dependency as the description of economic development of a country in relations to external influences, political, economic, and cultural on national policies. Dependency has mostly been attributed to historical influences that ends up favouring some countries over another (Santos, 1971). In this case, it favours the developed countries and limits the potentials of the lesser economies. From these definitions, it is deduced that dependency is fluid and an ongoing process, it is the internationalisation of capitalism in diverse forms, and the recent COVID-19 escapade is arguably part of the process. Ferraro (2008) concludes that dependency theory attempts to explicate the present underdeveloped state of many nations in the world by examining the patterns of relations among nations and by arguing that inequality among nations is an intrinsic part of those interactions. Ferraro (2008) further argued the possibility that dependency is more closely linked to disparities of power rather than to the particular characteristics of a given economic system is fascinating and consistent with the more traditional analyses of international relations.

Frank (1972) gave a synoptic analysis of the structural evidence and composition of dependency theory where he averred that:

The capitalist system has fostered a rigid international division of labour which is responsible for the underdevelopment of many areas of the world. The dependent states supply cheap minerals, agricultural commodities, and cheap labour, and also serve as the storehouses of surplus capital, obsolescent technologies, and manufactured goods. These functions turn the economies of the dependent states toward the outside such as: money, goods, and services do flow into dependent states, but the allocation of these resources is determined by the economic interests of the dominant states, and not by the economic interests of the dependent state. This division of labour is ultimately the explanation for poverty and there is little question but that capitalism regards the division of labour as a necessary condition for the efficient allocation of resources.

Discussing the thrust of the dependency propositions, it should be noted that one of the main argument here is that dependency promotes or entrenched underdevelopment. Underdevelopment in this context is different from undevelopment. Underdevelopment denotes a situation where resources are intensively used, but only to serve and advance the development of the metropolises. While undevelopment refers to a situation where resources are under used or not cultivated at all. Ferraro (2008) inferred from this that, the underdeveloped countries are not poor because they are deprived of the scientific sophistication and transformation of the enlightenment age, rather because they are forcefully integrated into the European economic system only as a producer of raw materials and repositories for European finished goods. Accordingly, the theory avers that the expansion of European power is not only achieved through dominant state structure, but also through the instrumentality of local elite, who divinely believe in the economic system and values of the western states. This becomes easier because some of these elites are trained in Europe and their private interests coincide with that of the dominant state.

This seems to always be the reason they always seek solution to any national challenges from the western perspective. The COVID-19 pandemic presents a good example here. In the instance of African countries, most of them relied heavily on the recommendation from the western countries. They did not only reject home grown attempts or efforts, but are also hostile to them. The Tanzanian President who attempted a home-grown alternative was even rejected in his country.

South Africa like many other African countries is not exempted from this. It embraces in totality the western countries protocol on COVID-19 management even where it has the capacity to develop her own vaccine and methodology. It is instructive to note from the outset that some African countries like Ghana even embraced the protocol of the west in a more aggressive form to the point of discomforting both citizens and foreigners. While advanced countries like United Kingdom has since relaxed policies on COVID-19 bothering on testing, traveling restrictions and the like since 18 March 2022. Ghana later relaxed her own on Sunday 28 March 2022, South Africa did the same effective

23 March 2022. This is more like taking a cue from the advanced countries. This theory is very useful for our analysis because it has brought to the fore that modelling African ways of seeking solutions towards the western pattern is not a product of choice but by design. This, without mincing words has fostered excessive dependent on the west, and has in the same vein hampered local development. The need to be more introspective is even more expedient now. The COVID-19 case presented a situation where reliant and fall back on existing local health facility was the only probable means of survival, as borders were shut and there was restriction on movement and travelling. The question is has African leaders really learnt any lesson from this? This next section takes an overview of the pandemic.

