SOCIOLOGY | REVIEW ARTICLE

‘A tale of two paradoxes in response to COVID-19’: Public health system and socio-economic implications of the pandemic in South Africa and Zimbabwe.

Bellita Banda Chitsamatanga¹ and Wayne Malinga²

Abstract: Africa’s response to the outbreak of infectious diseases has come under scrutiny over the years and the outbreak of COVID-19 has exacerbated the situation. The rapid spread of this virus is causing mayhem and panic within the global domain questioning the readiness of public health systems to deal with a pandemic of this magnitude. This has undoubtedly catapulted the word “COVID-19” as a new buzzword. It is in this context that the paper uses desktop research to delve deeper into understanding South Africa and Zimbabwe’s responses to the outbreak of COVID-19. In doing so, the main impetus of the paper is to interrogate the public health system and socio-economic implications of this pandemic on both countries. As part of its findings, the paper noted that both countries are a tale of two

ABOUT THE AUTHORS

Bellita Banda Chitsamatanga is Postdoctoral Fellow at the Oliver Tambo Chair of Human Rights Centre at the University of Fort Hare in South Africa. She holds a PhD in Education, a Masters in Education and Honours in Education from the University of Fort Hare (South Africa) and a Bachelor of Arts in English and Communication from the Zimbabwe Open University (ZOU). She has published on gender issues, rights of children and school-based violence. Currently, she is an advisory board member South Africa International conference on Education (African Academic Research Forum).

Wayne Malinga is an independent researcher and consultant. He holds a PhD in Development Studies from the University of Fort Hare in South Africa, Masters in Development Studies and Honours in History and Development Studies from Midlands State University in Zimbabwe. He has been involved in research consultancy work in South Africa, Lesotho, Botswana and Zimbabwe. His research interests include natural resources management, water resources management, socio-economic development and rural development.

PUBLIC INTEREST STATEMENT

With enormous repercussions for public health services, the Covid-19 pandemic has wreaked havoc around the globe. Several concerns have been raised about African countries’ readiness and preparedness to cope with a pandemic of this magnitude. Cases of this virus have been recorded in South Africa and Zimbabwe, spelling doom on the already overburdened public health systems and prevailing socio-economic conditions. Using desktop research through secondary data review and analysis, the study found out that South Africa has been commended for its response to the pandemic while Zimbabwe’s efforts have been disappointing in this regard. However, in curbing the spread of Covid-19, both countries have faced many challenges. Both countries’ public health systems are in deplorable condition, and the spread of this virus, combined with weak socio-economic conditions, has placed more pressure on the already vulnerable sector. The study concluded that pre-existing health and socio-economic issues have adversely affected attempts to deal with Covid-19.
paradoxes: one with a middle-income status and the other a low-income status; a key factor in determining the level and effectiveness response strategies to this alarming health crisis. However, despite these economic disparities and differential income status, this pandemic has revealed that both countries have similar deep-rooted problems in their already overburdened public health systems. Moreover, the situation is further catapulted and exacerbated by underlying socio-economic factors such as poverty, unemployment, inequality, slow economic development, inadequate water and sanitation, and food insecurity that have made dealing with this pandemic a huge challenge. The paper concludes that the response and attempts to tackle COVID-19 by South Africa and Zimbabwe heavily rely on their health capacity and favourable socio-economic conditions.

Subjects: Sociology & Social Policy; Development Studies; Health & Development; Urban Development

Keywords: Pandemic; COVID-19; infectious disease; outbreak; health system; emergencies

1. Introduction

World history is intertwined with the effects infectious diseases had on societies (Brachman, 2003). Conversely, the African Governments’ ability to cope with preventable emerging and re-emerging infectious diseases as evidenced by past experiences demonstrates the need for improvement in countries and regions around the continent’s healthcare systems. Jamison et al. (2017) contend that African health systems are unlikely to be able to cope with the burden of infectious disease outbreak. Overwhelming evidence clearly indicates that failure to do so allows the continent to shed light on the threats and risks that these infectious diseases present. Mususa (2020) argues that epidemics show the deep spatial interconnections, and that addressing pandemics also needs to encompass social response. However, in the context of Africa; in order to save lives during the outbreak of these epidemics, a paradigm shift is required to resolve the persistently weak public health systems. In many cases, the existing debate on socio-economic growth in Africa clearly shows that a combination of fundamental factors such as ill-health, hunger, lack of water and sanitation, lack of housing, weak governance, poor infrastructure, unemployment and other issues poses an even greater challenge to the efficacy of the response systems to the COVID-19 pandemic that is sweeping the globe now more than ever. Sudden infectious disease epidemics can bring humanitarian and economic shocks on a difficult to absorb scale (Brownie, 2012), and this is already evident with the coronavirus outbreak (COVID-19).

A brief outline of the advent of the novel COVID-19 virus shows that it was first detected and recorded in the Wuhan Province in the People’s Republic of China in November 2019, and has since spread rapidly throughout the globe (Africa Centres for Disease Control and Prevention (Africa CDC), 2020). Several symptoms associated with the virus have been identified, but it has similar characteristics that are associated with common cold or flu with the inclusion of respiratory symptoms such as dry cough, fever, and shortness of breath and breathing difficulties and its severe form can lead to death. The prompt spread of COVID-19 across the entire globe resulted in the World Health Organisation (WHO) declaring it a public health crisis of worldwide concern on 30 January 2020 (World Health Organisation (WHO), 2020b) and by 11 March 2020 it was ultimately declared a “pandemic” by the same international organisation (World Health Organisation (WHO), 2020c). As of 17 November, the entire globe had recorded 55,502,641 cases, 1,335,057 deaths and 38,643,827 recoveries. Asia (15,204,356) had the highest number of cases followed by Europe (14,278,942), North America (13,586,911), South America (10,390,262), Africa (1,998,877) and Oceania (42,527) (Worldometers, 2020a). Until now the virus has no vaccination and scientists across the globe are working relentlessly to find a cure. The infection
can, however, be curbed by daily handwashing with sanitisers or alcohol-related rubbers and through the employment of social distancing, combined with mask and glove wearing.

Africa’s aptitude to cope with coronavirus (COVID-19) has recently come under the spotlight and scrutiny despite the continent’s history and previous failures to cope with infectious diseases. In addition, the relentless overburden of infectious diseases and non-communicable diseases has dealt a serious blow to many countries’ already malignant public health systems across the continent. The COVID-19 outbreak has even exacerbated the plight of ordinary citizens in some of these countries (including South Africa and Zimbabwe) in dealing with a pandemic of this magnitude. In response to the outbreak of this virus, some governments called for Western strategies such as national lockdowns characterised by preventive isolation, border closure and shutdown of businesses to mention a few. These interventions’ cost-benefit analysis yields a different result in Africa than in Europe, North America and large parts of Asia (Broadbent, 2020). Melber (2020) further argues that Western societies have adopted such measures and strategies because of their unique nature and manner of dealing with COVID-19. Yet, given the particular weak health services and socio-economic problems in the region, these global approaches for managing and coping with these infectious diseases will not automatically work for most people in Africa. The adoption by African governments of a ‘one size fits all’ form of strategy to minimise the magnitude of this pandemic puts many people’s lives at risk and in grave danger during this difficult time.

In Africa, COVID-19 vulnerability is likely more related to underlying health problems than in other areas of the world, where elderly people are most affected (Melber, 2020). The harsh economic reality of the people, generally weak health conditions, poor state of public health systems and widespread mistrust of state institutions mean that COVID-19 poses a huge challenge for African societies and governance (Melber, 2020). Mususa (2020) argues that countries in the Southern African region, well aware of their poor health systems, rely heavily on preventive measures to tackle the emerging health crisis. In Africa, the predominant burden of diseases remains due to the non-communicable diseases ranging from infectious diseases such as malaria, HIV/AIDS, viral hemorrhagic fevers, tuberculosis, and cholera (Murray & Lopez, 2013). Nevertheless, there is still debate about the proper role of health systems and other players in national attempts to prevent the spread of these infectious diseases. Infectious disease outbreaks reveal African governments’ inadequacies in adequately financing and capacitating their public health systems with sufficient resources to tackle health crises. In addition, the 2016 report of the Munich Security Conference (MSC) states that “in addition to the human cost, major outbreaks may also have significant economic impacts and pose a political risk to governments, particularly those in vulnerable states that do not manage the disease” (Munich Security Conference (MSC), 2016, p. 42).

