

# Covid-19 Outbreak and its Contradictions in World Politics: The Cases of Tanzania and South Africa

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**Abstract:** The outbreak of the novel Coronavirus pandemic, widely referred to as COVID-19, in January 2020, took the world by surprise. Things fell apart, as socio-economic and political interactions were perturbed, as both developed and developing countries were affected. The COVID-19 crisis also heightened the need for reliable information and existing concerns about the growth of contradictions. The contradictions, therefore, influenced some policymakers to come up with policies on how to deal with the pandemic. For instance, in the case of South Africa, the leadership and governance structures therein developed policies to help curb the spread, thereby avoiding any socio-economic consequences or effects between the people and that state (shutting down and opening in stages). Nonetheless recorded high infection and death rates. On the other hand, Tanzania assumed a more liberal posture by not shutting down and recorded low infection and death rates. Thus, both South Africa and Tanzania policymakers saw the spread of this deadly pandemic from two perspectives. These two perspectives have posed serious contradictions to the existence of the COVID-19 as South Africa witnessed a high rate of infection under a serious lockdown of the economy, while Tanzania witnessed a relatively low rate of infection and death under an open economy. The aim of this paper is to investigate the outbreak of COVID-19 and its contradiction in global politics using South Africa and Tanzania as case studies. While being cognizant of this sharp divide and contradictions in policies, the question therefore is what could be the reasons behind such approaches. Was it as a result of the fact that state leadership and governance was under some external influence in one case and was not in the other? The paper adopts a qualitative research design with a case study approach.

**Keywords:** COVID-19, Lockdown, Outbreak, World Politics

## 1. Introduction

For decades now, the world has been subjected to several fatalities and challenges, one of them being epidemics and pandemics. The COVID-19 pandemic startled various societies by challenging existing health systems, economic structures and governments worldwide. The Coronavirus disease 2019 (COVID-19), caused by the SARS-CoV-2 virus, started in China in late 2019. The World Health Organization (WHO) declared COVID-19 a pandemic on 11 March 2020 (Time, 2020). Since then, the pandemic has significantly affected and overwhelmed human activities around the globe. Despite affecting significant countries in Latin America, America and Europe, the African continent was the last to be hit by the pandemic. However, Africa is expected to be the most vulnerable continent where COVID-19 spreading will significantly impact (Moore, Gelfeld, Okunogbe et al., 2020). According to the World Health Organisation (2020), the first case of COVID-19 in the continent was established in Egypt on the 14<sup>th</sup> of February, 2020. From sub-Saharan Africa, the first case was

reported in Nigeria on the 27<sup>th</sup> of February, in an Italian patient who flew to Nigeria from Italy on the 25<sup>th</sup> of February, 2020. UCI Health (2020) contend that COVID-19 has become a serious threat because (1) it is so new that hardly anyone is immune to it, (2) it spread quickly, (3) it often spreads before symptoms are evident, and (4) there is no vaccination available (Roser et al., 2020; UCI Health, 2020). These factors make COVID-19 a dangerous pandemic, with far-reaching implications for all countries.

The advent and spread of the novel Covid 19 pandemic has unmasked the incapacitated nature of Africa's health systems. Still, above all it also raised debates on the various contradictions in the manner of approach and its resultant effects within the leadership of the African continent. For instance, in South Africa, the head of state Cyril Ramaphosa was lauded by the WHO director-general, Dr Tedros Adhanom Ghebreyesus, for a timely intervention of a national state of disaster which released emergency funding to enforce 'Africa's strictest lockdown' (IOL, 2020). However, this did not stop the country from

registering high numbers in infections and deaths. On the hand, since the confirmation of first COVID-19 case on March 16<sup>th</sup> 2020 Tanzania has adopted a less conventional approach whereby she avoided a full blanket lockdown and less stringent measures (Masubo, 2020). As a result, the measures put in place by the Tanzanian government have recorded less infections and mortality rate than South Africa. This therefore begs the question - why is that countries such as South Africa that applied the restrictions measures received high figures of infected cases and deaths. Whereas those countries that have refused to apply restrictions measures such as Tanzania have had fewer infection cases and deaths.

