

Full Length Research Paper

The politics of the coronavirus and its impact on international relations

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Received 7 June, 2020; Accepted 1 July, 2020

Pandemic outbreaks are not a new phenomenon globally. There is plethora of evidence to substantiate this view. However, each epidemic has its own defining features, magnitude, and discernible impact. Societies are affected differently. The coronavirus or COVID-19 is not an incongruity. Although it is still active, thus making detailed empirical data inconclusive, it has already impacted societies in many ways - leaving indelible marks. Regarding methodology, this paper is an analytic and exploratory desktop study which draws evidence from different countries to advance certain arguments. It is mainly grounded in political science (specifically international relations) and history academic disciplines. Firstly, the paper begins by looking at how the coronavirus has affected international relations – both positively and negatively. Secondly, using examples from different countries, it argues that the virus has exposed the political leadership by bringing to bear endemic socio-economic inequalities which result in citizens responding differently to government regulations meant to flatten the curve of infection. Thirdly, in the context of Africa, the paper makes a compelling argument that some of the socio-economic situations found within the continent are remnants of colonialism and apartheid. But it also proceeds to aver that these situations have been sustained in Africa due to factors like leadership deficit, nepotism, party politics, inefficiency, corruption and ineptitude. Lastly, the paper recommends that political leaders should refrain from making reckless statements and join hands with their citizens if the war against the virus is to be won.

Key words: Coronavirus, international relations, pandemic, political leaders, socio-economic inequalities.

INTRODUCTION

The official announcement on the outbreak of the coronavirus or COVID-19 in Wuhan city in the Hubei Province of China set the world on a new pedestal. Although the first cases were reported in December 2019 (hence the name COVID-19), it was only in January 2020 that WHO set up the Incident Management Support Team (IMST) across all its three levels of operation, that is headquarters in Geneva, regional headquarters¹ and country level. This action immediately placed WHO on an emergency footing. In no time, the virus had quickly

spread across the globe. Countries such as Italy, America and Spain recorded hundreds of infections and fatalities. Even countries like Comoros and Lesotho which did not have any cases up to March 2020 started reporting their first cases between late April and early May 2020. This sent a clear message that no country and no one is immune to this deadly virus.

But while this is evidently a global health tragedy, it is regrettable that some political leaders are using this pandemic to settle political scores. As this happens, international relations are affected both positively and negatively. At the same time, social inequalities within regions and individual countries have become even more

¹ The six regions are: Africa, Americas, Eastern Mediterranean, Europe, South-East Asia and Western Pacific.

glaring. While some of the citizens are able to cope with the National Lockdown regulations and abide by the health regulations encouraged by WHO and promulgated by national governments, other members of society find it almost impossible to comply. It is important to briskly state upfront that the leadership of Dr. Tedros Adhanom Ghebreyesus, the Ethiopian national who is the current Director General of WHO has been remarkable. He has been transparent and objective.

Against this backdrop, the paper looks at the politics of the COVID-19 pandemic and discusses how it has affected international relations. The submission is that while this is a health problem, its impact is discernible in the realm of politics. Drawing from desktop research, the paper argues that the virus has exposed social inequalities. One of the findings is that what started as a global health challenge has transcended into politics and shaped international relations. Linked to that is the conclusion that some leaders have resorted to using this pandemic for political expediency. One recommendation is that the political leadership across the globe should desist from using a global pandemic of this magnitude to settle political scores. This is deemed to be both disingenuous and foolhardy with potential long-term negative political consequences. Immediate gains could come back to haunt countries in the long run. It is argued that lessons could be drawn from previous experiences.

Reflections on the history of pandemics from a global perspective

Pandemic outbreaks are not a new phenomenon in the modern world context. There have been a number of them but they all passed and societies recovered. Pandemic outbreaks date back to prehistory – some date back to circa 3000 B.C. What has changed is the magnitude of the damage they caused to societies. A brief look at history uncovers a number of these pandemics. Interestingly, China, which is the source of the coronavirus, has not been spared from previous pandemics. About 5,000 years ago, there was an epidemic which literally wiped out a village in prehistoric north-eastern China, killing people across all ages. The magnitude was so severe that dead bodies were piled inside a house which was set alight. Consequently, the archaeological site which exists to-date was called 'Hamin Mangha' (Samal, 2014).