Southern African countries like South Africa and Zimbabwe have come up with various approaches and methods to deal with the spread of this virus at the epicentre of this health pandemic. However, combating the outbreak of infectious diseases such as coronavirus (COVID-19) in Africa is related to a multitude of factors such as poor health services and socio-economic problems that underlie them. Consequently, this article provides a comparative analysis of the response strategies adopted and employed by a middle income (South Africa) and low income (Zimbabwe) country during the outbreak of this pandemic using the public health system and socio-economic variables. In doing so, several questions and conjectures emerge from this trajectory: What approaches have South Africa and Zimbabwe used to combat coronavirus outbreak (COVID-19)? What were the past experiences of both countries in fighting infectious disease outbreaks? What are the rising root causes of both countries’ weak health systems? Why have the basic socio-economic circumstances exacerbated attempts to tackle infectious disease outbreaks and more; coronavirus (COVID-19)? This paper therefore discusses this intriguing COVID-19 public health epidemic and how it reveals the underlying ill-health and socio-economic problems as factors inhibiting efforts to deal with this virus in both South Africa and Zimbabwe.
The overarching aim of this article is to provide empirical evidence on how Covid-19 has affected the already overburdened public health systems of African countries given the underlying socio-economic challenges. It is built on the premise that the politicisation and lack of efficient public health policies have finally overwhelmed the health systems of the continent during a pandemic of immense proportions that is threatening health security and the survival of mankind. Unlike other infectious diseases in the past like Ebola, Covid-19 did not emanate from the continent but from China and has spread rapidly across the entire globe and amongst the 55 countries in the continent at an alarming rate. As a result, public health systems have been called into action with most governments caught unawares and ill-prepared to deal with a pandemic of this magnitude. The contribution of this article is two-fold. Firstly, it seeks to generate literature and contribute to the debate on the level and state of preparedness of African countries to deal with pandemics and show how the new health crisis in the form of COVID-19 has exposed existing loopholes and weaknesses of the health sector across governments in the continent. Secondly, it analyses how measures and regulations such as lockdowns to curb the spread of the virus have worsened underlying socio-economic conditions; threatening the livelihoods of poor and vulnerable groups meanwhile stalling economic activities in the process.

2. Incidence of infectious and non-communicable diseases in Africa: an overview

Africa has a long history of deprivation and high mortality rates caused primarily by the spread of infectious diseases that mark the continent as a ‘death zone’ and Moosa (2013) estimates that Africa bears 24% of the world’s disease burden. In reality, the World Health Organisation (WHO) (2012, p. 10) states that “infectious diseases have influenced cultures, caused wars, and oppressed infected individuals and populations throughout history.” According to Boutayeb (2010), about 15 million deaths from infectious diseases occur globally and Africa has the largest (80%) portion. These astronomical figures illustrate the high burden of diseases which has ravaged the continent and its people. In addition, these diseases (both emerging and re-emerging) have burdened the continent’s increasingly under-resourced public health system, combined with a shortage of health staff, supplies, high drug prices, inadequate care and treatment, and limited hospitals and clinics. Prominent diseases include HIV/AIDS, malaria, tuberculosis (TB), Ebola, lassa fever, human African trypanosomiasis (also known as sleeping sickness), SARS, cholera, acute respiratory infections, diarrhoea (Boutayeb, 2010; Brownie (2012); Mo Ibrahim Foundation (2020, 2003a); Baker et al. (2017) and Parola, 2013). According to the 2016 Infectious Disease Vulnerability Index (IDVI), Africa hosts 22 out of the 25 most vulnerable countries to infectious diseases (Mo Ibrahim Foundation, 2020). The continent is now massively overburdened with diseases that have devastated the already fragile and frail public health systems, and Jones et al. (2008) argue that this has impacted global economies.

A substantial part of the continent’s elderly population is suffering from chronic diseases deemed ‘neglected diseases’ by Brownie (2012). Those include asthma, hypertensive disorders, blood pressure, diabetes, cancer, other types of heart disease. Access to medicine for these chronic ailments is, however, a huge challenge for most elderly people due to high costs, frequent stock-outs, suboptimal prescriptions and medicine use. Such disease sufferers have weakened immune systems that make them the most vulnerable to COVID-19 (Mo Ibrahim Foundation, 2020). The continent has no pharmaceutical operation, importing about 70% of its pharmaceutical operation (Pheage, 2017). It is only South Africa which strives in this regard through adequate funding of scientific research and drug production. Like the rest of the continent, though; the country’s disadvantaged populations continue to face health problems due to structural disparities and the legacy of apartheid. A majority of poor populations in Africa, unlike South Africa, are still rooted in traditional medicine and the use of local knowledge systems to cope with the imminent health crisis.

3. Risks and vulnerabilities of infectious diseases in Africa: a socio-economic perspective

Infectious disease outbreaks present serious social and economic risks which adversely affect human development in Africa. Evidence from previous experiences has seen vulnerable
populations fall into increased poverty, malnutrition, ill-health, hunger, unemployment, and sluggish development. All segments of the population, including infants, youth, adults and the elderly, are at risk and vulnerable to disease due to poverty, insufficient healthcare services, food scarcity, poor water and sanitation, and weak service delivery to tackle and curb the outbreak and effect of infectious diseases. Over the years, development assistance partners from developed countries (e.g. the United States and the European Union) have extended an olive aid branch to poor and underdeveloped countries to tackle epidemics such as HIV/AIDS, tuberculosis, Ebola and, most recently, COVID-19. In addition to targeting humans, these diseases have infected crops and livestock (Rweyemamu et al., 2006); this mainly constitutes the livelihoods of most vulnerable people on the continent. In their quest for universal access to health care, Africa's population has largely been failed by their governments through poor health services combined with weak policy-making health reforms and policies.

The world is currently grappling to achieve the goals set out in the Sustainable Development Goals (SDGs) that succeeded the Millennium Development Goals (MDGs), which made considerable progress in bringing about socio-economic change across a broad range of issues including health, especially among vulnerable communities in developing countries. Health is enshrined in the Sustainable Development Goals as Target 3 with a major task of promoting wellness for all communities around the world (Sokhna et al., 2017). However, the prevalence of infectious diseases which constitute half of Africa's deaths (Fenollar & Medionnikov, 2018) is an impediment that threatens the achievement of this objective. In addition, the Covid-19 outbreak has had an unprecedented impact on the continent's existing weak public health systems, which have had severe impacts of infectious diseases on its socio-economic and environmental spectrum. African countries struggle to engage in the global economy because of the extreme effects of infectious diseases. The labour force has been hit hard by the spread of such contagions through the immediate effects of ill health on successful economic activities (Bloom & Cadorette, 2019; Mills & Shillcutt, 2004) (due to illness workers ended up becoming ineffective or without work). Governments in Africa therefore need to invest in warning systems against infectious disease outbreaks to better handle the socio-economic impacts.

The ongoing high burden of infectious and non-communicable diseases, weak public health systems, and socio-economic inequalities presents a major risk to vulnerable populations following the Covid-19 outbreak, which has caused havoc worldwide with devastating and tragic effects. At the same time, the continent is still plagued by a somber image of its ability to cope with infectious diseases. The exponential spread of this virus has also revealed the frailties of the global health system, even in developed countries. Consequently, mitigation strategies that limit the impact of Covid-19 on its people and economies are important for African countries and failure to do so would result in significant results.

4. The coronavirus (COVID-19) pandemic in Africa
In the context of Africa, Egypt was the first country to record its first case on 14 February 2020 (World Health Organisation (WHO), 2020) while Lesotho was the last country to record its first case on 13 May 2020 (Charumbira, 2020). Since the first recorded case, the virus has spread across the continent and initial predictions of a catastrophe and a humungous health crisis have slowly faded away due to low numbers of cases and infections being recorded in the region as compared to developed countries in the Global North. In recent times, Europe, USA and Latin America are experiencing a spark in new cases known as the ‘second wave’ despite efforts to deal with the spread of the virus through the employment of different stringent measures and strategies. As of 17 November 2020, there are currently more than 55.5 million recorded cases, over 1.3 million deaths and more than 38.6 million recoveries worldwide. Meanwhile, the continent of Africa's 55 countries has witnessed 1,998,877 recorded cases with 47,737 deaths and 1,681,845 recoveries by 17 November 2020 (Worldometer, 2020). South Africa by 17 November 2020 had the most reported cases (752 269), with deaths totaling 20,314 (Worldometer, 2020) as shown in Table 1.
5. Methodology

The rapid spread of coronavirus (COVID-19) presents a significant danger to countries around the globe's public health care systems. While Africa has recorded low numbers of infection and cases as compared to the rest of the world, the looming threat and danger imposed by the virus on human lives are still imminent. Results from searches for outbreak of COVID-19, its impact and implications on public health systems and socio-economic vulnerabilities in both South Africa and Zimbabwe were reviewed and analysed. This was done between 5 March 2020 and 1 June 2020. Therefore, as part of its methodology, the article adopted and performed a literature search using national, regional and international reports and updates from World Health Organisation (WHO), Africa Centers for Disease Control and Prevention, Centers for Disease Control and Prevention (CDC), National Institute for Communicable Diseases (NICD), African Union Commission, Southern African Development Community (SADC), Department of Health (South Africa), Ministry of Health and Childcare (Zimbabwe), Health Ministries of both countries, national and regional reports on COVID-19, published articles on COVID-19 and authentic data published on recognised websites with reference to the spread of this pandemic. Due to the nature of the study, the question of ethics was not deemed necessary considering this was a desktop research study that heavily relied on pre-existing data. Moreover, due to the severity and ever-changing dynamics associated with the virus, the article had to contend with constant and regular update of information and statistics on rising number of recorded cases and possible new mitigation strategies to combat the spread of the virus. This was done to assess the new threat and dual burden to public health, as well as the effectiveness of programs and interventions in South Africa and Zimbabwe.