Based on the above background, this article seeks to address a number of fundamental questions that can be identified to explore these contradictions. Firstly, what were the mechanisms put in place in each of the cases and if they were properly applied? Secondly, is one of the case influenced by external actors? This paper will be divided into three sections; the first section will examine the literature on the contradictions surrounding Covid-19 from a global perspective. The second section will examine the cases in question thereby exposing the contradictions therein and their resultant effects. Finally, the third section will be the conclusion and recommendations.

## 2. The Contradictions Surrounding Covid-19 from a Global Perspective

The first contradiction of Covid-19 from a global perspective stems from its origin. According to Malik et al. (2020), the birth of COVID-19 caused by SARS-CoV-2 is still marred by uncertainty. However, initial valuations suggest that Wuhan is the epicentre and the live animal seafood market as the source of this outbreak (Yu et al., 2020:1). However, information concerning the first patient state that the latter did not visit the Wuhan seafood market, and molecular analyses of SARS-CoV-2 genomic sequences suggest its origin is traced back to late November (Li et al., 2020:2; Guo et al., 2019:1-2). These findings have raised contradictory but at the same time pertinent questions to the origin and relation that exist between the COVID-19 epidemic and the Wuhan seafood market. It is in this regard, therefore, that 2020 WHO report states that

*"Where an epidemic is first detected does not necessarily reflect where it started. For example, an outbreak of pneumonia of unknown etiology was*

*identified through surveillance in Wuhan. However the possibility that the virus may have silently circulated elsewhere cannot be ruled out. For example, some countries had retrospectively identified cases of COVID-19 weeks before the first case was officially notified through surveillance, and unpublished reports of positive sewage samples could suggest that the virus may have circulated undetected for some time" (WHO, 2020:2).*

Moving away from the contradictions surrounding its origin, it will also be interesting to examine how world leaders reacted to the outbreak of this pandemic. According to John Agnew "Pandemics are by definition global in character and spread from place to place through travel and community spread. They are a test for different governmental systems and the geopolitical arrangements upon which they rest" (2020:16). Therefore, whether millions live or die depends on the decisions the world's leaders take in the coming days and weeks.

The dissonances surrounding the novel pandemic Covid-19 has also exposed gaps in global governance. Moreover, novel pandemic Covid-19 has also exposed a crisis of confidence in the institutions expected to guide international action and cooperation. In addition, farsighted and enlightened leadership that emboldens collective action and effective, accountable institutions remains elusive (Turianskyi, Gruzd, Sidiropoulos & Grobbelaar, 2020). Therefore, the question that one should pose is that is it not time for there to be a complete total overhaul of the principles and related commitments that underpin the global governance system. While some rubbished the spread and existence of the pandemic some on the other hand, demonstrated impressive leadership by adopting policies and putting measures in place to curb the spread. According to the Guardian (2020), Jair Bolsonaro of Brazil was one of those world leaders that rubbished the existence and spread of the pandemic. Bolsonaro described the pandemic as a "fantasy" and a "little flu" and went ahead to sabotage measures put in place by the members of his cabinet to curb the spread of the virus (Rasheed, 2020).

Another president who has witnessed a backlash in dealing with the pandemic is Donald Trump of the United States and the federal government. President Trump's managerial blunders started when he made remarks that downplayed the severity and threat posed by the pandemic. He further predicted that

the virus would "disappear" like "a miracle" one day, and dismissed growing concerns over the disease as a "hoax" by his political rivals (Rasheed, 2020). The approach he displayed during the first six weeks of the pandemic outbreak was described as a disastrous, failed effort. This was further amplified by a federal response deemed to be startlingly slow to develop and by extension fostering confusion about the nature of the virus and necessary steps to address it (Haffajee & Mello, 2020). That is why Agnew argues that "the manifest federal-government failures in managing the COVID-19 pandemic in the US are the outcome of this contradiction." (2020:16).