3. OVERVIEW OF THE GLOBAL COVID-19 THREAT

The discovery of corona virus was first reported in Wuhan in December 2019 before it gradually spread across the world. By 30th January 2020, WHO declared the virus to be a public health concern emphasizing Nations should develop swift and serious approach in tackling it. As at 11th of June 2020, there have been 6,057,853 cases all over the world with 371,166 deaths globally (WHO COVID-19, 2020). The emergence of the pandemic has revealed the strengths and core flaws of governing system in the world. It has also established the interdependence and the paucity of global institutions to cope with all its manifold connections. In a bid to curtail the virus, countries shut down their borders to external forces.

In Asia, states promptly mobilized against the virus (Gardels, 2020). For example, China acted decisively in a historically unprecedented manner by locking down its cities thereby preventing people's movement across the country, and pioneering digital tools to thoroughly monitor infected cases (Gardels, 2020). Singapore on its own depended on radical information transparency from the start. This includes the easy access for citizens to test across the country, closure of schools and shut down of mass gatherings; flexibility at the work place by allowing people working from home in order to reduce physical contact, and daily decontaminated public transportation and infrastructures. South Korea increased the pace on the number of COVID-19 tests it conducts a day by setting up a drive through centres. For instance, South Korea conducted 12,000 tests a day, a figure which was high compared to other countries (Gardels, 2020). In Taiwan, the government utilized mediums such as social media and other digital platforms in creating sensitization on the virus as well as easy reporting for those who had contacted it or came in contact with someone who has the virus. Part of the precautionary measures taken by the country includes checking citizens temperature before gaining entry into populated places like the mall, companies, parks for kids, etc.

In the West, corona virus further exposed the inequality between the blacks and the whites particularly in the public health sector (Koka, 2020). In America, the underlying racial and class inequality that exists was brought to light following the pace African-Americans

were dying (Keeanga-Yamahtta, 2020). According to a report conducted by Reuters, in America, it was estimated that African Americans appears to be the worst hit compared to other groups that resides in the US. For example, in April 2020, Louisiana recorded a high figure in its Covid patients outside the North East and Mid-East with majority to be African-Americans. John Bel Edwards, the state Governor, John Bel Edwards on the 16th of April, revealed that eighty percent of the dead recorded in the state were African-Americans. In Michigan and Chicago, the state also recorded a high number of African-Americans that contacted the virus or died revealed the disparities between the white and the black people (Keeanga-Yamahtta, 2020). The UK, like the US experienced a similar tale. A statement by the UK health secretary, “The pandemic has exposed huge disparities in the health of our nation” Hancock gave credence to the claim. (Roberts, 2020). The United Kingdom recorded more deaths amongst the people who live in the least disadvantaged areas (Roberts, *ibid*). Equally, countries like Canada, Australia, Italy and Germany have been able to see the disparities that exists particularly in the health sector (Gardels, 2020; Keeanga-Yamahtta, 2020; Roberts, 2020).

North Africa’s and the Middle East reactions to COVID-19 have not all been consistent. Egypt made efforts to repress any reportage that seek to provide the extent of the virus within its borders. (Aljazeera, 2020); Iran denied the existence of the virus and as a result delayed responding to it, making it the epicentre of the virus in the Middle East; countries like Bahrain, Morocco, Tunisia, and Algeria adopted a human rights-based approach as a solution by decongesting the cells through the release of prisoners. While the virus was only starting to spread through the United Arab Emirate (UAE), the nation already implemented strict measures like social isolation and lockdown. Saudi Arabia took a tough stance by enforcing a curfew from dusk to daybreak, and preventing movement into the country, not even for pilgrimage (Solomon, 2020; Karamouzian and Madani 2020).

In an attempt to stop the spread in Sub-Saharan Africa, the Governments put their countries under lockdown and closed their borders to external forces. The continent’s health sector is in a dilapidated state as a result of the lack of medical facilities and equipment, hence being strict on preventive is required. In order to do this, immediate preventive measures, like the lockdown, social segregation, and other control measures implemented in several African countries, seem reasonable (Wells et al 2020). Despite the effect some of these measures have on the economy of these countries. We shall return to this shortly.