6. History and present realities of infectious diseases in South Africa and Zimbabwe: an overview

This section provides an overview of the prevalence of infectious diseases in South Africa and Zimbabwe taking into account their subsequent impact on the public health system, and how the
underlying socio-economic challenges have halted government and other actors’ efforts to address the outbreak of such diseases. It also reflects on the current efforts of the South African and Zimbabwean governments to tackle the coronavirus (COVID-19) pandemic; explores more closely the danger this poses to public health and how it has identified socio-economic problems as a barrier to the spread of this virus across the world.

6.1. Prevalence of infectious diseases
South Africa and Zimbabwe have a long history of infectious disease transmission which has impacted poor and disadvantaged populations, further aggravating the already fragile and ineffective public health systems. Tuberculosis (TB), HIV, diarrhoeal diseases and lower respiratory tract infections are the most prevalent infectious diseases in South Africa (Pillay-van Wyk et al., 2016; Human Sciences Research Council, 2017; Nanoo et al., 2015). The country has one of the largest antiretroviral care systems in Africa and the world (Chigwedere et al., 2008), with estimated annual investment of 1.54 USD billion in 2017 (UNAIDS, 2000). There were an estimated 7.7 million people living with HIV in South Africa in 2018, the highest in the world (UNAIDS, 2019). Meanwhile, due to inadequate management structures and historical neglect combined with the apartheid legacy that created fragmented health care systems that segregated poor rural areas and vulnerable densely populated urban populations, the government has dismally failed to resolve the unrelenting pervasiveness of the TB burden (Delobelle, 2013). The World Health Organisation reports that in 2016 nearly 124,000 people died of TB in South Africa at an unprecedented rate of 330 deaths per day (National Institute for Communicable Diseases, 2019).

Over the years, Zimbabwe’s public health system has been on a downward spiral while infectious disease outbreaks have continued to spell doom and catastrophe on human lives. This has been primarily attributed to weak economic reforms and political turmoil experienced in the world resulting in poor and dilapidated infrastructure, food insecurity, inadequate water and sanitation (World Health Organisation (WHO), 2009), poor service delivery and health system breakdown due to unavailability of drugs, health workers and the politicisation of the entire health fraternity. The biggest killers in Zimbabwe are HIV/AIDS, TB, and Malaria (Chingono, 2020). The country continues to fight the HIV/AIDS pandemic and in the 1990s the United Nations (UNAIDS, 2000) reports that it had one of the world’s highest rates of HIV infection. The country remains one of the 30 most TB burdened countries (World Health Organisation (WHO), 2016). In addition, HIV remains the main fueling factor in the TB epidemiology (World Health Organisation (WHO), 2016). Zimbabwe is also vulnerable to malaria, with recent disease outbreaks (January–May 2020) resulting in 262,968 cases and 246 deaths (OCHA, 2020).

In addition to HIV/AIDS, TB and malaria, Zimbabwe is experiencing severe cholera outbreaks which continue to re-emerge in the country despite being labelled as a preventable disease (Mason, 2009; Cuneo et al., 2017; Burke, 2018). It is mainly due to inadequate water infrastructure and sanitation. The country has continued to suffer severe outbreaks of this disease with the latest being witnessed in September–October 2018 (Burke, 2018; Eyewitness News, 2018) and the previous one in 2008 resulting in the loss of 4,000 lives (World Health Organisation (WHO), 2009).

6.2. The elephant in the room: public health system burden in South Africa vis-à-vis public health system in ruins in Zimbabwe
South Africa’s long history of apartheid is marked socially, economically and politically by segregatory, divisive, and racist policies against oppressed and disadvantaged communities (mostly black African population) (Delobelle, 2013). Subsequently, this gave birth to the pre-dominant feature of inequality that currently exists in the country where the rural poor remain poorer and the urban rich continue to be richer. These disparities occur in the health sector where privileged groups access the best private health services through medical assistance, whereas disadvantaged groups depend heavily on the overburdened and under resourced network of public health. The public health system is under attack from a multitude of diseases such as HIV/AIDS, TB, non-communicable diseases, lower respiratory tract infections and chronic illnesses like diabetes, blood pressure, cancer, arthritis, to name just a few. This primarily
accounts for poor rural areas vulnerable to infectious and chronic diseases (such as HIV and TB) and heavily populated informal urban communities faced with problems of service provision, poverty, violence and unemployment. It is on this basis that Koelbe and Siddle (2014) suggest that the government desperately needs to address the problems facing the heavily burdened and ravaged health care system.

Several problems that have contributed to the failure and deterioration of the health care system in South Africa have been established. The main glitches include aging infrastructure, health staff shortages, mismanagement of funds and sector resourcing (Keeton, 2010). The incumbent ANC government has not resolved the inequities that have led to the deplorable conditions in the public health sector amid numerous changes, strategies, charters and proposals to tackle the problems facing public health systems (Malakoane et al., 2020). There has been no change to the provision and efficiency of health care (Malakoane et al., 2020). Due to poor working conditions for health workers who end up resorting to relocation to better equipped urban centres, rural areas tend to struggle with access to adequate and reliable healthcare services (Aitken & Kemp, 2003). Private healthcare is well funded as compared to public healthcare, with the availability of health personnel, medicines, infrastructure, efficient management systems and medical specialists to deal with various types of illnesses. Covid-19 epidemic has dire implications for the fractured and disintegrated public health network that supplies the majority of South Africa’s poor, marginalised and vulnerable communities.

The public health system in Zimbabwe prospered in the 1980s and 1990s (Makochekwana, 2012), but it has been on the brink of collapse in recent times (since the early 2000s) due to economic stagnation and political instability that has prevailed over the years (Ray & Masuka, 2017). Most health facilities are under-resourced combined with a shortage of medicines, health care personnel, infrastructure and efficient management systems (Makochekwana, 2012). Such problems have not been resolved by the government, resulting in demonstrations by health professionals (doctors and nurses) over remuneration packages and poor working conditions (medicine and equipment shortages). As a result, the country has undergone an exodus of health practitioners to other countries searching for greener pastures. Toppled with this, the country’s health sector survives on the aid and assistance received from partners in development aid such as the USA and the European Union. In addition, the prevalence of diseases like HIV/AIDS, TB, malaria, cholera and other chronic illnesses has overburdened the sector. Much of the population in Zimbabwe live in rural areas, where people have the greatest need for and the least access to health services (World Bank, 2015). A majority of individuals and families living in these areas cannot afford health, and the problem has been compounded by the inability of the government to finance the health system (World Health Organisation (WHO), 2016). Current poor performance characterised by hyperinflation has rendered the operation of medical aid schemes ineffective. Consequently, a majority of people who have no access to foreign currency cannot access private health.

There are many agencies and partners active in Zimbabwe’s health-care facility program. List includes government operations, churches (commonly known as mission hospitals), municipalities (local authorities), private-owned surgeries by medical practitioners, and private-owned companies in the health care sector. However, due to the prevailing economic conditions, their operations are already under siege, making it difficult to operate and manage health-related businesses. In addition, the situation has been aggravated by the politicisation of the country’s health system by economic mismanagement, human rights abuses (intimidation, abuse, and reports of violence against doctors and nurses) (Howard-Hassmann, 2010; Physician for Human Rights, 2008; Todd et al., 2010) and continued ignorance of disease outbreaks such as cholera that claimed many lives (Chirisa et al., 2015; Cuneo et al., 2017; Mason, 2009). The prevailing circumstances (weak public health system) present a serious risk to vulnerable and disadvantaged groups in the advent of the new COVID-19 that caused havoc worldwide.
7. Coronavirus (COVID-19) in South Africa and Zimbabwe: response strategies and mechanisms

7.1. South Africa

South Africa registered the first case of COVID-19 on 5 March 2020 in the province of KwaZulu Natal (KZN) (Wiysonge, 2020). The country reached 17 cases within the first week of the first reported case, and by 15 March it declared a national state of disaster resulting in the closing of schools, institutions of higher learning and the prohibition of large gatherings (not more than 100 people). Another decisive stance taken by the government to address this crisis was through the establishment of a COVID-19 Inter-Ministerial Committee, an Emergency Operations Centre and the presidential chaired National Command Council (Sekyere et al., 2020).

In the following weeks after the first case was reported in the country, the number of infection cases escalated at an alarming. By March 26 the number of reported cases had soared up to 927 forcing the government to enforce one of the strictest lockdown regulations outside of China on the 27th of March (Campbell, 2020). This resulted in travel bans (air, road, sea), closure of businesses and industries (small, medium and large), closure of schools and universities, closure of international travel borders and restriction of movements (Devermont & Mukulu, 2020) leaving people to access essential and emergency services such as fuel, grocery and medicine. Apart from these activities, the regulations also extended to other social activities such as cigarette and alcohol sales, jogging and dog-walking (Campbell, 2020). These initiatives, according to the government, are in line with current best practices to ‘flatten the infection curve’ particularly to protect the large number of vulnerable and immunocompromised citizens in South Africa (PSC Report, 2020). As of April 16, 2 506 confirmed infections, 34 deaths and 410 recoveries had been reported in South Africa (Government of the Republic of South Africa, 2020), prompting the government to extend the lockdown by 2 weeks until April 30. The lockdown regulations (Level 4 of the Risk Adjusted Strategy for Economic Activity) eased down from 1 may to allow for the reopening of the economy with certain sectors and businesses opening up and the President suggested that this level will continue until the end of the month of May. Strong control mechanisms remained in place under Level 4, with only critical services primarily operational. On May 24, the President addressed the nation and informed its citizenry that on June 1, the country was going to move to Level 3 of lockdown further opening up economic activities and loosening up lockdown regulations. On 18 August 2020, South Africa further eased down its lockdown regulations and moved to Level 2 opening up more economic activities and on 21 September the country moved to Level 1 and has maintained the same level up to date.