Again, it was around 430 B.C. soon after the war between Athens and Sparta had begun that an epidemic struck Athens. Conflicting views call it typhoid fever while others call it ebola. It is believed that overcrowding made

the situation worse. For the next five years, the country was in disarray. By the time this pandemic subsided, no less than 100,000 people had died. As Thucydides, the Greek historian later put it, "people in good health were all of a sudden attacked by violent heats in the head, and redness and inflammation in the eyes, the inward parts, such as the throat or tongue" (Thucydides, Translated by Crowley, 1914; Biello, 2006).

In A.D. 165-180, when soldiers returned to the Roman Empire from a lengthy campaign, they brought with them the antonine plague (some call it small pox). An estimated 5 million people are said to have succumbed (Pudsey, 2017). But, despite this tragedy, the Roman Empire recovered. Other pandemics included: Plague of Cyprian (A.D. 250-271), Plague of Justinian (A.D. 541-542), Japanese smallpox epidemic (735-737), Black Death (1346-1353), cocoliztli epidemic (1545-1548), American plagues (16th century), Great plague of London (1665-1666), Russian plague (1770-1772), Great plague of Marseille (1720-1723), Philadelphia yellow fever epidemic (1793), Flu pandemic (1889-1890), Sixth cholera pandemic (1910-1911), American polio epidemic (1916), Spanish flu (1918-1920), Asian flu (1956-1958), Hong Kong flu (1968), AIDS pandemic and epidemic (1981 to-date), SARS (2002-2004), H1N1 Swine flu pandemic (2009-2010), West African ebola epidemic (2014-2016), and Zika virus epidemic (2015 to-date) (Murphy, 2005; Biello, 2006; Samal, 2014).

During the Plague of Justinian, some sources claim that the damage was so severe to the extent that no one was left to die. The Black Death is said to have killed between 25 and 200 million people in four years. Smallpox was dubbed 'a European disease' and it ravaged the New World since the people there were not used to it. Cholera is acclaimed to be a victory for public health research due to the amount of research that was done on it in order to find a cure (Murphy, 2005; Biello, 2006). All these examples prove that pandemic outbreak is not a new phenomenon. Secondly, they show vividly that the impact of each pandemic is different. Therefore, the coronavirus fits into this trajectory and should be looked through the same lens even though it has its own characteristic features which might distinguish it from the ones enumerated above.

METHODOLOGY

Given the currency of this topic, the paper adopted an analytic and exploratory desktop study approach. It drew from history in order to understand how pandemics broke out, their impact, and how they were dealt with. Through an analytic approach, the paper looked at how the Coronavirus has affected international relations - both positively and negatively since its outbreak. In an attempt to

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understand the feasibility of complying with government regulations meant to lower the curve of infections, the paper focused on the socio-economic situations of different communities which would determine their compliance level. Although the main focus of the paper is on Africa, other countries were considered for comparison.

RESULTS

The impact of covid-19 on international relations

History reminds us that pandemics have had political connotations which affected international relations in different ways. For example, the Spanish Flu (1918-1920) mentioned above did not start in Spain as the name suggests, but in America. The first case was reported at a military base in Kansas in March 1918 (Vaughan, 1921). For political reasons, this pandemic was credited to Spain so that America could look innocent. The flu broke out during the course of WWI. As such, no country reported its cases in order to protect their political image. Since Spain was not active in the war, it was transparent in its reporting and thus reported many cases. This resulted in the disease being accredited to Spain, thus being named the Spanish Flu (Erkoreka, 2009). Other countries that were associated with this disease were China, Britain and France. Therefore, it should not come as a surprise that the COVID-19 pandemic has affected international relations and invoked the blame game. The game has been played before. There is no doubt that the coronavirus has both sustained and also reconfigured international relations – depending on the country that is being subjected to a cogent analysis. Within this context, as some of the relations have been good and have actually been consolidated by the outbreak of this pandemic, others have worsened in instances where countries had pre-existing political differences. For ease of reference, it would be ideal to discuss these different impacts separately.