Apart from the interdependence amongst countries, the revelation of the haves and have-nots and the health impact of COVID-19, there have been other indirect consequences that has stemmed from the pandemic. The worst of these is the loss of livelihood and no income. COVID-19 have impacted millions of people in losing their jobs, according to the UN ILO (Kretchmer, 2020). Millions of jobs have been lost globally since the start of the pandemic. According to the UN ILO, the livelihoods of an estimated 1.6 billion people in the informal economy might be severely harmed, For instance, research showed that the jobless rate in Germany increased during the pandemic and by April, the

unemployment level has increased by 5.8% (Kretchmer, 2020); other countries, like South Africa, Canada, Japan, and the United States, also saw increases in their unemployment rates (Kretchmer, 2020). According to Lee (2020), United States unemployment figure as a result of Covid at 14.7% was last witnessed in the 1940’s.

Nonetheless, despite the negative effects on the economy, nations are developing corrective fiscal and monetary policies to help the weaker members of society. For instance, in nations like South Africa, the United States, Britain, Greece, etc., claims for unemployment benefits have skyrocketed. 3.8 million groups had filed for unemployment as of April 25, 2020, while over 7.2 million Canadians have requested emergency unemployment benefits. In a program known as “Chomage Partiel,” the government of France supports more than 10 million workers. As of May 29, 2020, the unemployment insurance fund in South Africa has spent over 16 billion rand to help those who had lost their jobs (D.E and L RSA, 2020; Kretchmer, 2020; Lee, 2020).

Following the strong impact, the pandemic has had around the world, it is imperative that Governments must develop sound plans and policies to assist their nations in the aftermath of the pandemic. According to Yuval Noah, the pandemic has created a new world different from the one we are used to. Hence, we cannot rely on old routines to get effective results rather, we as humans have to be innovative, creative and strategic and come up with new methods of doing things (Solomon, 2020). We are in the era of a new normal and must devise substantial and effective strategies to cope with the new realities. This leads us to probing into how South Africa in specific terms, how it has responded to COVID-19 pandemic in the country.

4. SOUTH AFRICA’S RESPONSE AND MANAGEMENT

As previously mentioned, the corona virus was first discovered in December 2019 in Wuhan, China. Within a short period, the virus has begun to spread across the world with the first verified case discovered on January 13, 2020 in Thailand. According to reports, it was an imported case from Wuhan (Sencan and Kuzi, 2020) and it continued spreading to other countries and continent like South Korea on January 20, 2020; USA on January 21, 2020; and Italy on January 31, 2020; amongst other countries. The virus, which spread like wild fire, moved swiftly from imported cases to local transmission as most countries recorded their first case through travellers into their borders.

In the whole of Sub-Saharan Africa, Nigeria recorded its first covid case on February 27, 2020, through a traveller from Italy (Burke and Rourke, 2020). This automatically increased the consciousness for every country in the region. Although, an interview with Prof Cheryl Cohen on February 4, 2020, indicated that South Africa has geared itself up for the virus and has taken up stringent measures in full preparation from the medical staffs, to securities officers who had been trained on screening procedure for the early detection of a possible case.

However, the discovery of the first COVID case in South Africa on March 5, 2020, generated panic amidst citizens, but the government called for calm. In the words of the health Minister Dr. Mkhize, he says “it is important not to allow panic set in as a country” (Msomi, 2020). Going forward, South Africa saw its second COVID-19 case on March 7, 2020, and its first locally transmitted case on March 19, 2020 (Deccan Herald, 2020; Mitchley, 2020).

For the 1st time in the country since the formulation of the disaster act, the government utilized it by declaring the country a state of National disaster following the sharp increase in the numbers of local transmitted case. Preventive and control measures such as immediate travel restrictions and the closure of schools beginning on March 18, 2020 were immediately put out to curb the spread. This denotes a total lockdown, with the exception of just the essential workers reporting for duty from March 26, 2020. One method for flattening the curve is the lockout. It is more of a method of regulating and preparing the healthcare industry for the upcoming months than strictly a strategy of prevention. In the words of Dr. Harsha Somaroo, a public health specialist, “the lockdown in the country will assist to stall community transmission since there would be a decrease in interactions among people” (October, 2020).