During this difficult time (COVID-19 crisis), the South African government has extended an olive branch of financial bailouts to assist businesses, workers and other crucial sectors. This was clearly laid out in President Cyril Ramaphosa’s speech on the 9th of April which presented a three-part plan addressing the ongoing effects of the pandemic (Kotze, 2020). The President announced the first phase of assistance that dealt with assistance covering tax relief, disaster relief disbursement, emergency procurement, wage support through the Unemployment Insurance Fund (UIF) and small business financing. In the second funding phase, the President announced a massive R500 billion social relief and economic support package that amounts to 10% of GDP (Tromp & Kings, 2020; Naicker, 2020 and The Presidency, 2020). The healthcare sector was allocated R20 billion in this extraordinary coronavirus budget (Tromp & Kings, 2020). The second phase is basically an economic solution to destabilise the economy, tackle the drastic downturn in supply and demand, and protect workers’ jobs (The Presidency, 2020). The planned third stage would concentrate on the economic recovery process to boost demand and supply through measures such as a comprehensive infrastructure-building programme, rapid implementation of economic reforms, economic transition and all other initiatives that will ignite inclusive economic growth (The Presidency, 2020).
Table 2. COVID-19 statistics in South Africa

| Province               | Number of cases | Number of Deaths | Number of recoveries |
|------------------------|-----------------|------------------|----------------------|
| Eastern Cape           | 108 993         | 4 086            | 96 300               |
| Free State             | 58 453          | 1 686            | 48 227               |
| Gauteng                | 231 733         | 4 889            | 224 840              |
| KwaZulu-Natal          | 124 958         | 3 287            | 116 497              |
| Limpopo                | 18 235          | 480              | 17 369               |
| Mpumalanga             | 30 705          | 611              | 29 665               |
| North West             | 34 334          | 510              | 32 100               |
| Northern Cape          | 22 751          | 301              | 18 739               |
| Western Cape           | 122 107         | 4 464            | 111 759              |
| Unknown                | 0               | 0                | 0                    |
| Total Number           | 752 269         | 20 314           | 695 496              |

Source: National Institute for Communicable Diseases (2020), Date Accessed: 17 November 2020.

As illustrated in Table 2, South Africa by 17 November 2020 had 752,269 COVID-19 cases with 20,314 deaths and 695,496 recoveries so far (National Institute for Communicable Diseases, 2020). So far a total of 5,142,947 COVID-19 tests have been carried out (National Institute for Communicable Diseases, 2020). It is the leading country with the largest number of cases on the African continent.

7.2. Zimbabwe

On March 20 Zimbabwe announced its first case (Muronzi, 2020), a man who had returned from Britain to his home town in the tourist resort town of Victoria Falls (AFP, 2020). The country reported the first death of a prominent journalist in Harare on March 22 and this was the second patient to have tested COVID-19 positive. As part of its response, on Friday, March 27, the country declared the COVID-19 crisis a “national disaster” and called for a three-week national lockdown effective Monday, March 30 to allow it to command state resources to counter COVID-19, to use emergency regulations and to deploy personnel for the same services (Amnesty International, 2020; Mtingondo, 2020). The government has not provided adequate social assistance programs (food, water and health services) to meet the needs of its disadvantaged community members for their survival (Zamchiya et al., 2020). In addition, on March 30 and April 19, the government began a 21-day nationwide lockdown and ban (Mtingondo, 2020; KPMG Zimbabwe, 2020). It was further extended by 2 weeks up until May 3. By the end of April, the country had chronicled four cases of death owing to COVID-19 (United Nations Information Centre (UNIC) Harare, 2020). The government declared on 1 May the lightening of lockdown regulations allowing formal industry and trade (commerce) to resume operations, with various steps in place until 17 May, including compulsory monitoring and screening of employees whose companies were reopening or those employees who had returned to work for the first time after the initial lockdown (UN Office for the Coordination of Humanitarian Affairs (OCHA), 2020). However, the informal sector and other industries, including education, stayed closed. The lockdown has now been extended indefinitely, every two weeks with a review (UN Office for the Coordination of Humanitarian Affairs (OCHA), 2020). On 16 September the country further eased down lockdown regulations paving way for inter-city travel.

The Minister of Finance and Economic Development Prof Mthuli Ncube declared in his press release on 30 March proposed fiscal measures to mitigate the effects of Coronavirus (COVID-19) by reiterating that the treasury had availed ZWL$500 million to counter this health crisis (Ministry of Finance and Economic Development, 2020). However, in its efforts to combat and curb the spread of this virus, the country seems to have overly relied on financial assistance from development...
partners. The World Bank announced in early May 2020 that it will grant 7 USD million to Zimbabwe to help tackle the latest coronavirus epidemic that is expected to exacerbate an already fragile economy and food crisis (Reuters Africa, 2020). The nation is in arrears of more than 1.2 USD billion to the World Bank, African Development Bank and European Investment bank, rendering it ineligible for foreign lenders financing or debt relief (Reuters Africa, 2020). Recent developments have witnessed the African Development Bank (AfDB) giving Zimbabwe 13.7 USD million in good faith to strengthen its healthcare system in the fight against the COVID-19 pandemic (Dhlamini, 2020) and this will go to the COVID-19 Response Project (CRP) in Zimbabwe (African Development Bank (AfDB), 2020). The European Union has meanwhile introduced a 75 USD million package to help Zimbabwe fight the pandemic (Mbewa, 2020).

Zimbabwe by 16 November 2020 had 8,897 confirmed COVID-19 cases with 257 deaths and 8,116 recoveries (Worldometers, 2020b), and has conducted 171,983 tests so far as shown in Table 3.

8. A tale of two paradoxes between South Africa and Zimbabwe
The response of South Africa to COVID-19 has been praised throughout the globe with President Cyril Ramaphosa and his government instigating one of the strictest lockdowns marked by cigarette and alcohol sales bans. In addition, as part of measures to curb the spread of the virus, the government imposed stringent restrictions on practices such as jogging and dog-walking. Her efforts have gone unnoticed with the World Health Organisation praising the South African government’s stance. The efforts of the government to perform testing and screening are commendable even though there are concerns about the growing number of cases in the midst of regulatory easing of lockdown from level 5 to level 4 and most recently to level 3. Meanwhile, Zimbabwe’s efforts in this regard have been appalling, with President Emmerson Mnangagwa resorting to a “copy and paste” of South Africa’s plans, tactics and policies to fight the spread of this virus (Kagoro, 2020). The country has been widely criticised for failing dismally to set up testing and screening centres. Similarly, in order to counter the spread of the pandemic, Zimbabwe has relaxed lock-down regulations with no clear cut strategy on potential mitigation strategies.

South Africa benefits from its guard standing with the international community combined with its economic and financial integration into the global economy. This integration is one of the key reasons that led to the rapid spread of the virus due to the large number of foreign travels by different people to and from the country for business, vacations, schooling and work (Cordaid, 2020). South Africa relies heavily on its domestic capital markets (Phillip, 2020) enabling it to generate domestic financial support and assistance to its citizens during this challenging period. Much of the benefits, however, tend to go to the minority communities while the predominantly black population still get less coverage. South Africa still continues to emphasise disaster preparedness to deal with potential disasters, although it has become an old familiar slogan continuously underlined by its neighbor Zimbabwe, which has these policies on paper without any steps being taken to deal with these circumstances. COVID-19 is just a typical example of Zimbabwe’s failure to come up with adequate plans for disaster preparedness. In addition, Zimbabwe has a brand of leaders who know the country has an international embargo imposed but are not open to the public. At face value, Zimbabwe appears to be on top of coping with COVID-19 compared to South Africa, but deeper observation reveals that the

| Table 3. COVID-19 statistics in Zimbabwe |
|------------------------------------------|
| Country      | Number of COVID-19 cases | Number of Deaths | Number of recoveries |
|--------------|--------------------------|------------------|---------------------|
| Zimbabwe     | 8,897                    | 257              | 8,116               |

Source: Worldometers (2020), Date Accessed: 17 November 2020
latter has been able to test and treat more people and have been able to provide the required equipment while Zimbabwe lags behind.

The emergence of this pandemic has been a unifying factor among the various South African political parties who have come together to tackle this scourge. The whole nation has rallied behind their President, making it easier for them to channel ideas for a positive cause. Furthermore, the President of South Africa consults with political party leaders on a regular basis and takes their advice into account. This has provided one single political voice in the country to fight this pandemic. Meanwhile, politicians in Zimbabwe have refused to set aside their differences and throw their tactics into one basket to save their people from this deadly virus. Rather the two major parties (Zanu pf and MDC) have used this scourge to fight against each other to gain electoral mileage. One side wants the other to fail whilst the other tries to take a winning posture as a means of moving to a better-positioned contest. This is at the cost of the people the epidemic is wiping out. There have been squabbles in recent developments which have led to the main opposition party withdrawing its participation in all parliamentary proceedings and activities (Moyo, 2020). It left a void for the ruling party and the government to do willy-nilly without any checks and balances being put in place to protect ordinary citizens’ interests.