Positive impact

It is an irrefutable fact that the coronavirus has left many countries devastated – with some even struggling to respond to it appropriately. But it is equally true that other countries have used this tragedy to wittingly and unwittingly consolidate their international relations. Cuba, for example, has a long history of assisting other countries with medical support. This is what is referred to in the realm of international relations as *medical internationalism* (Hammett, 2007). Drawing from this experience, Cuba has sent out doctors to over 22 countries across the globe to lend a helping hand. One of them is South Africa where more than 200 doctors who specialise in different areas have landed on the South African shores. It should be noted that the plane that was dispatched by the South African Government to bring the Cuban doctors into South Africa was filled with medical supplies which the South African government gave to

Cuba, despite having shortages internally. In that sense, the COVID-19 pandemic has sustained relations between South Africa and Cuba.

Bilateral relations between Cuba and South Africa have deep roots. Following the decision by the African National Congress (ANC) to officially launch the armed struggle by establishing its military wing Umkhonto Wesizwe [Spear of the Nation] on 16 December 1961, the ANC and the Communist/Socialist world came closer. This also included strong relations with Cuba which was one of the proponents of the socialist order. In the 1980s, effective and ineffective sanctions were imposed on apartheid South Africa ((Levy, 1999; Jones and Müller, 1992; Lipton, 1989). Among the countries that the ANC relied on in achieving this goal was Cuba. Before assuming power in a post-apartheid state, the ANC which was still in exile strengthened its relations with the late Cuban President Fidel Castro. Some of the liberation fighters obtained their military training in Cuba. These relations continued until the ANC came to power in 1994. President Castro was one of the dignitaries that graced the historic inauguration of Nelson Mandela as the first President of a liberated South Africa. The warm reception he received on his arrival served as confirmation of these strong ties. During the same year (1994), Cuba opened its Embassy in Pretoria. In the following year (1995), South Africa returned the favour by opening its Embassy in Havana, Cuba. Over the years since then, the post-apartheid South African government has pursued a number of co-operation agreements with Cuba. Among the areas covered by these agreements are trade, health, and sports (Mamoepa, 2001).

Since 1994, successive presidents in South Africa have maintained good ties with Cuba. As mentioned above, one area of cooperation has been in the medical field. In fact, in 1993 two Cuban doctors established a primary health care system in Botshabelo in Bloemfontein, which is part of the Free State Province (Hammett, 2007). This gesture showed early signs that Cuba would forge strong relations with post-apartheid South Africa in the medical sphere. Indeed, in November 1995, “the first official health care co-operation agreement was signed between Cuba and South Africa by the then Health Minister Nkosazana Dlamini-Zuma” (Hammett, 2007: 66). The agreement was renewed and expanded in 1997 and 2001, respectively (Department of Foreign Affairs², 2002). Many South African students have since been trained in Cuba as doctors. Previously, Cuban doctors have also come to lend a hand in South Africa. Recently, former President Jacob Zuma travelled to Cuba for medical purposes. This was another demonstration of South Africa’s embracing of Cuba’s medical internationalism policy. The arrival of over 200 Cuban doctors in South Africa following the outbreak of the COVID-19 demonstrates continued relations between the two

² This is now known as the Department of International Relations and Cooperation (DIRCO).

countries.

While it is true that Cuba and South Africa have strong relations which date many years back and transcend the health sector, Cuba has used its strength in the medical profession to forge and strengthen relations with other countries. Venezuela is one of those countries. Under President Hugo Chavez, Venezuela had strong ties with President Castro's government. The current global pandemic has afforded Cuba the opportunity to take its medical internationalism project to more than twenty other countries across the globe. Among them is Qatar and Italy.