Another method adopted by the government is the exploration of scientific knowledge. Scientists in the absence of effective drugs or vaccines had come up with different strategies to reduce the spread of COVID-19. Amongst the strategies is the modelling analysis otherwise known as scientific guessing carried out by a team of researchers at the Imperial College in London. The modelling strategies termed as mitigation and suppression has assisted in influencing COVID-19 policy in the UK and other countries. Mitigation tries to delay the spread of the virus to reduce its impact on the health system. The assumption for mitigation is that if the virus spreads widely, management would become difficult leading to increase in lives lost. However, if the spread is delayed, the peak can be reduced and spread out over a longer period reducing its burden on the health care sector. The approach to achieve this includes the closing of schools, encouraging people to work from home, isolating positive people and encouraging social distancing. Suppression, on the other hand, is similar to mitigation but more drastic in that it does not give a chance for the spread of the virus rather it intends to stop the spread. Suppression uses similar measures as mitigation but in a more heavy-handed way such as mandatory home lockdown and self-isolation. South Africa like most countries in the world such as UK, Italy, Australia, and Germany adopted the mitigation model although the suppression model is acknowledged to be more efficient but can only be sustained in countries with flourishing economies who can afford to lockdown for a long period.

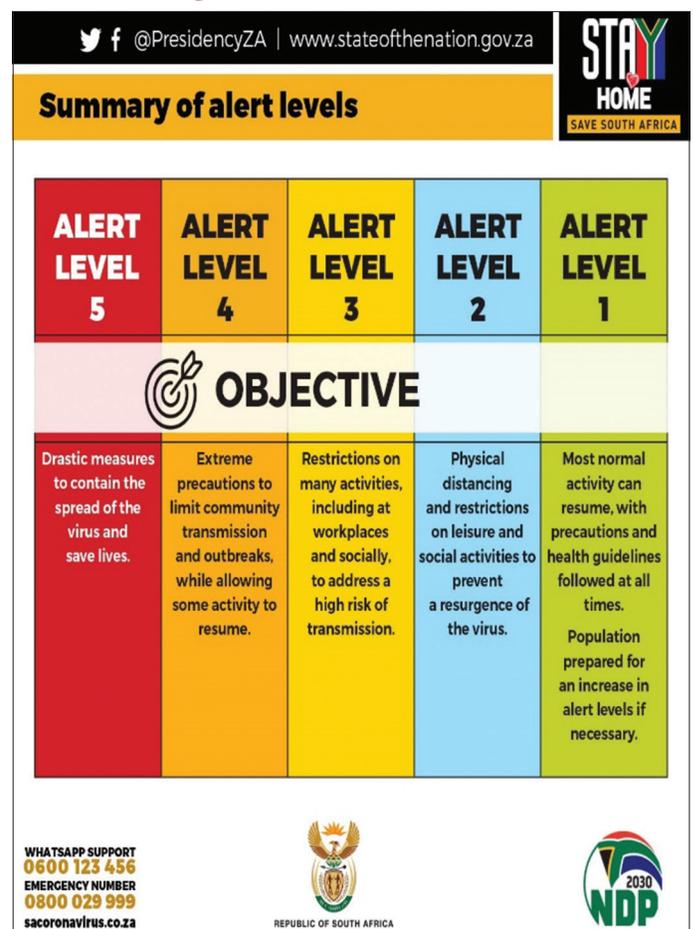
South Africa was proactive to identifying potential patients under investigation and isolating them. In doing this, there was en masse community screening and testing particularly in hotspot areas. There was door to door screening with available multiple test centres in strategic location of each community; drive-through testing centres for easy and swift access, isolation centres at designated hospitals and boarding facilities especially for asymptomatic and mild cases which constitutes a larger proportion,

increase in the number of intensive care units and beds in field hospitals, and identifying additional health personnel (Harding, 2020). Together with the previously outlined strategies for combating the pandemic, the government also put in place gradual exit strategy from the pandemic. The lockdown was divided into five risk-adjusted categories, each of which promotes public safety and assist with economic activities until the circumstance normalize. See Figure 1 for illustration.

