Tackling inequality and governance challenges: Insights from the COVID-19 pandemic

Daphine Kabagambe Agaba*
Post-Doctoral Research Fellow, Thabo Mbeki African School of Public and International Affairs, University of South Africa
https://orcid.org/0000-0001-6249-2061

Summary: The article addresses inequality and governance in the face of the COVID-19 pandemic. Globally, it highlights ways in which COVID-19 has further exacerbated the already worrying inequality levels. Specifically, it addresses issues such as vaccine nationalism, rising income inequality levels, while the minority become richer, some from the manufacturing and selling of COVID-related products. From a governance perspective, it is argued that the reliance on liberal democracies to deliver equality is proving to be insufficient as these have been noted to pursue and prioritise market-based strategies that ultimately perpetuate inequality. Ultimately, it is forwarded that there needs to be a rethinking of the global political economy policies, including debt, health systems, intellectual property laws and trade, in order to directly address how such systems perpetuate inequality. In the context of the African continent, the article highlights the difficulty in accessing vaccines, posing a major threat to the continent, which is experiencing waves of the pandemic that are more disturbing than those that went before. It also highlights the extent to which paucity of research affects vaccine efficiency on the continent. COVID-19 has further worsened the already precarious political and economic situation in most of Africa, characterised by countries being unable to pay debt,

* LLM (Human Rights and Democratisation in Africa) (Pretoria) PhD (Western Cape); agabadaphine@gmail.com
electoral political violence, COVID-19 denialism, exploiting COVID-19 to clamp down on opposition, and misuse of COVID-19 funds. Thus, it is recommended that there needs to be an overhaul of the already broken fiscal and political environments rather than the adoption of piecemeal economic solutions such as debt freezes, or politically-flawed ones, that ultimately do not work.

Key words: COVID-19; inequality; governance; economic policies; vaccines

1 Introduction

Goal 10 of the United Nations (UN) Sustainable Development Goals involves ‘reduced inequalities’. It points out inequality in and between countries as a disturbing trend, a factor that has become more noticeable with the COVID-19 pandemic. COVID-19 has adversely affected the poorest and most vulnerable communities, with unemployment levels sky-rocketing, as well as a massive reduction in workers’ incomes. It has negatively affected progress made in the area of gender equality with vulnerable populations in weaker health systems being adversely affected as well as other marginalised groups such as refugees, older persons, migrants and persons with disabilities. Political, social and economic inequalities have worsened the impact of the pandemic.

At the 2020 annual Nelson Mandela lecture, the UN Secretary-General highlighted the fact that inequality is a defining feature of our times, comparing COVID-19 to an X-ray that has brought to the surface fractures in the fragile skeleton of the societies we inhabit; that it has exposed fallacies such as that free markets can deliver health care for all. It should not be overlooked that free markets have become a key feature of liberal democracies. He further reiterated that 26 of the richest people around the world hold wealth equal to that of half the global population. On the African continent, he pointed out factors such as colonialism preceded by slave trade and apartheid in South Africa, among some of the causes of the massive

2 As above.
3 As above.
inequality in and between countries. The consequences of this remain all too present, characterised by a global trade system that is in favour of the north, global power relations, under-representation of Africans in global institutions, institutionalised racism, hate crimes and xenophobia, white supremacy, among other factors.5

This article addresses inequality and governance in the face of the COVID-19 pandemic. It is highlighted that access to more than enough vaccines by well-resourced countries as opposed to those that are poorly resourced is a vivid example of how inequality between developed and developing nations has perpetuated the pandemic. The quick mutation of the virus into more dangerous variants poses a global risk to the extent that as long as some people remain unvaccinated, there is always the risk that new variants might be more resistant to earlier vaccines. From a governance perspective, the article critiques the misguided notion that liberal democracy, which is the prevalent form of democracy, on its own can bring about equitable development. In the pursuit of the ‘free market’ ideology which is prioritised in liberal democracies, characterised by profit maximisation, freedoms and entitlements, wealth creation often is at the expense of the public or common good. Thus, the article pushes for a deliberate governance strategy that prioritises or centres equitable development inclusive of a functional health system that prioritises equal health and health care for all.

As far as the African continent is concerned, it is highlighted that COVID-19 has exacerbated the already disturbing inequality levels, living behind dire political and economic situations in some countries. Prior to COVID-19, the health systems in most African countries were already weak. These had gradually become dilapidated as a result of a series of factors, among which were the World Bank-backed neo-liberal policies such as privatisation that led to governments withdrawing from providing much-needed public health care as well as a pervasive lack of accountability and transparency in the implementation of health initiatives.

A linkage is also drawn between COVID-19 and governance highlighting the extent to which COVID-19 has worsened governance in most parts of the continent characterised by further restriction of civil and political rights, including the right to vote, freedom of assembly, information and association, a rise in political conflict, and COVID-related corruption. The article also points out the massive impact of the pandemic on the economic situation of most African

5 As above.
countries characterised by the impact of lockdowns on livelihoods of Africans that rely on informal sectors, the rise in unemployment levels and rising levels of debt. Overall, it is argued that COVID-19 has been a stark reminder that inequalities and inequities are not a natural construction but rather a result of how global political, economic power dynamics function to the detriment of poor, marginalised populations.