9. Is the outbreak of this pandemic exposing the underlying weak public health systems and socio-economic challenges in South Africa and Zimbabwe?

The COVID-19 outbreak on the African continent has posed a multiplicity of social, economic, political, and cultural challenges. Countries like South Africa and Zimbabwe had already been deeply embroiled in economic and health crises before. A contagion of weak economic reforms and prevailing political conditions has undermined the development gains that have been achieved so far, and the International Monetary Fund (IMF) (2020) argues that Sub-Saharan African countries are likely to experience economic recession as a result of the outbreak of this epidemic. In turn, this would have a major effect on industries, livelihoods, economic development and the loss of human lives with no country being spared in this regard (International Monetary Fund (IMF), 2020). Therefore, South Africa and Zimbabwe face a humongous challenge of coping with a virus that has triggered fear and thrown the entire globe into turmoil and uncertainty. Against this context, this paper aims to discuss the effect of COVID-19 on public health systems, coupled with underlying socio-economic factors in South Africa and Zimbabwe.

South Africa’s public health system is crippled and overburdened by infectious disease outbreaks such as HIV/AIDS, TB (Labuschaigne & Staunton, 2020) and chronic diseases such as blood pressure, arthritis, cancer, and diabetes. The prevalence of these diseases has weakened a majority of societies’ immune systems making them susceptible to Covid-19 (Labuschaigne & Staunton, 2020). Moreover, during this time, most patients in densely populated informal settlements and rural areas suffering from chronic illnesses fail to access their medicine (Human Sciences Research Council, 2020). Public health system in South Africa is on a downward spiral due to under-resourcing combined with maladministration and medical personnel shortages. This has contributed to inequalities in the country’s access to medical care. Health inequality is thus generally defined by the growing disparity in health coverage between rich and poor (Cordaid, 2020). This is a consequence of the failure to address the legacy of apartheid, which brought divisions among different populations and races, with the black majority being the most disadvantaged and most affected. The poor have little access to medical aid schemes, and are heavily dependent on free government-run health institutions. A small percentage (16%) of the population in South Africa had access to medical aid schemes in 2019, leaving the poorest and vulnerable communities out (Cordaid, 2020). The outbreak of this pandemic has further exposed the frailties and challenges faced by the country’s heath sector spelling doom to the poor (Devermont & Mukulu, 2020), who rely mostly on overburdened public health (Labuschaigne & Staunton, 2020). The country has faced challenges in its quest and efforts to combat the pandemic, in particular the availability of Personal Protective Equipment (PPE) for medical professionals, discrimination of positive patients by medical staff and communities, limited testing and screening in rural areas
as well as informal settlements. Many hospitals and other medical facilities have been temporarily closed to prevent the spread of this virus and further limit access to medical care. Medical workers have taken to the streets to show their frustration with the unavailability of PPEs through demonstrations further revealing the sector’s imminent challenges. Hence, the country’s public health system is a ticking time bomb that Covid-19 has quickened and if persistent challenges are not swiftly dealt with, it will result in the huge loss of lives.

Over the years, Zimbabwe has faced difficulties in supplying its people with a safe and efficient health care system, placing the country’s public health system on the verge of collapse (Mavhunga, 2020). The government has therefore relied on the aid of international development agencies and organizations such as the European Union and USAID to name a few (Mavhunga, 2020) to fill in the vacuum of its calamitous management of the sector. The sector’s prominent challenges include short supply of drugs, medical staff shortages, dilapidated facilities, maladministration and extreme politicisation of the sector (Murunzi, 2020; Anna & Mutsaka, 2020). In addition, medical professionals (doctors and nurses) are still at loggerheads with their employer (government) over insufficient remuneration, precarious working conditions and unavailability of necessary medicines and equipment (Amnesty International, 2020). The spread of this virus presents a huge threat given the problems that exist within the ailing and declining health sector of the country. For starters, the country had one testing centre for its 14.5 million-strong population (Piri, 2020) and it was recently that the second one was built in Bulawayo, the second capital of the country. Secondly, the rural vulnerable and deprived populations lack access to medical services (Amnesty International, 2020). Thirdly, the already fragile healthcare sector has been overburdened by the prevalence of infectious diseases such as TB, HIV/AIDS, malaria, cholera and chronic conditions. In the midst of this crisis, the country is facing the resurgence of the malaria epidemic that has claimed 246 lives since its January 2020 outbreak (UN Office for the Coordination of Humanitarian Affairs (OCHA), 2020), further aggravating Zimbabwe’s already weak health care system. The country has been widely criticised for failing to carry out rigorous testing and monitoring, and the World Health Organisation (WHO) (2020) is advising on the imminent effects of the “silent” spread of this virus in countries such as Zimbabwe. In addition, medical professionals in the country do not have access to PPEs, and rural populations have not been attended adequately with fears that the virus is spreading in these vulnerable and marginalized areas. As a result, the government faces a massive challenge of carrying out a large testing and screening initiative because of low and dwindling funds leaving it unable to deal with a pandemic of this magnitude.

In recent times, South Africa’s economy has been under pressure due to slow economic reforms and high rates of corruption coupled with Jacob Zuma’s long decade of disastrous and costly leadership, highly characterised by “State Capture;” a mechanism involving the plundering of state coffers by powerful individuals and groups. The current government faces a huge task of resolving some of these problems, and the Covid-19 outbreak could not have come at a worse time; making it impossible for the administration to respond effectively to this pandemic (Upadhyaya & Arp, 2020). Prior to this crisis, credit rating agencies such as Flitch, Standard and Poor’s and Moody’s had already rated the South African economy to “junk status” (Vandome, 2020). Consequently, the economy’s inability to generate growth has exacerbated the country’s rates of poverty, unemployment and inequality in the midst of the Covid-19 pandemic; spelling doom for the vulnerable, poor, and marginalised rural communities and urban informal settlements. In the meantime, Zimbabwe’s economy has struggled to show any growth since the early 2000s. It culminated in the government’s inability to attract foreign direct investment (FDI) followed by massive debts to monetary institutions such as the IMF and the World Bank, to name only a few. Moreover, this economic crisis has led to the closure of industries which have plummeted unemployment and poverty levels. Recently, the economy is facing the worst inflation in more than a decade (Mbewa, 2020) running at 6766% by March 2020 (Dongozi, 2020) and the Covid-19 outbreak is a looming catastrophe in the crippled economy of Zimbabwe.
COVID-19 outbreak has exposed the deep-rooted challenges of poverty among a majority of South African communities. The Government’s current response strategies have fallen hard on the country’s impoverished communities (De Kadt, 2020). By ordering people to stay at home simply means they cannot generate any income to feed their families. Many families live on “hand to mouth” in some cases, and therefore the lockdown regulations have slowed economic activities (Sekyere et al., 2020). The country already faces high levels of poverty and the outbreak of this pandemic has exacerbated the plight of the poor. In the context of Zimbabwe, half of the country’s population (7.7 million) is going to bed hungry not knowing how to feed themselves and where their next meal will come from (UN Office for the Coordination of Humanitarian Affairs (OCHA), 2020; Anyadike, 2020 and Zamchiya et al., 2020). A majority of this number (5.5 million) is in rural areas where poverty is rife with chronic food shortages and the other number (2.2 million) is in urban areas (Zamchiya et al., 2020). Poverty prevalence in South Africa and Zimbabwe has fallen hard on the majority of the poor who have no access to food, economic opportunities and jobs. Most households survive on their informal economy means and efforts and therefore lockdown regulations have further aggravated their poverty status. Poor rural communities are deeply engulfed in poverty in their concerted efforts to combat the scourge, resulting in acts of desperation to find alternative ways to feed their families which break lockdown regulations.

With about 3 million people working in this sector (Rogan & Skinner, 2020), the informal economy in essence accommodates millions of people in South Africa (Cov Africa, 2020); Therefore, for many households in the informal settlements (Cichello & Rogan, 2020), and other vulnerable and marginalized areas, the informal sector is the main source of livelihood. Households survive on a myriad of activities such as street vending, food sales, beauty salons, barbershops and spaza (grocery) shops, etc. The government’s lockdown restrictions exclude informal economic activities, and this is likely to worsen the plight of the poor and exacerbate the country’s levels of inequality by creating new ones. Meanwhile, in Zimbabwe the majority of the poor depend heavily on the income non-guaranteed informal sector (Piri, 2020). According to a 2018 report by the International Monetary Fund, the informal economy of Zimbabwe is the largest in Africa and second only in the world to Bolivia (Chagonda, 2020; Zamchiya et al., 2020). The sector constitutes at least 60% of all economic activity in Zimbabwe (International Monetary Fund (IMF), 2020; Chagonda, 2020 and Zamchiya et al., 2020). The pandemic outbreak has highlighted the existing problems of the lack of jobs and economic prospects prevalent in both nations. The poor have been put on the “covid-19 guillotine” because of unfavorable conditions that threaten their survival, increasing the levels of poverty.