A culmination of work done by cabinet clusters focusing on the country’s economy revealed a levelled up system would allow for flexibility and responsiveness. As reflected in Figure 1, at each level, the restriction would be more or less severe and permit more sectors. Applauding the South African response, the World Health Organization Director-General, Dr Tedros Adhanom Ghebreyesus commended South Africa on its measures in responding to the pandemic. In a tweet by Ghebreyesus, “I thank President Cyril Ramaphosa for his leadership and all South Africa’s government and all of the COVID-19 response teams with citizens doing their best to adhere to the measures taken to contain the virus” (Maromo, 2020).

Paradoxically, the applauded move of the lockdown initiative by South African government has been questioned by people who see a shortcoming in the initiative. Amongst those who criticized the lockdown is the council of scientists on the grounds that

Figure 1: South Africa’s level cluster



Source: South African Government (2020)

experts (scientists) were being excluded from given an opinion in the decision-making process (Karrim and Evans, 2020). The Science body, the South African Academy of Sciences (SAAS) argued that doctors and medical personnel make up the majority of the ministerial advisory council for Covid-19 in South Africa. A statement issued by SAAS highlighted scientists and experts in in epidemiology, vaccination, and infectious diseases to be crucial. However, the academy argued the pandemic to be a societal issue on that basis the advisory council should be inclusive of other scholarly components. Specifically, scholars in the social sciences and humanities (Naicker, 2020).

Another critique is the seemingly erratic lockdown policy option as against the disaster management policy of the country. This has been evidenced in the series of legal battles from individuals, businesses, NGOs and opposition parties. For instance, the judge in Liberty fighters 'network vs HOLA BONA Renaissance Foundation ruled out some of the lockdown regulations imposed by the Government to be unconstitutional and invalid (Maseko, 2020); also on the 17th of June, 2020, the opposition party, Freedom Front Plus approached the court to challenge the constitutionality of the Disaster Management Act and the decision to declare a national state of disaster (Business Tech, 2020).

However, despite the critique lashed out regarding the lockdown measure, like other nations that utilized the lockdown strategy, South Africa is thought to have made great strides in containing the virus's spread and improving the capacity of its healthcare system to do so while minimizing infections. Nonetheless, with a total of 124,590 positive cases as of June 26, 2020, South Africa has the greatest number of Corona virus cases on the continent. Compared to forecasts made assuming there was no lockdown, its trend has slowed substantially. For instance, infections were doubling every 2 days 3 weeks before to the lockdown. During the level 5 lockdown, the doubling time climbed to 15 days, and between levels 4 and 3, it switched to 12 days.

The lockdown as a result of the pandemic jeopardized people's livelihood. From March 27, 2020, majority of businesses have been closed. This led to several people being out of businesses and income. To this end, the Government provided a package of reliefs to aid the economy and enable people get through a trying moment in the nation. Such as:

- R1.135 billion to the taxi industry to assist the drivers and their operators during the lockdown (Retief, 2020)
- Unemployment Insurance Fund to the value of R17 billion to assist those who as a result of the pandemic became unemployed and also, for employers who cannot pay their employee salary (SA News CORONAVIRUS, 2020)
- A social and economic relief to the tune of R500 billion
- A loan scheme of R200 billion to assist operational costs such as salaries, rents, payment of suppliers etc.

The government also put measures in place to help enterprises that might be in trouble, this includes:

- Offering individuals who work in the private-sectors and earn less than R6500 a tax subsidy of R500 each month till the next 4 months.

- Allocated money to the tune of R500 million to assist small and medium enterprise that are struggling through the Department of Small business development.
- R3 billion was assigned to the Department of Trade, Industry and Corporation together with the industrial development corporation to assist vulnerable businesses (Mahlali, 2020).