2 Inequality and COVID-19

The principle of ‘the right to equality’ is at the heart of human rights and is enshrined in all human rights treaties as a goal that states ought to achieve. From this legal perspective, formal (de jure) equality often is expounded upon as alike things being treated alike and unlike things being treated in line with their unlikeness. The notion of formal equality has been critiqued for being abstract, universalistic and failing to recognise social and economic disparities between individuals and groups that cannot be remedied by the same treatment of all. To that end, human rights activists have adopted substantive (de facto) equality, which is an equality of outcomes in the sense that it requires that different people are treated differently based on their gender, sex and socio-economic status, with the goal of overcoming the disparities in individuals and groups and ultimately achieving equality. Human rights bodies such as the CEDAW Committee have refuted the use of equity and equality interchangeably, and have often insisted on using equality referring to substantive equality. While responding to Columbia’s state report, the Committee highlighted that when applying temporary special measures, the state party’s goal often is to achieve equity for women rather than achieving de facto equality for women with men. The Committee thus critiqued the concept of equity rather than equality which was often used by the state in the formulation of and designing of women’s programmes.

Furthermore, from a human rights perspective, equality often goes hand in hand with non-discrimination. While elaborating on the

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8 As above.
9 Thabane & Buthelezi (n 7) 179.
11 Facio & Morgan (n 10) 7.
12 Fredman (n 6) 712.
right to health, the General Comment on Health sets out that goods and services should be economically and physically accessible to everyone without discrimination.\textsuperscript{13} Even in the case of severe resource constraints, states should ensure that vulnerable members of society are protected by the inclusion of relatively low-cost programmes.\textsuperscript{14} Equality also requires meaningful participation as set out in General Comment 14, which includes access to information, accountability and transparency in government or non-governmental organisation (NGO) programmes.\textsuperscript{15}

Yamin avers that wealth distribution, privilege and inequality in society are not a natural phenomenon but rather a result of socially-created norms, laws and practices that allow and embed those distributions.\textsuperscript{16} This also includes systems that favour market expansion at the expense of social protections. To that end, a rights-based framework views a health system as an all-encompassing social institution similar to a fair justice or political system. This implies an all-inclusive structure that is targeted at improving the entire health system rather than fragmented programmes or a delivery machine for goods and services.\textsuperscript{17} This goes beyond health promotion to investigating the power dynamics at the heart of people’s marginalisation and suffering. Yamin further critiques human rights’ narrow focus on states as a factor that obscures the current power relations.\textsuperscript{18} She locates most social injustices and inequalities in health systems not in states but rather in the systems of the global political economy, including trade, debt, privatisation, agricultural policies and structural adjustment policies in Africa. Yamin thus proposes interdisciplinary collaboration transcending borders that interrogate budgetary priorities, a systems analysis to discern problems and to recommend dynamic and comprehensive solutions.\textsuperscript{19}

COVID-19 has exacerbated the already worrying inequality levels, living behind dire political and economic situations in some countries. One example of this is what has been referred to as ‘vaccine nationalism’ whereby richer countries have been noted to be hoarding inordinately large amounts of COVID-19 vaccines for their

\begin{itemize}
  \item \textsuperscript{13} UN Committee on Economic, Social and Cultural Rights (ESCR Committee) General Comment 14: The right to the highest attainable standard of health (art 12 of the Covenant) 11 August 2000 E/C12/2000/4 paras 12, 18-19.
  \item \textsuperscript{14} General Comment 14 (n 13) paras 30-33.
  \item \textsuperscript{15} General Comment 14 para 11, 55, 59-62.
  \item \textsuperscript{16} AE Yamin ‘Will we take suffering seriously? Reflections on what applying a human rights framework to health means and why we should care’ (2008) 10 Health and Human Rights 45.
  \item \textsuperscript{17} As above.
  \item \textsuperscript{18} As above.
  \item \textsuperscript{19} As above.
\end{itemize}
populations, while poorer countries have access to minimal portions and others to none at all.20 Vaccine nationalism is a situation where governments enter into agreements with pharmaceutical companies in order to be in position to supply vaccines to their own populations prior to these becoming available to other countries.21 It is also referred to as the pursuit of vaccines for purposes of national interest through measures such as export bans and supply agreements even when it is damaging to other countries.22

It has been widely reported that even before the now approved COVID-19 vaccinations had undergone the full clinical trials, countries such as Britain, the European Bloc, Japan and the US had procured several million doses of those vaccines that seemed to be more favourable.23 Some countries are now even in the process of rolling out campaigns for third dose boosters as well as vaccinating children.24

The fast pace at which the first COVID-19 vaccine (Pfizer-Biotech) was developed and approved was commended as an outstanding success in global health.25 However, this was only a first step and the more challenging step has been how to ensure ‘vaccine equity’ which entails the way in which to ensure that the vaccine is distributed fairly and reaches different populations regardless of their social, economic and other statuses.26 In early 2021 it was reported that Canada and the UK ordered the highest number of vaccines; the USA purchased 1,2 billion doses of the vaccine, enough to give each person more than three doses, while the entire African Union (AU) had ordered only 270 million which accounted for one vaccination for only 20

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23 Khan (n 21).
24 Vanderslott et al (n 22).
26 As above.
per cent of its population. This situation has been described as a ‘moral failure’ by the World Health Organisation (WHO) Director-General, Dr Tedros Adhanom, as COVID-19 does not respect borders and, thus, it will continue to be a threat to the world as long as it is present anywhere in the world.