Other countries have also used the COVID-19 to strengthen their diplomatic ties. Following its announcement that it has an effective remedy for COVID-19, Madagascar experienced good reception in other African countries such as Tanzania, Guinea-Bissau and Congo-Brazzaville. South Africa on the other hand offered to assist with the medical testing of this remedy. These are some of the instances where the COVID-19 has created a space for countries to interact more closely. Various countries have been sharing information, material and financial resources as well as expertise. For example, the US Government donated 1000 ventilators to South Africa (Madiba, 2020). These are commendable efforts which improve and sustain international relations. But while it is true that the COVID-19 pandemic has positively affected international relations, there are instances where these relations have been negatively affected. Some examples are discussed below to buttress this assertion.

Negative impact

Some examples show that the COVID-19 has negatively affected international relations. It is, however, important to hurriedly state that some of these relations were poor anyway even before the pandemic outbreak. But what has happened is that they have worsened during the COVID-19. For example, Cuba's good gesture or medical internationalism has not been welcomed by all countries. If anything, it has actually contributed to the further deterioration of relations between Cuba and some of the countries. As South Africa and Qatar celebrated the arrival of Cuban doctors on their shores and gave accolades to the Cuban government (with some medical professionals and politicians disapproving this move), America sang a different tune. President Trump's administration was critical of those countries that accepted Cuban doctors. Mike Pompeo, US Secretary of State, was quoted making a scathing attack on South Africa and Qatar for accepting medical doctors from Cuba. He accused Cuba of "profiting from the pandemic" and appealed to other countries to refuse to accept these Cuban doctors. Pompeo complained that "We have noticed how the regime in Havana has taken advantage of the Covid-19 pandemic to continue its exploitation of

Cuban medical workers" (Africanews, 30 April 2020). While this accusation was coined as a demonstration of solidarity with the Cuban workforce, the reality is that the American government was simply pushing its old political agenda which strives for the ostracisation of Cuba. Since President Trump assumed office after the 2016 American election, he has reversed all the gains made by former President Barak Obama in mending the wall with Cuba. So, his actions are not new.

Another diplomatic concern is the accusation levelled by President Trump's administration against both China and Russia, accusing them of "stepping up cooperation to spread false narratives over the coronavirus pandemic." Lea Gabrielle who is the coordinator of the state department's global engagement centre mandated to track global propaganda claimed that "even before the Covid-19 crisis we assessed a certain level of coordination between Russia and the PRC [People's Republic of China] in the realm of propaganda." She continued to state that "But with this pandemic the cooperation has accelerated rapidly." (The Guardian Weekly, 9 May 2020). This was in response to a propaganda message attributed to the two countries (China and Russia) which claimed that the source of the Coronavirus was a US lab located in China. According to this claim, Washington had resorted to this strategy with the aim of killing China from within.

While this claim could not be authenticated, it was given currency by President Trump's counter claim which he repeated on different media platforms. He claimed that his intelligence sources told him that the virus originated from a Chinese lab. When asked by a journalist on Aljazeera if he had information to this effect, he answered the question in the affirmative. The question was: "Have you seen anything at this point that gives you a high degree of confidence that the Wuhan Institute of Virology was the origin of this virus?" His response was emphatic: "Yes, I have. Yes, I have" (Aljazeera, 4 May 2020). When asked for more detail in this regard, President Trump argued that he was not allowed to divulge such detail.

The truthfulness of these claims is not as significant as their impact on the international relations between Washington on the one hand and Beijing and Kremlin on the other. Given the debilitating nature of the Coronavirus, one would have expected global leaders to put their political differences aside and work together towards finding a cure while keeping the infection rate to a bare minimum. The war of words or the mudslinging is unfortunate and not helpful. Flowing from the above, there were reports indicating that thousands of Americans are signing onto a class action lawsuit against the Chinese government. China was being accused of covering up COVID-19 during its early stages in 2019. Therefore, Beijing was expected to pay out billions of dollars to compensate Americans for things such as personal injuries, wrongful deaths, property damage and many other things linked to the COVID-19 pandemic.