While this measures by the government appears welcoming and certainly necessary, public participation must be encouraged to deepen transparency as the globe navigate through this period of uncertainty. welfare are to be applauded; in a similar vein, Africa should place a high priority on protecting its citizens' health and welfare, reducing the incidence of coronavirus infections, and ensuring that all infected people receive the necessary care. When the first COVID-19 cases were discovered in China, no one could have foreseen the velocity at which the illness would spread across Africa. But, by heeding recommendations based on solid research, Africans may significantly reduce its spread. COVID-19 pandemic could be used as tool of decoloniality, where Africans seek solution that is indigenous and home grown. This will afford Africa to develop its capacity and resources and showcase same to the world.

5. IN SEARCH FOR AFRICAN ALTERNATIVES TO COVID-19 THREAT

There have been naysaying and condemnation from all corners especially as those who attempt to critique and seek alternative options to COVID-19 threat are easily branded conspirators or conspiracy theorists. The situation seems worrisome and pathetic in Africa, where most of it leaders only sought and adopted hook-line-and sinker the approach of the western hegemons. Countries such as Ghana and Nigeria even went to the extreme in this matter. In Ghana for instance, travellers traveling to and from the country are meant to pay excessively at various points doing the COVID-19 test. Ghana border was closed to local commuters and was only opened after months when all COVID-19 protocols have been lessened or completely tuned down in places like United Kingdom and United States of America. Also, Nigeria's National Assembly was at a time attempting to make COVID-19 vaccination compulsory for all citizens, though this was vehemently resisted. The federal secretariat in Abuja, Nigeria also at a point compelled its staff to either take COVID-19 vaccine or show evidence of having tested negative to COVID-19, all these were to be carried out at the expense of the workers. Situations like this always affirm Africa excessive dependence on and adherence to the western ways. It proves a situation where African leaders are seen not capable to think outside of the box. This excessive dependence is one of the banes to the development question in Africa. The impression that developed countries will help bring about development in the developing countries is like a wild-goose chase. The onus however, lie on Africans to find solution to their developmental challenges. South Africa on the other hand has potentials to provide alternatives for Africa, in fact the omicron variant was prognosticated by South Africa, but nothing much come from this country too, as all the protocols for managing and

preventing COVID-19 in South Africa were western dependent. Thus, the alternative solution advocated for in this paper should not only be adaptive but also endogenous.

This is against the backdrop that Africa has some advantages working for it in the uniqueness of weather, people and abundant resources. At the outset of the pandemic, it was predicted that the situation will be so dire and complicating in Africa. There was this thought that due to the dearth of medical and appropriate facilities in most of the African countries, that high rate of death will be recorded. Ironically, the reverse seems to be the case. This is not unconnected to the uniqueness in weather, as it is argued that COVID-19 seems to be less active and contagious in hot region (Alam and Rumana 2021; Baker 2020). The non-climatic factors which should have been the focus of most African countries seems not to be receiving much attention. In most developing countries, people clusters and live in unregulated, underdeveloped environment and shanty apartment. This easily predisposes people to contracting and transmitting the virus easily. Unfortunately, rather than focusing on building and restructuring areas like this and creating facilities that will mitigate the spread of COVID-19. The government has always focused more on controversial vaccines and compelling people to observe COVID-19 protocols that will drain both government and individual finances.

The amount of money used for the procurement of vaccines is arguably enough to build state of the art medical facilities around some African countries. This amount of money could build ultra-modern health facilities across states or regions in some of the countries in Africa. World Bank in October 2021 approved additional 400-million-dollar loan for the procurement of COVID-19 vaccine in Nigeria (Agency Report 2021), this runs to billions of naira in Nigeria currency which should be enough to build substantial number of health facilities in the country. World Bank also gave South Africa 480 million dollars loan for the procurement of COVID-19 vaccine and gave Ghana 200 million dollars additional financing for COVID-19 vaccines (Mosana 2022; Fosu 2021). In some of these countries, Nigeria for example, the test centres are in short supply. The lesson this should have thought a discerning leader is to see to how medical facilities could be significantly improved and access to such facilities affordable by all. Unfortunately, the focus of most African leaders is to seek loan for the purchase of vaccines instead of building long lasting facilities.