The obligation of well-resourced countries to essentially put an end to ‘vaccine nationalism’ and to assist low-resourced countries can be gleaned from a series of binding and non-binding human rights instruments. Desierto sets out a series of binding and non-binding human rights instruments which, when read together, confer upon states the legal obligation to ensure vaccine access to everyone, especially to those in low-resourced settings. These include article 2(1) of the International Covenant on Economic, Social and Cultural Rights (ICESCR) which calls upon states, individually and through international assistance and cooperation, either technically or economically, to the maximum of their available resources, to progressively achieve the full recognition of the rights that are recognised in the Covenant, employing all appropriate means. Furthermore, article 12 of ICESCR recognises everyone’s right to the highest attainable standard of physical and mental health. Among the steps to be taken by countries in article 12(c) of ICESCR is the ‘prevention, treatment and control of epidemic, endemic, occupational and other diseases’. Therefore, article 12 read with article 2 both clearly emphasise that cooperation entails everything that is vital in the prevention, treatment and management of global pandemics such as COVID-19.

In addition, article 1(1) of the 1986 Declaration on the Right to Development recognises peoples’ rights to participate and contribute to the enjoyment of economic, social, political, cultural and civil development that is in line with all other human rights and fundamental freedoms. Thus, any obstacle that impedes or massively restricts people’s ability to enjoy their right to development, especially a global pandemic that has negatively impacted the economic, political, social and cultural lives of individuals across the world, is one that massively infringes on their right to development.

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27 As above.  
28 As above.  
The disturbingly high levels of ‘vaccine nationalism’ have led to an increase in calls to temporarily remove intellectual property protections pertaining to COVID-19 vaccines. Among the most vocal of these is the Peoples’ Vaccine Alliance’, a coalition of organisations and activists of which the goal is to advocate a peoples’ vaccine for COVID-19. The alliance members include Global Justice Now; Public Citizen; Free the Vaccine; Frontline AIDS; Amnesty International; OXFAM; SumOfUs; and UNAIDS. The senior Policy and Campaigns Manager of Global Justice Now stated that ‘the highly effective vaccines we have, are thanks to massive amounts of tax payers’ money, so it can’t be fair that private individuals are cashing in while hundreds of millions face second and third waves completely unprotected’. On the other hand, manufacturers have argued that patent protection is not the main hindering factor in accelerating vaccine production. Rather, issues such as setting up manufacturing sites, the sourcing of raw materials and the availability of qualified personnel play a role.

In addition, on 2 October 2020 India and South Africa submitted a communication to the World Trade Organisation (WTO) Council for the Trade-Related Aspects of Intellectual Property Rights (TRIPS) containing a proposal aimed at temporarily waiving certain provisions of the TRIPS agreement for the prevention, containment and treatment of COVID-19. In June 2021 there seemed to be a ray of hope as the Indian and South African proposal to temporarily waive patents on COVID-19 vaccines received support at the G7 summit held in the UK. The additional secretary (economic relations) in the Ministry of External Affairs (MEA) confirmed that there was widespread support at the WTO regarding the proposal and, as a result, the TRIPS Council of the WTO was more likely to commence text-based negotiations on the proposal.

Similarly, on 5 May 2021 President Joe Biden changed his government’s earlier stance on the Indian/South African proposal, by backing the waiving of intellectual property rights for COVID-19

32 As above.
35 As above.
vaccines, followed by a statement by his top trade negotiator, Katherine Tai, backing the negotiations at the WTO. The move was predictably opposed by pharmaceutical companies which, as some noted, would mount campaigns to ensure that any waiver that was agreed upon was as limited as possible. Other critics described the move as merely a grandstanding move and expressed their scepticism as to whether it would yield any substantial long-term change in patent law. Furthermore, despite now being supported by over 100 countries, a small group of opposing WTO members, including the European Union (EU), the UK, Norway and Switzerland, continue stalling any constructive discussions on the proposal.

The appearance of new variants means that the more people are left unvaccinated, the greater the collective risk. This was echoed by the executive director of the Joint United Nations Programme on HIV/AIDS (UNAIDS) who stressed that while companies that are making massive profits from COVID-19 vaccines refuse to share their science and technology to enable global vaccine supply, the world continues to face the risk of mutations that could reduce the effectiveness of the available vaccines, putting everyone at risk all over again.

On a global scale, the COVID-19 pandemic has further increased the income gap between the rich and the poor, between industrialised countries and those that are less industrialised. The industrialised countries have been enabled by their access to advanced technology, which has enabled the already affluent people to utilise the pandemic to their benefit. Beyond the issue of being

38 As above.
able to access vaccines, terminologies such as ‘COVID billionaires’ have been coined to show an exponential number of people who have joined the billionaire group since the onset of the pandemic.\textsuperscript{42}

It was estimated that between mid-March and December 2020 the USA is estimated to have gained 56 new billionaires, bringing the total to 659. It is further projected that America’s billionaires hold an estimated $4 trillion in wealth, a figure that is roughly double that of the 165 million poorest Americans collectively.\textsuperscript{43}

As stocks in pharmaceutical companies rapidly rise, ‘vaccine billionaires’ are being created as a result of the huge profits from the COVID-19 vaccines over which these companies have a monopoly.\textsuperscript{44}

Among those who have benefited from COVID-19 were those dealing with COVID-related supplies through, for instance, the manufacture and supply of the COVID-19 vaccines, personal protective equipment and diagnostics testing.\textsuperscript{45} The Peoples’ Vaccine Alliance has stressed that these patents enable pharmaceutical companies to have complete control over the price and supply of vaccines, pushing up profits in order to secure the stocks they require, thereby making it more challenging for the poorer countries to access these vaccines.\textsuperscript{46}