What is concerning is that other countries also individually and collectively contemplated suing China large amounts of money in damages. The Jackson Society [the Conservative British Think-tank] reported that G7 countries could sue China no less than 3.2 trillion pounds (\$6.3 trillion) in damages. Australia alone was said to be planning a \$58 billion claim. The German Tabloid Bild Newspaper published what it called “an invoice” for China. Contained therein was a figure of 24 billion euros (\$41 billion) said to be for the loss of tourism revenue in March and April 2020 alone. The bill for small business stood at 50 billion euros (\$86 billion). In the event that Germany’s GDP fell by 4.2 per cent in 2020 (which is what projections said), China would be expected to compensate Germany by giving the country no less than 149 billion euros (\$255 billion) (Bild Newspaper, 20 April 2020). An Open Letter addressed to President Xi Jinping of China read thus:

Your Government and your scientists had to know long ago that corona [virus] is highly infectious, but you left the world in the dark about it.
Your top experts didn’t respond when Western researchers asked to know what was going on in Wuhan (Bild Newspaper, 20 April 2020).

Such developments did not augur well for diplomatic ties. While it is a known fact that there is a power struggle between America, China and Russia, one would not have expected leaders to use a deadly pandemic like COVID-19 to fight their battles for political expediency. There was another timed bomb which was set by a study carried out by University College London (UCL). According to this study, Black, Asian and Ethnic minority groups are more likely to die from COVID-19 compared to their white counterparts (Time, 6 May 2020). The identification of Africans, Bangladeshis and Black Caribbeans as the most susceptible groups to the pandemic could affect Britain’s international relations. In fact, this study, together with the reported high numbers of deaths among African-Americans in the US compared to their white counterparts could trigger a different debate. For example, are these groups really susceptible to the COVID-19 or is it their socio-economic situations that render them vulnerable to the virus? If the latter is the case, what is the British government (and the US government) doing to address this social inequality? These are some of the questions that bear resonance to the discussion below with regard to socio-economic inequalities in Africa.

DISCUSSION

COVID-19 and the legacy of colonialism and apartheid in Africa

Colonialism and apartheid left an indelible mark on the

African continent. The outbreak of the COVID-19 pandemic and its impact on the African continent has invoked the assertion made by Guyana born historian Walter Rodney in his book *How Europe underdeveloped Africa* (1973). The thrust of Rodney’s argument was encapsulated in the title of his book. He argued that were it not Europe’s calculated actions to plunder the African continent, Africa would not have been impoverished as is the case today. According to this trajectory, in the South African context, had it not been for the apartheid regime, the country would have progressed in a different path with citizens showing upward social mobility based on their abilities, not the colour of their skin as things turned out to be. Pillay (2000: 17) avers that the first democratic government in South Africa inherited a nation which was characterized by high levels of poverty which was reflected *inter alia* in its racial dimension.

Decades after the demise of colonialism and apartheid, their impact is still conspicuous in all spheres of life. Such negative impact presents itself in different forms discussed below, albeit in a tantalising manner. What is worth noting is that the COVID-19 pandemic has made the impact of colonialism and apartheid even more glaring to the extent that the political leadership is embarrassed to see evident socio-economic inequalities.

One such impact is spatial arrangement. Coupled with that is social inequality. As the pandemic makes its inroads into the African continent, these two factors expose the bifurcation of African states into the binary of what Mamdani (1996; 2018) calls “citizen and subject.” Under colonialism and apartheid, whites lived an affluent lifestyle while their black counterparts languished in poverty, squalor and deprivation. Those in the middle class (both black and white) could afford basic life necessities at different levels. On the contrary, those who were at the bottom of the social hierarchy were left to fend for themselves. Government-initiated social *classification* and social *stratification* (Mngomezulu, 2010) ensured that social inequalities were not only sustained but that they were also entrenched and deeply ingrained in people’s minds. Through the ‘divide and rule’ strategy, some educated blacks were exempted and allowed to do certain things or own certain items not allowed to black people. Africans called this group *amazemiti* [the exempted ones].