Again, there are several controversies surrounding the production of COVID-19 vaccine. It is argued in this paper that this would have been of less concern if some of these vaccines are produced in Africa. South Africa, Nigeria, Ghana and others African countries should develop the capacity to produce local vaccine. Moreover, there are trado-medical or local herbs which capacity could be developed to provide alternatives to western vaccines as what obtains in India, china and elsewhere. This is one of the clamour around decoloniality where African voice is expected to be heard in the scheme of things through knowledge production and presentation of alternatives to the world. Instead of building human capacity, the focus has always been focusing on the temporary

solutions, which like procurement of COVID-19 vaccines will only benefit the producers. It is most damning in some countries in Africa, if individuals are making effort to develop alternative and they are not supported by their government.

Africa, due to her abundance resources should be trailblazer, unfortunately those resources are like a course to the continent. What Africa required is good leadership, leaders that will provide support and conducive environment for human potentials to be developed. As it is now, Africa is like a dumping ground, even COVID-19 vaccines that come to the continent came at a point when the western countries have taken care of her citizens. Little wonder when African leaders complained at a point that they were being discriminated against in the administration and sharing of the COVID-19 vaccine (Amnesty International 2022). For how long could complain such as this continue? The onus is on the continent to seek home grown alternative through the development and support of human capacity.

6. CONCLUSION

The novel coronal virus caught the world unexpected. The virus spread like wild fire and it has no restriction. It started from Wuhan in China and from there it spread to the entire world. The universality of the virus expectedly made the treatment and control seems universal as the world adopted protocol similar across border to flatten the spread of the virus. Despite the universal nature of COVID-19, it was noted that corona virus is easily contagious in an environment with cold weather, while the spread is mitigated or not more effective in hot weather region. Unfortunately, most African countries adopted a system of control that is entirely similar to the western protocol in spite of variation in weather. South Africa for instance as argued in the study adopted hook line and sinker the process similar to the west despite its richness in science and technology. South Africa like other countries in Africa did not present alternative measure to addressing and mitigating COVID-19 spread and control. It was further argued that some Africa countries like Nigeria and Ghana even cried more than the bereaved. A situation where they introduced and adopted COVID-19 protocol in such a manner that is devastating and even more discomforting to their citizens.

As noted in the study, Africa was predicted to be the country that will be mostly affected by the COVID-19 crisis. This is not unconnected with the poor medical facilities and lack of development of most of the countries. Ironically, Africa is one of the countries that is the least affected. This is probably due to the weather condition or poor data coordination of the continent. The truth of the matter is that despite this, the death rate in Africa from COVID-19 pandemic could not be compare to that of countries in Europe and Asia. Yet, Africa could not employ the uniqueness of its situation to present alternative solution to the world. Dependency provided a theoretical guide for the study. As noted by Pareto, Sunkel and other scholars discussed in the study, this encourage external control of process of thinking and economy of a country, a situation where dependency is not a matter of choice, but by design. Dependency as argued in the paper will further encourage unproductivity and underdevelopment of the continent

due to excessive reliance on the west for solutions at all time and failure to encourage and showcase local capacity and resources. Africa is strategically located, and it is endowed with both human and material resources, that is the reason it is canvassed in the paper that COVID-19 pandemic provided a unique opportunity for Africa to present alternative voice to the world in the area of control and management of the virus. The uniqueness of weather, people and location could have been employed, yet Africa also miss it this time. The lesson now is to develop human capacity and use the loan being access and money locally generated to build state of the art medical facilities across states or regions in Africa. Restructure the accommodation and the transport system of the continent. Build local capacity and encourage the use and development of local herbs. Develop local vaccines and stop the rat race of borrowing and using the same to purchase vaccines from the western countries. This is not doing any good to the continent in the short and medium time, and it will further worsen it in the long time.

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