The irony in all this is the fact that most of these billionaires are located in North America, which has recorded one of the highest COVID-related death rates. Even more telling are the disproportionately high rates of deaths in the black and Latina communities.\textsuperscript{47}

This is a clear illustration of the fact that if clear policies and strategies are not put in place to ensure that a country’s wealth is

\begin{footnotesize}
\begin{enumerate}
  \item Oxfam International (n 40).
  \item As above.
\end{enumerate}
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equally distributed in ways that improve the overall health of the population, health and other forms of inequality persist.\textsuperscript{48}

3 Governance mechanisms, equality and COVID-19

Despite the criticism it has faced over the years, the notion of ‘liberal democracy’ practised through constitutional supremacy, the rule of law, individual rights and free markets has managed to remain the prevalent type of political and economic arrangement throughout most of the world.\textsuperscript{49} Proponents maintain that despite its weaknesses, its advantages still supersede its shortcomings. It often is assumed that development is more likely to be achieved in liberal democracies as opposed to authoritarian governments. There has been an argument that the ideals that are found in democratic governments, such as regular elections, universal suffrage, multiparty competition and civil liberties, favour positive health outcomes.\textsuperscript{50} For instance, increased participation and political voice may lead to increased politicians’ responsiveness to citizens, fostering the reduction in social disparities and universal access to high-quality health services.\textsuperscript{51} On the contrary, authoritarian regimes may produce negative health outcomes as a result of political suppression and limited citizen participation.\textsuperscript{52} This may subsequently affect government responsiveness to citizens, thus hampering the improvement of health and education and a reduced political will to universally spread benefits to the poor.\textsuperscript{53}

Proponents of liberal democracy further allude to the fact that democracy contributes to the reduction in social disparities and, by extension, income inequality by empowering the ‘marginalised’ with a voice.\textsuperscript{54} These in turn use this political voice to draw attention to unjust practices, thereby contributing to the redistribution or


\textsuperscript{49} D Desilver ‘Despite global concerns about democracy, more than half of countries are democratic’ \textit{Pew Research Centre} 14 May 2019, https://www.pewresearch.org/fact-tank/2019/05/14/more-than-half-of-countries-are-democratic/ (accessed 26 November 2021).


\textsuperscript{51} As above.

\textsuperscript{52} As above.

\textsuperscript{53} As above.

expropriation of wealth from those who have it. This also extends to health, taking the example of political instability. It is assumed that democratic values, such as consensus building and participation, reduce the possibility of differences that often lead to political instability. Political instability often has undesirable effects on health, such as an increase in infant mortality rates; the destruction of vital health and social infrastructure; the devastation of national and regional economies leading to long-term health consequences such as malnourishment and poor hygiene, which leads to an increase in communicable diseases.

In comparing democracies and autocracies, Acemoglu and Robinson view a democracy as a dictatorship of the poor and middle class and an autocracy as a dictatorship of the rich. It thus is assumed that health indicators will improve in a context where public health is a priority for the masses as opposed to one where the rich have control as they tend to be less interested in public solutions. Furthermore, attributes found in democracies, such as demands for accountability by masses which may result in non-performing leaders being removed from office, have the potential of fostering greater attention to health as opposed to autocracies where accountability is to small groups such as the military or even the fact that they tend to repress opposition and the media which, in turn, frustrates public policy thereby having negative consequences on health.

However, this assertion has been refuted by other researchers who assert that there is a very distal relationship between income inequality and community responsiveness, which is one of the attributes of a democracy. They allude to the fact that the discussion above in support of democracy overlooks the fact that the transition to democracy not often is a smooth one but rather involves conflict and violence. Furthermore, liberal democracies often end up prioritising wealth creation, profit making, freedoms and entitlements at the expense of the common good. As a result, democracies such as the USA have been referred to as ‘hyper-democratic’ on the basis of a failure to ensure universal health coverage and having a healthcare

55 As above.
58 Besley & Kudamatsu (n 57) 313-314.
59 Shin (n 54) 3.
60 As above.
61 As above.
system that is expensive, incomplete and highly unequal while paying homage to profit maximisation and freedom of choice.62

COVID-19 has further proved that the idea of democracy as a marker for health improvement is not always valid as it has introduced another vital marker, which is the levels of equality in a country. Statistics from COVID-19 show high numbers of COVID mortality in highly unequal countries such as the United States, Brazil, Mexico, South Africa, Nigeria, Kenya and Tunisia even when they purportedly pursue some form of egalitarian democracy.63 This is attributed to, among others, the prioritisation of neoliberal policies that favour capital and markets while side-lining community health and welfare. While commending globalisation and technology for bringing about gains in income and lifting populations out of poverty, the UN Secretary-General averred that, on the flip side, those developments have brought about shifts in income distribution with the world’s richest 1 percent having 27 per cent of the total cumulative growth income.64

On the other hand, low-skilled workers are negatively impacted by the massive technological transformation as they face the risk of being replaced by such inventions.65 Early evidence has also revealed that the ability to work from home is lower among the low-income earners compared to that of the high-income earners, leading to a high likelihood of the former losing jobs, thus worsening inequality levels in income distribution.66 The Secretary-General further noted that there has been an increase in tax avoidance, tax concessions and tax evasion, leading to a decline in corporate taxes which, in turn, has affected social services including health care, education and social protection as there has been a reduction in resources