The advent of democracy brought with it a glimmer of hope that things would change for the better. In a way, this dream was partly realised as race dwindled although it did not totally disappear. However, class ensured that social inequality remained a reality. The binaries of urban/rural, rich/poor, educated/uneducated, men/women, young/old kept societies polarised. To this day, these inequalities remain (Shimeles and Nabassaga, 2017; Akadiri and Akadiri, 2018; Woolard, 2002). Commenting about this theme, Woolard, (2002:1) noted that “The extreme inequality evident in South Africa means that one sees destitution, hunger and overcrowding

side-by-side with affluence.” This situation was true then as it is true now. Importantly, it has replicated itself across the African continent, albeit in different scale.

With the outbreak of COVID-19, African governments have been exposed. Some of the regulations they impose on society in line with the dictates and recommendations of the WHO are impractical on the ground. For example, citizens are expected to wash their hands regularly with soap and running water. Alternatively, they are urged to use hand sanitizers. This makes sense from a medical point of view. However, it poses a serious challenge to the ‘African poor’, to borrow John Iliffe’s title (Iliffe, 1987). This challenge presents itself in many ways.

Firstly, not all Africans have access to running water. They struggle even to get their drinking and cooking water. Some have to travel for many kilometres to fetch water, which they share with their animals. Given this distance, they have to use water sparingly so that it lasts them a bit longer. If they were to wash hands regularly without having to pour water into a basin or dish, this would mean that they would have to walk to and fro the rivers several times than they used to do before this pandemic outbreak.

Secondly, soap might look like a basic commodity. Those who think so could be pardoned because that is what is supposed to happen under normal circumstances. However, the reality is that this is not actually the case with many communities. The alternative (the sanitizer) is even more difficult to get since one needs money to buy it. Related to that is the government’s regulation that everyone should cover their mouth and nose with a mask. This poses yet another challenge. On average, a mask costs anything between R10 and R25, depending on the quality of the mask and the location where it is sold. Truth be told, even if a mask were to cost R3, not everyone would afford it. Being mindful of this reality, some governments (including South Africa) told their citizens that if they cannot afford a mask they can use anything that would serve the same purpose.

This is a noble gesture. But its downside is that it exposes the gap between the ‘haves’ and the ‘have nots’. While some citizens can afford a scarf or a handkerchief, others cannot. The moment they use a jersey or any other item which draws the eyes of the onlookers, their dignity is adversely affected and yet they are expected to comply with government regulations. This is a sad reality which poor communities have to contend and wrestle with. For someone who has never experienced this life, it is easy to accuse these communities of defiance.

Thirdly, citizens are urged to maintain social distancing. This, too, makes sense from a medial point of view. The space of one-and-a-half to two metres is to ensure that people do not get too close to one another so that if one is already infected s/he cannot infect others – including family members. But for someone who lives in Kibera slum in Nairobi, Kenya with an estimated population of

700, 000 or Khayelitsha in Cape Town, South Africa with a population of around 400, 000, this regulation is impossible to comply with. The shacks are too close to one another. Inside each shack, there is no space to create social distance. In the final analysis, the residents of these slums fail to comply, not because they are defiant, but because their social situation makes it impossible for them to do so. Even townships struggle to abide by these regulations. Unlike suburbs which have big spaces and big houses, the four-room township houses or the Reconstruction and Development Project (RDP) houses make it difficult to comply with these government regulations (Figures 1 and 2).

Surely, these African slums have lesser populations compared to others elsewhere in the world. For example, the Indian slum, Dharavi in Mumbai has an estimated population of 1,000,000. Neza slum in Mexico boasts of an estimated population of 1,200,000. While all these figures are higher than those recorded in Africa, they do not come anywhere close to the population of Orangi Town in Karachi, Pakistan, which is estimated at 2,400,000 (Mahabir et al., 2016).

The examples cited above lead to the conclusion that slums transcend the geographical divide. But local situations might not be exactly the same to what obtains elsewhere. There could be other compounding factors such as the country’s GDP, government efficiency, etc. Therefore, even if situations were similar, the contexts might differ. In any case, the focus of this section is on Africa, which means that only African cases are used to expound the points made. Cross-referencing could be useful for future studies. But for now, this paper restricts itself to the African context in terms of illuminating certain points.