Xi Jinping of China can also be described as one of those controversial leaders. According to Zaheena Rasheed (2020) reporting for Aljazeera, Xi Jinping's China authorities were accused of engaging in a cover-up scheme and even punishing doctors who sounded the alarm in the early days of the outbreak. As a result therefore the Guardian (2020) argues that "China's initial cover-up of the emergence of Covid-19, just when the new disease might have been easiest to contain, overshadows everything it has done since". But at the same time, its move to quarantine millions in Wuhan, the centre of the crisis, was bold, unprecedented and ultimately successful in halting the spread of the disease inside China, although at considerable human cost. Based on the above, one can definitely argue that the responses from heads of governments of these countries have been marked by dithering and denial, driven by personal interests, distrust of science or fears of wreaking economic havoc. However, whilst we have this set of leaders whose approach and show of leadership have been very controversial, some have demonstrated satisfactory and servant leadership skills. For example, Jacinda Ardern of New Zealand is one of those world leaders that has received global accreditation in dealing with the pandemic. Ardern decided to "go hard and go early". In doing so she placed the entire country under total lockdown as from March 25. According to Professor Michael Baker, New Zealand's Epidemiologist, the strategy to eradicate the virus would not have been possible without Ardern. "The brilliant, decisive and humane leadership of Jacinda Ardern was instrumental in New Zealand's rapid change in direction with its response to Covid-19, and the remarkably efficient implementation of the elimination strategy." Mette Frederiksen, the Prime Minister (PM) of Denmark, was also very decisive in dealing with the pandemic. On 13 March she closed all borders. This was swiftly

followed a few days later by the shutting down of kindergartens, schools and universities and banning gatherings of more than ten people.

Another category of contradictions stems from the United Nations health agency's guidelines regarding COVID-19. According to Bayram Altug (2020) the World Health Organization (WHO) was criticized over "confusing" and "contradictory" decisions during the novel corona virus outbreak. For instance, at the pandemic outbreak, the WHO was subjected to intense criticism, which included "misleading countries over use of mask, taking late steps and making contradictory statements." Furthermore, contradictions surrounding who should wear mask and who should not, were supported by another study conducted by Alex Birdsill a PhD researcher from the Department of Medicine Wisconsin University. The article which was published in April 2020 stated that "in regards to COVID-19 specifically, the efficacy of surgical and cloth masks in preventing environmental contamination has not been established."

Whilst there has been dissonance registered regarding guidelines regarding mask-wearing, other dissonance has also been recorded with regards to the spread and cure of Covid-19. On June 8, a World Health Organization expert declared that COVID-19 spreading from people without any symptoms was "very rare," then admitted a day later that the conclusion was a "misunderstanding" and based on only a few studies (Park, 2020). Moreover, contradictions were also recorded when findings for a possible cure started emerging. For instance, while some platforms advocated for the use hydroxy-chloroquine others were in complete opposition stating that there was no sufficient and scrutinizable data to ascertain its efficacy. This was also the case with Remdesivir that registered inconsistencies regarding its effectiveness despite having been administered to president Trump when he was hospitalized after being diagnosed with Covid-19 (Ren, 2020; BBC News, 2020). However, while these drugs have been touted as the "biggest game-changers in the history of medicine", at the other end it has also been regarded as 'useless and dangerous' as stated by Mohammad Sultan Khuroo (2020:3).

### **3. An Analysis of the Contradictions in South Africa and Tanzania**

This section seeks to examine the dissonances in both states in handling the pandemic Covid-19.

However, it should be noted whilst South Africa applied stringent measures, Tanzania adopted more liberal approach.

### 3.1 South Africa's Approach to Covid-19

South Africa stands out as one of the states lauded in its approach in handling the spread of Covid-19 and for heeding to the WHO's call to implement measures aimed at curbing the rate of infection despite being economically and socially incapacitated (De Villiers et al., 2020:2).

McConnell (2003) argues that it is a very complex issue to respond to crises because they are multi-faceted and are influenced by a variety of internal, external, and even personality traits. Thus having taken the world by surprise, Covid-19 is one of those crises that has proven to be complex and require a holistic and synergical approach. SA in comparison to countries such as Brazil was relatively quick to respond to the health crisis posed by the novel COVID-19 (Ryan, 2020). SA implemented lockdown in 23 days from the first infection. The speedy implementation of lockdowns was interpreted by most as an excellent example of good leadership and decisive action. However, while SA had the luxury of assessing the initial impact and response by various other countries, it was not something SA had a contingency plan for nor was SA's healthcare system capable of dealing with an influx of patients.