62 As above.
64 As above.
65 As above.
devoted to these.\textsuperscript{67} He surmised that the current global political and economic system is not contributing to the delivery of critical public goods, namely, health, sustainable development and peace; that the governance structures are pre-occupied with self-interest and the only way in which to address this is to build a new social contract aimed at equitably and fairly apportioning wealth, power and opportunities.\textsuperscript{68} Thus, COVID-19 exposed the already existing cracks in liberal democracies as it exposed inequalities that for so long have been mentioned but not addressed. For instance, the fallacy that ‘we are all in the same boat’ was proven to be false.\textsuperscript{69}

The principles found in egalitarian democracies have further had very little impact in addressing the COVID-19 pandemic. Rather, equality in access to health care is of more importance than the pursuing of egalitarian democratic principles.\textsuperscript{70} In fact, principles such as those of collective participation and citizenry trust may have gotten in the way of making tough choices vital for curbing the pandemic, as in the case of Sweden.\textsuperscript{71} A similar scenario was seen in the USA where citizens stormed government buildings demanding an end to lockdown, while countries such as Brazil and Russia delayed their response in order to maintain electoral popularity.\textsuperscript{72} As a result, countries that are considered less democratic, such as Vietnam and Sri Lanka, have been noted to be relatively more successful in curbing the virus compared to the more democratic countries, such as the US, the UK, Spain and Italy.\textsuperscript{73} Ultimately, it did not come down to how democratic or undemocratic a country was, but rather the extent to which it prioritised the putting in place of an equitable and robust healthcare system.

4 COVID-19 in Africa

Initially, Africa recorded a smaller number of COVID-19 mortalities compared to other continents. However, by May 2021 the numbers were said to be steadily rising in countries such as South Africa, Uganda, the Democratic Republic of the Congo (DRC), Namibia and Angola.\textsuperscript{74} In early June 2021 the WHO regional director warned of

\textsuperscript{67} Guterres (n 4).
\textsuperscript{68} As above.
\textsuperscript{69} As above.
\textsuperscript{70} As above.
\textsuperscript{71} As above.
\textsuperscript{72} As above.
\textsuperscript{73} As above.
rapidly-rising numbers, in the third wave, with new cases rising by over 30 per cent in eight African countries.\textsuperscript{75} The spread of the virus is further worsened by the new variants that have led to an upsurge in both cases and deaths, that cannot be traced easily, are highly transmittable and the testing of which is not widely accessible.\textsuperscript{76} The WHO director urged for the swift ramping up of programmes to ensure that they reach Africans who are most at risk of falling ill and dying from the virus.\textsuperscript{77}

Moreover, inequality cuts across all areas and sectors. One such area is research in the sense that, compared to other continents, the research from Africa in line with COVID-19 has been limited. The paucity of research in Africa – with the exception of South Africa and North Africa – has meant that research and information on the virus has mostly been generated from the USA, Europe and Asia.\textsuperscript{78} In April 2020 it was reported that of the 7700 genome sequences of the SARS-Cov2 that had been pooled, only 90 genome sequences came from Africa and they had been collected from five out of 51 infected countries.\textsuperscript{79} It is vital that Africa actively contributes to the vaccine development especially due the various mutations of the vaccine. Otherwise there could be a risk of the developed vaccines being less effective in Africa, due to the fact that they have been developed based on strains that are more predominant in other continents.\textsuperscript{80}

For instance, in early 2021 it was reported that the COVID-19 vaccine developed by AstraZeneca together with the University of Oxford provided very little protection against mild disease caused by the South African variant.\textsuperscript{81} AstraZeneca stated that it was already in the process of adapting its vaccine to respond to the South African variant and that it would ensure that it advanced rapidly through the clinical development phase.\textsuperscript{82} Other vaccine developers have also stated that their vaccines revealed reduced efficacy in clinical trials conducted in South Africa. The Johnson and Johnson vaccine showed a 57 per cent efficacy rate compared to 72 per cent that was recorded in the USA; Novavax reported that while its vaccine showed an 89.3 per cent efficacy rate in trials conducted in the

\textsuperscript{75} As above.
\textsuperscript{76} As above.
\textsuperscript{77} As above.
\textsuperscript{79} Lone & Ahmad (n 78) 1301.
\textsuperscript{80} As above.
\textsuperscript{82} As above.
United Kingdom, it recorded a meagre 50 per cent in the case of South Africa. The investment in research is vital not only for the production of vaccines that respond directly to the sub-Saharan genome, but also, beyond COVID-19-targeted health research will help find solutions to diseases such as HIV/AIDS that still plague African countries.

In order to address such inequities, the COVID-19 Vaccine Global Access Facility (COVAX) was formed to help poorer countries (many of which are found in Africa) to have access to the vaccines. The coalition (comprising WHO, Gavi, the Vaccine Alliance and the Coalition for Epidemic Preparedness Innovations (CEPI)) has an ambitious goal of securing at least 2 billion doses by the end of 2021, thereby ensuring access to 92 low and middle-income countries that may not be in a position to afford the vaccines on their own. It remains to be seen if this ambitious goal will come to fruition.

4.1 COVID-19 and governance in Africa

The part below elaborates on the impact of COVID-19 on both political governance as well as its impact on African economies. The part uses a few case studies, such as Ethiopia, Uganda, Tanzania, Zambia, Kenya, South Africa and Zimbabwe, to highlight the impact of COVID-19 on the already fragile African political economies.