Fourthly, those who have been infected by the coronavirus are urged to self-isolate. This point is related to the one above. In a home which has several bedrooms and/or a couple of houses within the yard or compound, this is possible. But for someone who lives in a one-room house with five or six other family members or more, the issue of self-isolation does not apply. To be fair, some African governments have offered to take those who need isolation and keep them somewhere safe (such as in public hospitals, hotels, lodges or tents). This option might work for some but not all – depending on one’s family situation and whether or not such a person has someone who would look after his or her property and children while in isolation.

Fifthly, citizens are encouraged to eat healthy food and wear warm clothes, especially in winter. This is because scientists say that the virus is more active in cold weather. At a glance, this is good advice. But for those who live below the poverty line, neither healthy food nor warm clothes can be accessed easily (if at all). In the process, the COVID-19 virus continues to expose social inequalities on the continent.

There are also secondary factors that have a negative



Figure 1. Kibera slum in Nairobi, Kenya.
Source: Google photos



Figure 2. Khayelitsh slum in Cape Town, South Africa.
Source: Google photos

impact on the African poor more than they do on those who are well-off. Access to shops poses a challenge of its own. This affects the poor in more than one ways. Firstly, it means that they cannot go and stand outside the shops to beg as they usually do since the lockdown

regulations would not allow them to do so – especially without putting their masks on. Secondly, those who normally buy extra items to share with their poor neighbours find it hard to do so under the lockdown period. Being mindful of the difficulty in accessing shops,

most of them tend to buy what would be sufficient for their families for a certain period of time so that they do not have to go back to the shops regularly. In the process, the poor bear the brunt.

Another factor is that some of the people who have employment do not work during the lockdown period. This means that they also struggle to survive. As such, they cannot afford to help their needy neighbours who normally rely on them for their survival. Linked to that is the opportunity for the poor to get piece jobs. Firstly, with their 'employers' not working during the lockdown period, they cannot get piece jobs from them, either because they are at home and can do those piece jobs for themselves, or simply because they do not have the money to pay their poor 'employees'. Even those who are currently working either because they are considered essential workers or have their places of work allowed to operate, they cannot welcome part-time employees. The social distance regulation prohibits people from moving up and down or outsiders coming in and out of other people's homes. Indirectly, the African poor are disadvantaged as they cannot find employment which allows them to put bread on the table.

It is a known fact that not all unemployed Africans live by begging. A number of them fend for themselves. There are people who collect used materials for recycling and sell them to recycling companies or individuals so that they could make some money. Under the lockdown regulations, such businesses close down and thus leave the African poor stranded. Meanwhile, those who are on the upper class are not affected by this as they do not engage in this business anyway even if there is no national lockdown. This, yet again, exposes social inequalities.

All of these factors demonstrate that while it is true that the COVID-19 pandemic affects everyone, there is enough evidence to confirm that the African poor are the worst affected. Moreover, within each African country, people are affected differently depending on their socio-economic situation. It should be noted that African regions and countries are also affected differently. As mentioned earlier, this is due to the fact that these countries differ in terms of the general infrastructure, GDP, resources, medical supplies and the entire health system. Within individual countries, the internal differences highlighted above lead to individuals being affected differently. For example, despite its better infrastructure and better resources and health system, when considering global trends, South Africa regrettably emerges as the most unequal society (Gelb, 2003; Van der Berg, 2011; Orthofer, 2016; Statistics South Africa, 2017; Mering et al., 2018). Not surprisingly, COVID-19 has exposed these social inequalities for all to see.

While it is true that apartheid is to blame for the current situation in South Africa, it is equally true that the post-apartheid government could have reduced this gap drastically had it not been derailed by other factors.

These factors include but are not limited to: corruption, nepotism, inefficiency, ineptitude, party politics and overall leadership deficit (Mngomezulu, 2018). These are some of the impediments towards changing the current status quo.

The way forward

The COVID-19 pandemic is a reality the world has to contend with. Whether the virus is man-made or came on its own is immaterial. The fact remains that the entire globe has been affected by it. We need to join hands in dealing with the pandemic and in finding its cure. In so doing, we could derive inspiration from the Tanzanian proverb which says that 'two ants never fail to pull a grasshopper'. But if we pull towards different directions as countries like America, China, Russia and others are doing, no one will win. Meanwhile, the virus will continue to destroy the globe.