As predicted by McConnell (2003), the severity and potential threat posed by the novel Covid-19 resulted in a situation that prompted the SA government to adopt and put in place a centralized response system. SA's health department first issued a notice to this effect on 23 January that SA has plans in place, and there was no need to panic (Maja, 2020). Six days later, the Minister of Health held a media briefing and outlined how SA would manage COVID-19. This plan mainly related to screening at entry ports, putting outbreak response teams on high alert, distributing information to all private and public healthcare workers and setting up a hotline to field questions from clinicians (Department of Health, 2020).

The first confirmed SA COVID-19 case was reported on 5 March. Ten days later, President Cyril Ramaphosa broadcast a nationwide address on COVID-19. De Villiers et al. (2020:6) states that a website centralizing information dissemination about the crisis and

responses was established (sacoronavirus.co.za). Between 7 and 27 March, contacts were established between the Government and many agencies to discuss the way forward. The somewhat speedy and coordinated response enhanced the SA government's legitimacy by organisations such as the WHO, who have since applauded SA's response measures (Ryan, 2020).

Within ten days of the first confirmed COVID-19 case in SA, the President invoked his disaster management powers and five days later full national lockdown was made to the public on relatively all media platforms (SA Government, 2020). De Villiers et al. (2020:7) states that SA adopted a "rip off the band-aid" approach and implemented severe restrictions from day one of the lockdown. In addition, SA revoked visas, instituted travel bans and closed 35 of SA's 53 land ports. Countries such as Italy, Iran, South Korea, Spain, Germany, the United States, the United Kingdom and China that were classified as high risk were included in the initial ban. This hard-line attitude was a prelude to the SA government's overall response with President Ramaphosa stating that COVID-19 "calls for an extraordinary response; there can be no half measures" (Ramaphosa, 2020a).

In addition, the President also highlighted that the Government's priority is the health of South Africans, a commendable stance but one that SA may not be able to afford. The Government implemented a strategy underpinned by four factors: preparation, primary-detection, lockdown, and enhanced surveillance. At the time, the strategy was hailed internationally, and the WHO declared that the rest of the world could learn from SA (Ryan, 2020). However, despite international recognition, nationally it was received with mixed emotions. While some most South African welcomed these response measures, viewing them as feasible options to slow the infections and prevent the health system from being overwhelmed as highlighted by Kiconco (2020:5), others were incomplete dissonance. For instance, the opposition Democratic Alliance (DA) took the state to court, arguing that some lockdown regulations were unwarranted, challenging the state to lift some bans, including alcohol and tobacco sales (Mail and Guardian, 2020; Business Day, 2020).

The dissonances surrounding the respect and observation of measures surrounding the novel Covid-19 are even overwhelming when one examines a report conducted by The Conversation (2020) in July on



the wearing of masks and social distancing. The report stated that South Africans were not wearing masks and keeping their distance. According to The News (2020) report for September, the president announced that the country would be moving to level 1 and normalcy with regards to social and economic activities people's behaviour regarding masks wearing and social distancing has even worsened. Hence, one is bound to question the content and type of information divulged to the public in this age of disinformation and denialism powered by social media and messaging apps.

Despite putting in place what we will describe as more or less draconian measures to tackle the spread of the pandemic, this has not stopped South Africa from registering the highest number of deaths and infections in the continent. It should be noted that as of the time this paper is being written, South African despite the measures put in place and relaxation thereof, has recorded 792 299 positive cases, 732 531 total recoveries, 21 644 deaths and 2 295 new cases (National Department of Health, 2020). Hence, lockdown restrictions have nonetheless proven to be devastating in themselves, from both economic and social perspectives. In the same manner, the lockdown restrictions also brought the already fragile economy to a standstill. Furthermore, the novel Covid-19 pandemic exposed many disturbing facts on the country's high levels of inequality among races and genders. From a social perspective, many SA citizens have been unable to earn an income as businesses have been forced to cease operations. Job-losses have affected low-income workers most especially blacks. The lockdown has also seen a rise in the abuse of women and children (Ramaphosa, 2020b) which has received international coverage (Abebayo, 2020).