COVID-19 has put into stark contrast the connection between health and political governance and how health has been sidelined and underrated for quite some time. Neo-liberal policies such as privatisation of health care have exposed the already weak African public health systems that have not been in a position to respond to the pandemic. These market-based approaches, such as the privatisation of health care and the introduction of user fees, have pushed the burden of healthcare financing onto the poor, heavily contributing to the rise in inequality levels. Over the years, international initiatives geared to the Global South, such as the Gates Foundation, Global Fund for HIV/AIDS, Malaria and Tuberculosis, have stepped in to provide much-needed vital health services.

83 As above.
85 As above.
87 As above.
88 As above.
Despite their success, these initiatives have been critiqued for sidestepping government healthcare systems and focusing on NGOs, thus organising health care in a specialised, technical, separated format rather than supporting national health systems with the aim of improving public health care.\(^{89}\)

Furthermore, African governments over the years have grossly under-invested in health, with most falling short of the 15 per cent of their national budgets percentage pledge that they made in the 2001 Abuja Declaration.\(^{90}\) All this meant that COVID-19 found ill-prepared health systems, which has had a ripple effect on other diseases. From an equality standpoint, Africa stands at a particular disadvantage. Unlike the high-income countries in North America, Europe and Northern Asia, most of sub-Saharan Africa already bears an infectious disease burden, namely, that of malaria, HIV and tuberculosis.\(^{91}\) In addition, most countries have weak health systems and most of the population inhabits poor living conditions characterised by limited access to basic social amenities.

COVID-19 further exposed the already-prevailing governance challenges in fragile economies with wide-ranging consequences, including limited spaces for opposition in countries such as Uganda characterised by heavy-handed security operatives and internet shut-downs; COVID-19 denialism in countries such as Tanzania; and conflict in countries such as Ethiopia. COVID-19 corruption was also reported in countries such as Kenya and South Africa.

Approximately 10 African nations have held elections in 2021: Zambia, Uganda, Niger, DRC, Ethiopia, Benin, Chad, Cape Verde, São Tomé and Príncipe and Djibouti. Others, such as The Gambia and Libya, are preparing to hold elections in December 2021.\(^{92}\) Elections in most of Africa have long been viewed as nothing more than ticking a box and a ‘window dressing’ of sorts as they are aimed at gaining or maintaining international legitimacy in order for African countries

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\(^{89}\) As above.
to continue receiving financial aid and other forms of assistance. COVID-19 further exacerbated the already fragile political situation in most countries.

In Ethiopia elections which were slated to be held in 2020 were postponed due to COVID-19. The Tigray People’s Liberation Front (TPLF) opposed this move claiming that it was an unconstitutional extension of President Abiy’s presidential term. The TPLF decided to hold its own elections that were declared invalid by the Abiy government, sparking what has been referred to as an interstate war between the TPLF and the Ethiopian National Defence Forces (ENDF). The conflict has sparked an international outcry from NGOs, deploring the numerous violations they allege to have taken place in Tigray, Ethiopia, including violence against civilians; prevalent massacres; rape and other forms of sexual violence; arbitrary detention; the destruction of refugee camps; destroying of civilian infrastructure including hospitals, schools, businesses, and so forth. The NGOs further claim that these violations go against humanitarian and human rights law and may amount to war crimes and crimes against humanity. They place these abuses at the hands of all warring parties, notably, the ENDF, the TPLF, the Eritrean Defence Forces and Amra Regional Special Police. In June 2021 human rights NGOs urged the UN Human Rights Council to adopt a resolution at its 47th session on the ongoing human rights crisis in Tigray, Ethiopia.

In the lead-up to the January 2021 Uganda elections, the opposition alleged that President Yoweri Museveni’s government was exploiting COVID-19 Standard Operating Procedures to infringe on their freedom of assembly, association and free speech. The

97 As above.
98 As above.
99 As above.
government was reportedly using public health guidelines and COVID-19 standard operating procedures (SOPs) to break up opposition public gatherings while those of the National Resistance Movement (NRM) were disregarded.\(^\text{101}\) In November 2020 the opposition candidate, Bobi Wine, was arrested for allegedly flouting COVID-19 guidelines related to mobilising large crowds, which led to public protests demanding his release.\(^\text{102}\) These protests were met with the use of live bullets and teargas by the security agencies, leading to the death of over 50 Ugandans and injuries to hundreds more.\(^\text{103}\) On the eve of the elections, which saw the incumbent President Yoweri Museveni win a sixth consecutive term, there was a country-wide internet shut-down that lasted for about five days, a further infringement on people’s freedom of communication, access to vital services during COVID-19 and directly affecting businesses that rely on the internet.\(^\text{104}\)

The most outstanding feature of Tanzania, in response to the pandemic, has been referred to as ‘COVID denialism’.\(^\text{105}\) In June 2020 then President John Magufuli put an end to the release of COVID-19 data (at the time 509 cases and 21 deaths had been reported) claiming that it was causing public panic.\(^\text{106}\) He subsequently declared Tanzania COVID-free, claiming that prayers had saved the country.\(^\text{107}\) This was so, despite reported deaths of doctors, lawyers, priests, nuns, citizens, throughout the country with COVID-like symptoms such as difficulty in breathing which were attributed to asthma, pneumonia or heart disease.\(^\text{108}\) Journalists who reported about COVID-19 were censored, and in July 2020 regulations were introduced aimed at controlling COVID-related information with a possible fine or imprisonment as a penalty for those that broke the regulation.\(^\text{109}\) The President further cast doubt on COVID vaccines

\(^{101}\) As above.
\(^{103}\) As above.
\(^{107}\) As above.
\(^{108}\) Buguzi (n 105).
\(^{109}\) As above.
with the claim that very little effort had been taken to put an end to other diseases that ravage Africa, such as tuberculosis, HIV and malaria.  