During the Covid-19 outbreak in South Africa, water and sanitation issues have been considerably more protuberant. Regular hand washing by water is one of the best ways to curb the spread of the pandemic and that is a problem for populations that do not have access to clean and safe water (Sekyere et al., 2020). The history of maladministration and corruption combined with impunity and uncaring water sector leadership is restricting access to water. The government has distributed water tanks to communities that are in desperate shortage of this precious resource as part of its efforts to address these anomalies during this crisis. Conversely, this is not enough to ensure that we are water-safe and tackle the worsening water scarcity crisis. Consequently, lack of water availability is an inhibiting factor in tackling the Covid-19 scourge in South Africa. In a majority of informal settlements, sanitation services are in deplorable condition, enabling the spread of diseases (Sekyere et al., 2020). This is coupled with litter because of poor service delivery by local authorities. In Zimbabwe, poor urban communities are grappling with water access and a sanitation crisis, and this problem existed even before this crisis (Human Rights Watch, 2020). During this difficult time, the urban population residing in townships has resorted to the queuing for water in reservoirs such as boreholes. Lack of tap water access is a major crisis with some cities in the country (such as Harare and Bulawayo) forced to implement water rationing despite the extra sanitation needs of the coronavirus crisis. Residents in these areas are gathering water without face masks and sanitisers that make them more vulnerable to the virus (Nyakananga, 2020). Lack of access to water thus defeats the whole point of staying hygienic
given how the virus needs regular hand washing to curb its spread. Water unavailability poses a huge threat and increases the risk of the spread of Covid-19. This has detrimental consequences for poor households who do not have access to water and sanitation.

The lock-down period in South Africa has been highly characterised by food insecurity. This is particularly common among the disadvantaged and vulnerable people most affected by coronavirus and households that have no income source. While the country has been considered to be food insecure due to its middle-income status, this crisis has highlighted the struggle for access to food faced by poor rural communities. South Africans’ hunger has spilled over into the streets during the prolonged lockdown time resulting in shops being looted and demonstrations breaking out, as reported in the media (Davis, 2020). Communities in an effort to feed their families have resorted to such desperate measures. Even though the government has rolled out a programme to distribute food, this is distraught with several challenges. These include lack of established capacity for supplying food, a lack of data on who needs help, the bureaucracy involved in checking food claims, and the politicisation of food distribution and associated corruption (Davis, 2020). In addition, the government has established grants to help those in need, and concerns have arisen as to whether they would meet the intended beneficiaries given the country’s high level of corruption among public officials.

One of the major issues in Zimbabwe is food insecurity that has resulted in chronic food shortages. The country has been afflicted by droughts in three of the last five farming seasons (Dongozi, 2020) coupled with a catastrophic agricultural reform program that witnessed the collapse of the once prosperous agricultural sector. Subsequently, this has led to food insecurity among households across the country with the rural areas being the hardest hit. A new study from the suggests that about 1.1 million rural people are approaching hunger “emergency” rates, often associated with war zones. In addition, an estimated 2.2 million urban residents are faced with chronic food shortages and requiring assistance (Anyadike, 2020) while rural areas are said to have a higher number (4.3 million) of people in desperate need of food aid (WFP, 2020). The country’s intermittent droughts have negatively impacted yield production and harvest (Dongozi, 2020), with concerns already raised over the success of this year’s harvest. Mealie meal which is the country’s staple food is now a scarce commodity in recent times. Food shortages have driven households in search of basic commodities that expose them to the virus, a clear violation of lockdown regulations. In addition, the country’s ongoing hyperinflation has impacted consumer prices which means urban poor households cannot afford to buy food.

10. Conclusion
The Covid-19 pandemic has questioned the ability and resilience of most developing countries across the globe to deal with infectious disease outbreaks. In turn, the outbreak of this pandemic has reiterated previous and continuing calls for governments and policymakers in underdeveloped African countries to improve public health capacities while strengthening their socio-economic conditions to meet health security requirements. It is evident from the article that South Africa and Zimbabwe face enormous socio-economic and public health problems and this current health crisis has shed more light on both countries’ deplorable and catastrophic public healthcare systems. This epidemic has struck the poor and disadvantaged communities hard with their plight and survival having deteriorated further. In turn, this has widened the divide between urban and rural communities with regards to access to proper healthcare. For both nations, the public healthcare systems lag behind in terms of reliable and effective programs for providing and coping with infectious disease outbreaks. It includes diseases of this severe magnitude and proportion, such as HIV/AIDS, malaria, cholera, Tuberculosis and other illnesses. However, this crisis has brought to light the underlying socio-economic dynamics that governments and policymakers have failed to address over the years culminating in Covid-19 imposing a looming catastrophe on human lives. Poor economic development, deprivation, unemployment, water and sanitation shortages, inequality and inadequate service delivery have dire consequences for both countries’ poor, disadvantaged and marginalised rural, urban townships
and densely populated informal settlements. Therefore, prioritisation of health and socio-economic state of affairs should be at the forefront of both government policies in tackling this pandemic. Such pre-existing issues have curtailed attempts to combat and cope with this pandemic. Hence, in both nations, Covid-19 is a potential disaster if current public health and socio-economic problems are not properly addressed.

Funding
The authors received no direct funding for this research.

Author details
Belita Banda Chitsamatanga
E-mail: bchitsamatanga@ufh.ac.za
Wayne Malinga
E-mail: malingawayne3@gmail.com
1 Oliver Tambo Chair of Human Rights Centre, University of Fort Hare, South Africa.
2 Peace, Conflict and Security Studies, Department of Development Studies, Lupane State University, Lupane, Zimbabwe.

Citation information
Cite this article as: ’A tale of two paradoxes in response to COVID-19’: Public health system and socio-economic implications of the pandemic in South Africa and Zimbabwe., Belita Banda Chitsamatanga & Wayne Malinga, Cogent Social Sciences (2021), 7: 1869368.

References
AFP. (2020). Zimbabwe reports first coronavirus case. Retrieved May 20, 2020, from https://www.dispatchlive.co.za/news/africa/2020-03-21-zimbabwe-reports-first-coronavirus-case/
Africa Centres for Disease Control and Prevention (Africa CDC) & African Union Commission. (2020). Africa joint continental strategy for COVID-19 outbreak. Retrieved May 31, 2020, from https://aou.int/en/documents/20200330/africa-join-continent-strategy-covid-19-outbreak
African Development Bank (AFDB). (2020). Zimbabwe: African Development Bank approves $13.7 million to strengthen health system, boost anti-COVID-19 efforts. Retrieved May 21, 2020, from https://www.afdb.org/en/news-and-events/press-releases/zimbabwe-african-development-bank-approves-137-million-strengthen-health-system-boost-anti-covid-19-efforts-35675
Aitken, J. M., & Kemp, J. (2003). HIV/AIDS, equity and health sector personnel in Southern Africa. EQUINET Discussion Paper 12EQUINET. Harare.
Amnesty International. (2020). Protecting the right to health in The Covid-19 response in Zimbabwe., AFR 46/2103/2020.
Anna, C., & Mutsaka, F. (2020). Zimbabwe has 1st COVID-19 case while Africa cancels flights. Retrieved May 21, 2020, from https://www.pbs.org/newshour/health/zimbabwe-has-1st-covid-19-case-while-africa-cancels-flights
Anyadike, O. (2020). Building a safety net for Zimbabwe’s urban poor. Retrieved May 21, 2020, from https://www.thenewhumanitarian.org/news-feature/2020/11/20/Zimbabwe-drought-urban-food-security
World Health Organisation. (2016). WHO country cooperation strategy, 2016–2020. Zimbabwe. World Health Organisation Regional Office for Africa
Baker, J. L., Shriner, D., Bentley, A. R., & Rotimi, C. N. (2017). Pharmacogenomic implications of the evolutionary history of infectious diseases in Africa. The Pharmacogenomics Journal, 17(2), 112–120. https://doi.org/10.1038/pj.2016.78
Bank, W. (2015). Health public expenditure review: Zimbabwe. World Bank, Washington, D.C.
Bloom, D. E., & Codorette, D. (2019). Infectious disease threats in the twenty-first century: Strengthening the global response. Frontiers in Immunology, 10, 549. https://doi.org/10.3389/fimmu.2019.00549
Boutayeb, A. (2010). The impact of infectious diseases on the development of Africa. In V. R. Preedy & R. W. Watson (Eds.), Handbook of disease burdens and quality of life measures. Springer.
Brachmann, P. S. (2003). Infectious diseases—past, present, and future. International Journal of Epidemiology, 32(5), 684–686. https://doi.org/10.1093/ije/dyg282
Broadent, A. (2020). Lockdown is wrong for Africa. Retrieved April 17, 2020, from https://img.co.za/article/2020-04-08-lockdown-is-wrong-for-africa
Brownie, J. (2012). A foresight vision for infectious diseases in Africa. Onderstepoort Journal of Veterinary Research, 79(2), 4. pp. 649. https://doi.org/10.4102/ojvr.v79i2.459
Burke, J. (2018). ‘Medieval’ cholera outbreak exposes huge challenges in Zimbabwe. Guardian. 20 September. Retrieved May 21, 2020, from https://www.theguardian.com/global-development/2018/sep/20/medieval-cholera-outbreak-exposes-zimbabwe-problems
Campbell, J. (2020). President ramaphosa leads strong response to COVID-19 in South Africa. Retrieved May 20, 2020, from https://www.crf.org/blog/president-ramaphosa-leads-strong-response-covid-19-south-africa
Chagonda, T. (2020). Zimbabwe’s shattered economy poses a serious challenge to fighting COVID-19. Retrieved May 21, 2020, from https://theguardian.com/zimbabwes-shattered-economy-poses-a-serious-challenge-to-fighting-covid-19-19-135066
Charumbira, A. (2020). Lesotho records first coronavirus case a week after lifting the lockdown. Retrieved May 24, 2020, from https://www.theguardian.com/world/2020/may/13/lesotho-records-first-coronavirus-case-a-week-after-lifting-lockdown
Chigwedere, P., Seage, G. R., Illisu, L., Lee, T. H., & Essex, M. (2008). Estimating the lost benefits of antiretroviral drug use in South Africa. JAIDS Journal of Acquired Immune Deficiency Syndromes, 49(4), 410–415. https://doi.org/10.1097/QAI.0b013e3181806cd5
Chingono, N. (2020). Zimbabwe faces malaria outbreak as it locks down to counter coronavirus. Retrieved May 22, 2020, from https://www.theguardian.com/global-development/2020/april/21/zimbabwe-faces-malaria-outbreak-as-it-locks-down-to-counter-coronavirus
Chirisa, I., Nyamadzawo, L., & Bandauko, E. (2015). The 2008/2009 cholera outbreak in Harare, Zimbabwe: Case of failure in urban environmental health and planning. Reviews on Environmental Health, 30(2), 117–124. https://doi.org/10.1515/revhe-2014-0075
Cichello, P., & Rogan, M. (2020). A job in the informal sector reduces poverty about as much as a job in the formal sector. Retrieved May 22, 2020, from https://www.econ3x3.org/article/job-informal-sector-reduces-poverty-about-much-job-formal-sector
Cordaid. (2020). COVID-19 in Africa: “If the lockdowns continue, we will see famines”. Retrieved May 21, 2020, from https://www.cordaid.org/en/news/covid-10-in-africa-if-the-lockdowns-continue-we-will-see-famines/.