### 3.2 Tanzania's Approach to Covid-19

The first Covid-19 case in Tanzania was officially confirmed on 16 March. The victim happened to be a female traveller aged 46 years who departed the country on 3 March 2020 to Belgium and had visited Denmark and Sweden between 5 and 13 March 2020. On March 15 2020, the lady flew back to Tanzania from Belgium (Tarimo & Wu, 2020:1). As of the date of the first declared case, Tanzania has reported 509 cases and 21 deaths. Informed of these developments, the government of the United Republic of Tanzania (URT) in partnership with the Revolutionary Government of Zanzibar (RGoZ) have

reacted dismally to come up with measures to intervene. The Tanzanian government revoked the initial restrictions and formulated guidelines for mandatory quarantine, testing, health service provision and management of social services provision and social activities. According to Mwasaga (2020), "these guidelines were not strictly enforced and were a way to 'perform' compliance to international standards for tourists coming into the country and truck drivers and others needing to cross regional borders. They also offset the Tanzanian President's outright denial of the severity of the health crisis. Indeed, it was handled more like a national security crisis".

However, from the month of May, there was a shift in policy with the government rejecting a one-size-fits-all model to tackle the COVID-19 pandemic. This was done when some of these restrictions began to be lifted (African Development Fund, 2020). This started with the opening of skies for international passenger flights, the country for tourists, and the lifting of restrictions that required tourists to undergo mandatory quarantine for 14 days (Mwangi, 2020). In addition, while addressing the nation from the capital Dodoma, President Magufuli announced that schools, colleges, and universities will be reopened on June 1 and called for the resumption of suspended football activities. Similarly, the president also called for all business to reopen. This also allowed for public mass gatherings. In this context, religious activities such as allowing congregational worship in churches and mosques operated undeterred (Said, 2020). Magoti (2020) argues that the uniqueness of Tanzania's approach has however been recommendable by international institutions. This follows words World Bank Group which "applauded Tanzania as one of the best examples of a response that is based on local circumstances, simultaneously criticizing African countries that have merely duplicated Western approaches" (RedPepper, 2020).

Supporting the president's stands of uplifting Covid-19 restrictions, a report conducted by Ruud Elmendorp from Voice of America (2020) states that there is actually no Coronavirus in Tanzania, stating that he entered the country on March 16 and has been there ever since. In a bit to satisfy his curiosity he decided to carry out a survey. In the process he interviewed bike riders, people involved in various types of businesses. Furthermore, he visited cemeteries to actually take stock as a form of comparison to what was taking place in other neighboring

countries based on the reports made. The bottom line was that just as in the words of the president God had solved the issue with a divine intervention after national prayers. "Corona cannot survive in the body of Christ; it will burn." However, the shift in policy from the Tanzanian government has ushered a new era in some sectors of the economy such as the tourism. It should be noted that tourism is one of the cornerstones of Tanzania's economy, contributing about 17.2% to the country's gross domestic product and 25% of all foreign exchange revenues. Government statistics show that the sector, which provides direct employment for more than 600,000 people, generated approximately \$2.4 billion in 2018 (Makoye, 2020).

The lesson here is that every country has to design and implement homegrown measures and strategies for combating Covid-19 that draw on its historical, economic, social, and political context. However, while this is the lesson that should inform African leaders, the fear of not getting financial assistance has driven some of our states to always be at the mercy of western powers and institutions to the extent that if they are not told what to do directly, they will be advised to follow the footsteps of the west.

#### **4. Discussion**

The literature above informs that whilst the world continues to grapple as to where the virus originated from and how world leaders have managed it, it does not spare one too, but question what we will describe as tele guided and western-oriented approach based on the how South Africa reacted to the pandemic and a Pan Africanist approach when examines the case of Tanzania. Whilst South Africa has received international accreditation under President Cyril Ramaphosa, it is but clear that the effervescence of this approval was not what was experienced on the ground. Not only has the South African government witnessed a complete backlash on some of the measures put in place to curb the spread of the virus from opposition parties like the DA, compliance to these same measures have been far from adequate to the extent that the government has been forced to deploy the police and the military to ensure that South Africans adhere to them.