Ironically, on 17 March the President passed away, reportedly of heart disease.111 The Vice-President turned President Samia Suluhu Hassan changed the tune of ‘COVID denial’ by forming a special committee of health experts to advise and give recommendations on the way forward.112 The committee came up with a series of recommendations, including an overhaul of the country’s COVID approach from one of denial, providing information on COVID-19; strengthening interventions throughout the country to prevent the third wave; allowing the use of vaccines listed by WHO; and joining the global COVAX initiative aimed at ensuring access to vaccines to low and middle-income countries.113 On 12 June 2021 Tanzania submitted a request to the COVAX Programme and in July the Prime Minister announced that the nation had started receiving vaccines, with the first shipment of Johnson and Johnson having been delivered by the US government.114 Furthermore, COVID-19 statistics, which had not been shared during President Magufuli’s presidency, were now routinely collected and publicly shared.115 Despite these positive developments, public health officials shared that it would be an uphill task to change peoples’ perceptions on the vaccines after many months of denial and misinformation about the virus.116

The illustrations above have demonstrated how COVID-19 has worsened the already precarious political situations in various African countries. It has demonstrated how countries that held elections

116 Buguzi (n 114).
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during the COVID period exploited COVID-19 in ways that further worsened the political environments in these contexts, at times leading to non-COVID-related deaths. Accordingly, despite the fact that various African countries were already faced with several governance challenges prior to COVID-19, the above illustrations demonstrate that the pandemic was exploited by political leadership in ways that further aggravated these challenges. It is thus recommended that political leadership should refrain from exploiting COVID-19 to curtail peoples’ freedoms, liberties and rights, thus further worsening their physical, political, economic, social and cultural well-being.

4.2 Economic impact of COVID-19 on Africa

COVID-19 has created a series of economic challenges in several African countries, which have adversely affected fragile African economies.

To start with, the lockdowns that were put in place in several African countries adversely affected business activity. The COVID-19 pandemic presented challenges with which states never before had to grapple, and among these was the need to put in place social distancing measures to curb the rapid spread of the virus. This led to the introduction of complete or partial lockdowns around the world. As of July 2021 several African countries had lifted their declared states of emergency, with the exception of countries including Botswana, Chad, Côte d’Ivoire, Eswatini, Guinea and Lesotho. Other counties, such as South Africa, Angola and Zimbabwe, maintained national states of disaster or calamity, while countries such as Uganda retained partial lockdowns.117 From a human rights perspective, any state that limits rights such as the right to movement on grounds of national security should do so with due regard of the law, should consider the least restrictive alternative, put into consideration the general welfare of society, be of limited duration and be open to review.118

States of emergency pose a potential risk as they can be a breeding ground for the abuse of power through the suppression of opposition, thus solidifying autocratic rule, encroaching on

118 International Covenant on Civil and Political Rights, 1966, art 4(1), General Comment 14 (n 11).
privacy, freedom of assembly and movement.\textsuperscript{119} Thus, they need to be monitored very closely and on an ongoing basis. In the case of Africa, a series of rights were directly affected by the ‘lockdowns’, the consequences of which have carried on with the continued partial closure of some countries. Over 85 per cent of the population in sub-Saharan Africa is dependent on the informal sector.\textsuperscript{120} Individuals and families are dependent on daily income for their survival and most have no form of social protection. Therefore, lockdowns, which led to the closure of small businesses such as open markets, street vendors, transportation (motor vehicle, motorcycles, bicycles), agriculture and small-scale retailers, exposed families and individuals to massive economic hardships. For example, the closure of mines, restaurants and bars in Zambia forced many people to lose their informal employment without any form of compensation.\textsuperscript{121}

Forcing people to stay at home thus directly affects people’s livelihoods leading to increased food insecurity and other indirect consequences that were reported, such as an increase in sexual and gender-based violence.\textsuperscript{122} Ultimately, the lockdowns drove up unemployment rates thus adversely affecting fragile African economies. Furthermore, the right to health itself was affected as a result of an obsession with the COVID-19 pandemic to the detriment of other health challenges that remain prevalent in African economies, such as malaria, HIV, tuberculosis, maternity health care, and other non-communicable diseases.\textsuperscript{123}

Additionally, various African countries were already in dire situations, but COVID-19 worsened the situation especially with regard to debt management. Even before the COVID-19 pandemic, several African countries were said to be grappling with debt which is said to have risen by 60 per cent of gross domestic product (GDP) by 2019. It is estimated that prior to COVID-19, eight African

\textsuperscript{121} As above.
countries already were in debt distress, 13 faced a high risk of debt distress and 14 were at moderate risk.\textsuperscript{124} This was attributed to heavy borrowing during the credit boom period, mostly geared towards financing ambitious infrastructure projects with some going beyond cheaper sources of lending from institutions such as the World Bank to more non-concessional lenders.\textsuperscript{125} The pandemic has worsened matters with the African Development Bank (AfDB) predicting that the already high debt to GDP ratios are likely to rise by 10 per cent in 2020/2021.\textsuperscript{126}