Cov Africa. (2020). South Africa’s economic response to the Covid-19 pandemic (Part III). Retrieved May 21, 2020, from https://www.LEXOLOGY.com/library/detail.aspx?g=7b160336-066a-adac-476f4a3c514

Cuneo, C. N., Sollom, R., & Beyrer, C. (2017). The cholera epidemic in Zimbabwe, 2008–2009: A review and critique of the evidence. Health and Human Rights Journal, 19(1), 249–263.

Davies, R. (2020). The biggest lockdown threat: Hunger, hunger, everywhere. Retrieved May 21, 2020, from https://www.dailymaverick.co.za/article/2020-04-17-the-biggest-lockdown-threat-hunger-hunger-everywhere/

De Kadt, J. (2020). COVID-19 highlights South Africa’s need for local level social data. Retrieved May 21, 2020, from https://theconversation.com/covid-19-highlights-south-africas-need-for-local-level-social-data-137804

Delohery, P. (2013). The health system in South Africa. In C. C. Wolffuter (Ed.), Historical perspectives and current challenges in South Africa in focus: Economic, political and social issues, Nova Science Publishers, Inc. ISBN: 978-1-62688-582-1.

Devermont, J., & Mukulu, T. (2020). South Africa's bold response to the Covid-19 pandemic. Retrieved May 20, 2020, from https://www.csis.org/analysis/south-africas-bold-response-covid-19-pandemic

Dhlamini, S. (2020). ADB approves $31.3 million for Zim Covid-19 response. Retrieved May 21, 2020, from https://im.engineeringnews.co.za/article/adb-approves-137m-for-zim-covid-19-response-2020-05-15

Dongozi, F. (2020). COVID-19 and hyperinflation leave hunger and few options in Zimbabwe. Retrieved May 21, 2020, from https://www.thenewhumanitarian.org/feature/2020/05/20/Zimbabwe-coronavirus-economy

Eyewitness News. (2018). Zimbabwe death toll from cholera has now risen to 28 – Report. Retrieved May 21, 2020, from https://ewn.co.za/2018/09/15/zimbabwe-death-toll-from-cholera-has-now-risen-to-28-report

Fenollar, F., & Medianikov, O. (2018). Emerging infectious diseases in Africa in the 21st century. New Microbes and New Infections, 26, 510–518. https://doi.org/10.1016/j.nmic.2018.09.004

Government of the Republic of South Africa. (2020). Regulations and Guidelines - Coronavirus Covid-19. Retrieved May 21, 2020, from https://www.gov.za/ coronavirus/guidelines

Howard-Hassmann, R. E. (2010). Mugabe’s Zimbabwe, 2000–2009: Massive human rights violations and the failure to protect. Human Rights Quarterly, 32(4), 898–920. https://doi.org/10.1353/hrq.2010.0030

Human Rights Watch. (2020). Coronavirus-Zimbabwe: Unsafe water raises COVID-19 risks. Retrieved May 30, 2020, from https://www.africa-newsroom.com/press/coronavirus-zimbabwe-unsafe-water-raises-covid19-risks

Human Sciences Research Council. (2017). 5th national HIV prevalence survey. Retrieved May 30, 2020, from https://www.hsrc.ac.za/uploads/pageContent/9234/ SABSSMV_Impact_Assessment_Summary_ZA_ADS_cleared_PDFA4

Human Sciences Research Council. (2020). HSRC study on COVID-19 indicates overwhelming compliance with the lockdown. Retrieved May 30, 2020, from https://www.hsrc.ac.za/en/news/media-and-covid19/hsrc-study-on-covid19

International Monetary Fund (IMF). (2020). Regional economic outlook: Sub-Saharan Africa COVID-19: An unprecedented threat to development. World Economic and Financial Surveys. International Monetary Fund, Publication Services.

Jamison, D. T., Alwan, A., & Mock, C. N. (2017). Universal health coverage and intersectoral action for health: Key messages from disease control priorities, 3rd edition. Lancet, 391, 1108–1120. http://doi.org/10.1016/S0140-6736(17)32906-9

Jones, K. E., Patel, N. G., Levy, M. A., Storeygard, A., Balk, D., Gittleman, J. L., & Daszak, P. (2008). Global trends in emerging infectious diseases. Nature, 451 (7181), 990–993. https://doi.org/10.1038/ nature06536

Kagoro, T. (2020). The missing factor in Zim’s ‘cut and paste’ response to Covid-19. Retrieved May 21, 2020, from https://www.theindependent.co.zw/2020/04/24/the-missing-factor-in-zims-cut-and-paste-response-to-covid-19/

Keeton, C. (2020). Bridging the gap in South Africa: the South African government’s proposed national insurance scheme aims to tackle the stark divide in health care between rich and poor. Bulletin of the World Health Organization, 88(11), 803+ https://doi.org/10.2471/BLT.10.021110

Koebel, T. A., & Siddie, A. (2014). Institutional complexity and unanticipated consequences: The failure of decentralization in South Africa. Democratization, 21 (6), 1117–1133. https://doi.org/10.1080/13510347.2013.784270

Kotze, K. (2020). COVID-19: South Africa’s response. Retrieved May 21, 2020, from https://moderndiplo macy.eu/2020/04/30/covid-19-south-africas-response/

KPMG Zimbabwe. (2020). Government and institution measures in response to COVID-19. Retrieved May 21, 2020, from https://home.kpmg/xx/en/home/insights/2020/04/zimbabwe-government-and-institution-measures-in-response-to-covid.html

Labuschange, M., & Staunton, C. (2020). The social and economic impact of Covid-19 on South Africa. Retrieved May 21, 2020, from https://www.silkroad briefing.com/news/2020/04/16/social-economic-impact-covid-19-south-africa/

Marchekwona, A. (2012). The impact of economic performance on health in Zimbabwe, policy brief. Retrieved May 21, 2020, from https://www.africapot tal.org/publications/the-impact-of-economic-performance-on-health-in-zimbabwe/

Malakoane, B., Heunis, J. C., Chikobvu, P., Kigosi, N. G., & Kruger, W. H. (2020). Public health system challenges in the Free State, South Africa: A situation appraisal to inform health system strengthening. BMC Health Services Research, 21(1), 58. https://doi.org/10.1186/s12913-019-4862-y

Mason, P. R. (2009). Zimbabwe experiences the worst epidemic of cholera in Africa. The Journal of Infection in Developing Countries, 3(2), 148–151. https://doi.org/10.3855/jidc.62

Mavhunga, C. (2020). Zimbabwe extends COVID lockdown, despite pleas from workers. Accessed 21 May 2020. https://www.voanews.com/covid-19-pandemic/zim babwe-extends-covid-lockdown-despite-pleas-workers

Mbewa, D. G. (2020). EU releases $75 million aid package for Zimbabwe. Retrieved May 22, 2020, from https://africa.cgtn.com/2020/05/10/eu-releases-75-million-aid-package-for-zimbabwe
Melber, H. (2020). Africa needs tailored responses to coronavirus. Retrieved April 4, 2020, from https://nautilus.org/africa-needs-tailored-responses-to-coronavirus.html.