The first thing that needs to happen is for the political leadership across the globe to show political sanity. Playing cheap politics or resorting to populism in order to score quick political points would be detrimental to the political image of the leaders concerned and the globe. What is needed is astute leadership, empathy, a macro approach to politics and preparedness to serve wider audiences. So, pre-existing political feuds and confrontations should be put aside. Importantly, flexing a financial and/or political muscle should be discouraged. The decision by President Trump to withhold financial support to WHO epitomises political parochialism. Such tendencies might win fame in the short-term but have long-term disastrous consequences. It is through such actions that international relations could be safeguarded, improved and sustained even beyond this pandemic.

COVID-19 has exposed glaring socio-economic. While this is a tragedy, we can learn from it. The onus is on national governments to up their game in bridging the gap between the rich and the poor. As this paper has demonstrated, societies are not affected in the same manner by the pandemic. This is because they occupy different levels in the social hierarchy. In the African context, colonialism and apartheid are mainly to blame for the current situation. But post-colonial and post-apartheid administrations should also shoulder the blame. They could have reduced this inequality if they did not invest their energy in doing things that derailed the promises made during the liberation struggle. Colonialism and apartheid could not be used as justification for social ills like corruption, inefficiency, party politics, nepotism, and leadership deficit.

Members of the society need to join together as one. Where the political leadership derails, the onus is on the electorate to rise up and put the train back on its line. When the French philosopher Michel Foucault talked about governmentality, he meant that people agree to be

governed (Li, 2007; Sokhi-Bulley, 2014). This is true of representative democracy. But the same electorate should decide how they should be governed. If the leaders they elected fail to deliver, they should be recalled. This is one of the dictates of democratic practice. In a nutshell, COVID-19 should be used as a springboard to initiate change that would lead to a better world. As demonstrated above, pandemics have happened before. We should learn from the lessons they bequeathed to us as a human race. COVID-19 has given the world a rare opportunity to do self-introspection and to prepare for similar situations in future. If we fail to learn from this tragedy, future generations will spit on our graves for having failed them. We can still make the best out of the worst situation created by the coronavirus. Each one of us should be the agent of change, then victory is certain.

Conclusion

The COVID-19 pandemic has reconfigured the world immensely. The issues ventilated in this paper have demonstrated its devastating impact. Apart from the tragic loss of life globally, the disease has also negatively affected regional and national economies. International relations have also not been spared. While it is true that the COVID-19 has enabled certain countries to strengthen their diplomatic ties, other countries have used this tragedy to bolster their political image and further worsened the already weak international relations. Actions taken by America have demonstrated inconsiderate leadership on the side of President Trump. Not only did he announce that he will stop financing the WHO, he also sustained the power struggle between Washington and Beijing while also adding Russia and Cuba to the list.

It cannot be repudiated that the coronavirus has caused devastation, but it has also provided governments the opportunity to do self-introspection. As discussed above, it is not the first time that the world has faced a pandemic. There have been others before but the world resurrected. This resurgence is expected even this time around. What is needed is for governments to draw lessons from this tragedy and improve their systems going forward. The social inequality that has been highlighted in this paper means that a lot needs to be done in order to narrow the gap between the affluent and the down-trodden. Under the democratic ethos, freedom is for all, not for some. In the same vein, the fruits of freedom should be enjoyed by all, not a selected few.

It is a shame that some communities are unable to obey government regulations not because they are defiant but due to their socio-economic situation. Political leaders should be ashamed of themselves for not delivering on their promises. Lastly, this pandemic has shown us that we need one another. If we are to win the war against COVID-19, we need to pull together as one.

This includes international and regional institutions, countries or national governments as well as their people. The fact that there have been pandemics before means that we could use them as a source of reference. Our resurgence will depend on how far we are prepared to find a point of convergence among ourselves as opposed to exposing our divergence.

CONFLICT OF INTERESTS

The authors have not declared any conflict of interests.

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