A Covid-19 recovery package also accompanied with South Africa's international recognition in a form of a loan. However, since obtaining this loan and disbursing R500 billion to tackle the pandemic,

corruption has once more become a topic in public debates in media platforms and chronicles with politicians and public servants and business people implicated. This has resorted to the president taking firm stance describing corrupt officials as scavengers who acted like a pack of hyenas circling wounded prey as reported by Aphiwe Deklerk for *The Times* (2020). Furthermore, in recent developments on how the vaccine will be distributed, Carien du Plessis and Lizeka Tandwa reporting for News24 (2021) underscore that mixed messages have surfaced within the ANC led government and its alliance partner Cosatu. Despite having variant views about the vaccine and still denying that they did not reject the vaccine out rightly, this in itself is a demonstration of inconsistency in policies surrounding the administration of the vaccine.

In addition, contrary views about the safety of the vaccine have been raised by Chief Justice Mogoeng Mogoeng. However, this has earned him a complaint laid with the Judicial Service Commission by the civil society organization referred to as The African Alliance. His remarks are misleading according to Thando Maeko reporting for *Moneyweb* (2021). Now the question that should be in one's lips is, the fact that one holds a particular position in society should it stop them from having their own candid opinion about a phenomenon? Where is the right to freedom of expression?

Nonetheless, this has not stopped people from having reservations concerning the vaccine. Furthermore, one can be tempted to ask, what has suddenly happened to the number of deaths registered in hospitals due to other ailments. Where have these disappeared to, to the extent that most deaths now in South African hospitals result from Covid-19.

In the case of Tanzania, one can argue that late President Magufuli's stands regarding the novel pandemic did not change as activities in Tanzania went unperturbed with less stringent measures. This was showcased in that, when countries such as South Africa were at their peak, Tanzania was in serious election campaign mode. Since then, Tanzania's borders have remained open for tourists. In the same manner, while South Africa intensified calls for vaccines to be rolled out, the case was different in Tanzania. The Tanzanian government was very skeptical about the vaccine and instead launched a nationwide campaign to promote steam therapy which entails a concoction of herbs infused with

neem to curb the spread of COVID-19. Furthermore, late Magufuli "urged the ministry of health to be very, very careful with all the vaccines which are imported into our country, and not all vaccines are of good intentions to our nation, we Tanzanians must be very careful with some of these vaccines imported to our country" (CNN, 2021).

Magufuli's stands, have earned him a lot of backlash from western media especially when he said "If the white man was able to come up with vaccinations, then vaccinations for AIDS would have been brought, tuberculosis would be a thing of the past, vaccines for malaria and cancer would have been found," and as such Tanzanian's would not be used as "guinea pigs" to taste the effectiveness of the vaccine (The Washington Post, 2021). However, it is but evident that despite pressure from the World Health Organization, Magufuli's has remained adamant as he has urged Tanzanians to be steadfast in prayers and to have trust in their locally made medicinal cures.

## 5. Conclusion

In conclusion, one can emphatically state that from the cases highlighted above apparent; it is clear that there are two distinct measures to counter the spread of the novel pandemic. However, these measures also showcase that Africa still suffers from the lack of political and economic independence. It is also clear that the dissonances surrounding the virus originated from. The measures rolled out to counter its spread are still a burning debatable topic. But we should not be carried away with the number of deaths recorded this far by the virus instead, this should trigger questions as to why within the space of a year a vaccine was developed by western powers to curb the spread of the virus. Is it not because the virus actually hit them so bad than it did with Africans. Suppose billions of dollars could be dispatched by multinational organizations and individuals for the development of the vaccine. Why could the same billions not be secured or given out inform of grants also to research African herbs that could potentially help to curb the spread of the virus? Conversely, if there is one thing that this novel pandemic has done through western calculated plan, it is that it has relegated scholars of varied intellectual spheres to what has now become the buzzword "social distancing" where brilliant minds and think tanks can no longer gather to debate and ponder on burning issues like the novel pandemic.

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