Mills, A., & Shillcutt, S. (2004). Challenge paper on communicable diseases in ‘global crises’. In B. Lomborg (Ed.), Global solutions: First Edition. Cambridge University Press.

Ministry of Finance and Economic Development. (2020). Press statement on fiscal mitigatory measures to contain the impact of Corona Virus 2019 (COVID-19). Causeway.

Mo Ibrahim Foundation. (2020). Covid-19 in Africa: A call for coordinated governance, improved health structures and better data. Data and analysis from the Mo Ibrahim Foundation.

Moosa, M. R. (2021). Book review: Medicine in Africa: The problems and promises. Perspectives, 382, 1196–1197.

Moyo, J. (2020). Zimbabwe: Opposition party walks out of parliament. Retrieved May 25, 2020, from https://www.aa.com.tr/en/africa/zim-babwe-opposition-party-walks-out-of-parliament/1869368

Mtingondo, C. (2020). COVID-19 information. Retrieved April 21, 2020, from https://zw.usembassy.gov/covid-19-information-2/

Munich Security Conference (MSC). (2016). ‘Munich security report 2016: Boundless crises, reckless spoiliers, helpless guardians’. Munich Security Conference.

Murray, C. J. L., & Lopez, A. D. (2013). Measuring the global burden of disease. New England Journal of Medicine, 369(5), 448–457. https://doi.org/10.1056/NEJMra1201534

Musapa, P. (2020). Community response makes for effective prevention. Retrieved May 31, 2020, from https://nautilus.org/africa-needs-tailored-responses-to-coronavirus.html

Naicker, E. (2020). Covid-19: R500-b budget to ease the impact of lockdown. Retrieved May 20, 2020, from https://rosenbergkillymogeneityza.co.za/3405454/covid-19-r500-b-budget-to-ease-the-impact-of-lockdown/

Nanro, A., Izu, A., Ismail, N.A., Ihekwuzi, C., Abubakar, I., Mametja, D., & Madhi, S. A. (2015). Nationwide and regional incidence of microbiologically confirmed pulmonary tuberculosis in South Africa, 2004-12: A time series analysis. The Lancet Infectious Diseases, 15(9), 1066–1076. https://doi.org/10.1016/s1473-3099(15)00147-4

National Institute for Communicable Diseases. (2019). World TB Day 2019. Retrieved May 25, 2020, from https://www.nicd.ac.za/world-tb-day-2019/

National Institute for Communicable Diseases. (2020). Latest confirmed cases of Covid-19 in South Africa. Retrieved November 17, 2020, from https://www.nicd.ac.za/world-tb-day-2019/

Nyakarongo, S. (2020). Zimbabwean women at risk of Covid-19 exposure as water woes persist. Retrieved May 30, 2020, from https://www.dailymaverick.co.za/article/2020-05-20-zimbabwean-women-at-risk-of-covid-19-exposure-as-water-woes-persist/

Parola, P. (2013). The return of the big three killers. Clinical Microbiology and Infection, 19(10), 887–888. https://doi.org/10.1111/j.1469-0691.2013.03311.x

Pheage, T. (2017). Dying from lack of medicines. Retrieved May 31, 2020, from https://www.un.org/africanewsworld/magazine/december-2016-march-2017/dying-lack-of-medicines

Phillip, X. (2020). Coronavirus: South Africa expects economy to tank as it grapples with pandemic. Retrieved April 21, 2020, from https://www.thehindureport.com/2020/03/31/associate-news/south-africa-coronavirus-expects-economy-to-tank-as-it-grapples-with-pandemic.html

Pillay-van Wyk, V., Msembali, W., & Laubscher, R. (2016). Mortality trends and differentials in South Africa from 1997 to 2012: Second national burden of disease study. The Lancet Global Health, 4(9), e642–e653. https://doi.org/10.1016/s2214-109x(16)30113-9

Piri, M. (2020). Will Zimbabwe be prepared if it suffers a major outbreak of Covid-19. Retrieved May 21, 2020, from https://www.saharanewsvoice.com/2020/04/21/will-zimbabwe-be-prepared-if-it-suffers-major-outbreak-covid-19

PSC Report. (2020). COVID-19: South Africa takes charge at home and on the continent. Retrieved May 21, 2020, from https://sisafra.org/pscreport/psc-insights/covid-19-south-africa-takes-charge-at-home-and-on-the-continent

Ray, S. C., & Masuku, N. (2017). Facilitators and barriers to effective primary health care in Zimbabwe. African Journal of Primary Health Care & Family Medicine, 9 (1), e1639. https://doi.org/10.4102/phcfm.v9i1.1639

Reuters Africa. (2020). Zimbabwe gets $7 million World Bank grant to fight coronavirus. Retrieved May 21, 2020, from https://af.reuters.com/article/impact-reports/impact-reports/coronavirus-south-africa-expects-economy-to-tank-as-it-grapples-with-pandemic-

Rogers, M., & Skinner, C. (2020). South Africa’s informal sector creates jobs, but shouldn’t be romanticised. Retrieved May 22, 2020, from https://theconversation.com/south-africas-informal-sector-creates-jobs-but-shouldnt-be-romanticised-122745

Rweyemamu, M., Otim-Nape, W., & Serwadda, D. (2006). Foresight. Infectious Diseases: Preparing for the future. Africa. Office of Science and Innovation.

Sekyere, E., Bohuler-Muller, N., Hongoro, C., & Makoae, M. (2020). The Impact of COVID-19 in South Africa, Africa program occasional paper. Wilson Centre.

Sokhna, C., Gaye, O., & Doundou, O. (2017). Developing research in infectious and tropical diseases in Africa: The paradigm of senegal, infectious and tropical diseases research in Africa. Clinical Infectious Diseases, 65(Suppl1), S64–S69. https://doi.org/10.1093/cid/cix347

Todd, C., Rbye, S., & Madzimbamuto, F. (2010). What is the way forward for health in Zimbabwe? Lancet, 375 (9714), 606–609. https://doi.org/10.1016/s0140-6736(09)61649-7

Tramp, B., & Kings, S. (2020). Ramaphosa announces R500 billion Covid-19 package for South Africa. Retrieved May 20, 2020, from https://www.aa.com.tr/en/africa/zim-babwe-opposition-party-walks-out-of-parliament/1869368

UN Office for the Coordination of Humanitarian Affairs (OCHA). (2020). Zimbabwe situation. Retrieved May 22, 2020, from https://www.unocha.org/en/country/zimbabwe

UNAIDS. (2000). Report on the global AIDS epidemic. United Nations Information Centre (UNIC) Harare. (2020). Covid-19 response. Retrieved May 20, 2020, from https://www.un.org/en/corona-virus/zimbabwean-journalists-get-story-straight-covid-19

Upadhyaya, P., & Arp, R. (2020). Opinion: Forging a better South Africa post Covid-19 that puts the vulnerable first. Retrieved May 21, 2020, from https://www.journals.sagepub.com/prestocontent/ukmen/ukmen.2014.05.21/zimbabwe_is_where_we_are_so_defensive.html
ter-south-africa-post-covid-19-that-puts-the-
vulnerable-first-20200422
Vandome, C. (2020). COVID-19 in South Africa: Leadership, resilience and inequality. Retrieved May 21, 2020, from https://www.chathamhouse.org/expert/comment/covid-19-south-africa-leadership-resilience-and-inequality
Wysonge, C. S. (2020). South Africa’s War on COVID-19. Retrieved May 20, 2020, from https://www.thinkglobal.org/article/south-africas-war-covid-19
World Health Organisation. (2003a). Global defence against the infectious diseases threat.
World Health Organisation (WHO). (2009). Cholera country profile: Zimbabwe. Global Task Force on Cholera Control.
World Health Organisation (WHO). (2012). ‘Global Report for Research on Infectious Diseases of Poverty’: World Health Organisation.
World Health Organisation (WHO). (2020). COVID-19 cases top 10 000 in Africa. Retrieved May 24, 2020, from https://www.afro.who.int/news/covid-19-cases-top-10-000-africa#:~:text=Reaching%20the%20continent%20through%20travellers,countries%20have%20reported%20cases
World Health Organisation (WHO). 2020b. Statement on the second meeting of the International Health Regulations (2005) emergency committee regarding the outbreak of novel coronavirus (2019-nCoV). Retrieved November 17, 2020, from https://www.who.int/newsroom/detail/30-01-2020
World Health Organisation (WHO). 2020c. WHO announces COVID-19 outbreak a pandemic. Retrieved November 17, 2020, from http://www.euro.who.int/en/health-topics/health-emergencies/coronavirus-covid-19/news/news/2020/3/who-announces-covid-19-outbreak-a-pandemic
Worldometers. (2020a). Covid-19 Coronavirus Pandemic. Retrieved June 3, 2020, from https://www.worldometers.info/coronavirus/
Worldometers. (2020b). Zimbabwe. Retrieved May 31, 2020, from https://www.worldometers.info/coronavirus/country/zimbabwe/
Zamchiya, P., Mashinga, D., Gwini, T., Chamunogwa, A., & Madhuku, C. (2020). Zimbabwe’s Covid-19 lockdown: Ensuring the right to food for the poor. Retrieved May 21, 2020, from https://www.plaas.org.za/zimbabwes-covid-19-lockdown-ensuring-the-right-to-food-for-the-poor/