It has been estimated that Africa’s growth which stood at 3,9 per cent in 2020 may drop to 0,4 per cent in the best and -3,9 per cent in the worst case scenario.\textsuperscript{127} Particularly in sub-Saharan Africa it is estimated that it may fall between -2 and -5 per cent compared to 2,4 per cent in 2019.\textsuperscript{128} The measures that have been put in place to curb the spread of COVID-19, including travel bans, social distancing, lockdowns and the closure of borders have substantially affected African economies leading to the reduction of the demand in oil, and a substantial reduction in the importation of Chinese goods.\textsuperscript{129} It has increased inflation in the market, led to a reduction in mining thus affecting the mining industry, a substantial reduction in tourism activity, a reduction of investors leading to lower revenues, in turn lowering the tax rates thus affecting the overall revenue in African countries.\textsuperscript{130}

Government debt as a share of GDP has grown steadily in sub-Saharan Africa from 31,7 per cent between 2010 and 2015 to 50,4 per cent in 2020 with countries such as Angola, Mozambique and Cape Verde recording staggering debt levels of 90, 106,8 and 118,9 per cent of GDP respectively.\textsuperscript{131} It is estimated that 64 countries globally spend more on repaying public debt as opposed to investing in public health.\textsuperscript{132} An example is The Gambia which spends nine times more on external debt repayment compared to

\begin{enumerate}
\item\textsuperscript{124} P Fabricius ‘How to get Africa out of debt’ \textit{Policy Briefing} 224 November 2020, South African Institute of International Affairs.
\item\textsuperscript{125} As above.
\item\textsuperscript{126} As above.
\item\textsuperscript{127} Lone & Ahmad (n 78) 1304.
\item\textsuperscript{128} As above.
\item\textsuperscript{129} As above.
\item\textsuperscript{130} As above.
\end{enumerate}
its annual health budget.\textsuperscript{133} In the same way, countries such as the DRC and Angola spend six times more on external debt repayments than their annual health budgets.\textsuperscript{134} There is also the issue of whether these resources are put to the best use as corruption and a lack of accountability further hinder the effective utilisation of such resources as well as ensuring that they go to those who need them the most. This ultimately hinders the development of most of sub-Saharan Africa thus perpetuating inequality between Africa and the rest of the world.

At the country level, in the midst of the pandemic a series of African countries have admitted to a failure to meet their debt repayments with some declaring bankruptcy. One such country is Uganda which reported that it was most likely to approach creditors such as China or the World Bank in a bid to negotiate the suspension of loan repayments for at least two years.\textsuperscript{135} Uganda’s debt has increased to a whopping 35 per cent ($18 billion) which it attributes to the huge amounts of credit that Uganda had amassed from the International Monetary Fund (IMF), the World Bank and other creditors in 2020 in response to the economic crisis brought about by the COVID-19 pandemic. In addition to the pandemic, Uganda has massively expanded its borrowing over the last decade mostly from China as it undertook ambitious infrastructural developments including power plants, airports and roads.\textsuperscript{136} This wiped out the country’s good debt record that had been aided by debt cancellation programmes by the World Bank and the IMF for poor and highly-indebted countries.

The Finance Minister warned that by June 2021 the country’s debt load could surpass the 50 per cent GDP mark and by July, Uganda would use 20 per cent of its domestic tax revenue to repay the debts, something that was not sustainable as it was severely affecting the country’s public resources.\textsuperscript{137} Ironically, Uganda’s economy which is said to have contracted by 1,1 per cent in 2020 is estimated to expand by 3,1 per cent in 2021 due to the prioritisation of agricultural production and an increase in industrial activity. Even worse is the fact that Uganda is in the midst of negotiations for a Chinese loan

\textsuperscript{133} As above.
\textsuperscript{134} As above.
\textsuperscript{137} Biryabarema (n 135).
to the tune of $2.2 billion to move forward with a railway project. China, on the other hand, is insisting that Uganda should utilise revenues from the sale of crude oil to finance the loan, a stipulation that Uganda finds very stifling and is refusing to agree to.\textsuperscript{138}

Zambia is another country that was already faced with a debt problem which has escalated into a crisis. In November 2020 Zambia defaulted on a Eurobond repayment valued at $42.5 million.\textsuperscript{139} It was further estimated that Zambia’s external debt repayments had increased from 4 per cent of government revenue in 2014 to an estimated 33 per cent in 2021. This is worsened by high interest loans given by private lenders who often aim to make a high profit.\textsuperscript{140} These private lenders, who are estimated to gain 75 to 250 per cent profit from the debt, were exempted from the Debt Service Suspension Initiative which was announced by G20 countries in 2020, declaring that some bilateral debt would be suspended.\textsuperscript{141} By the end of 2020 Zambia’s inflation rate had reached 17.4 per cent. The currency had greatly depreciated leading to increasing poverty levels which have been worsened by the closure of businesses in the informal sector in order to curb the spread of COVID-19.\textsuperscript{142} Around June 2021 Zambia was gearing up for talks with the IMF in the hope of receiving a bail-out loan. Economists predicted that the IMF would agree to no deal until after the presidential elections slated to take place in August 2021.\textsuperscript{143}

While Zimbabwe’s economic crisis has been ongoing for years, it hit an all-time low in 2020 with the onset of the COVID-19 pandemic. The country faced hyper-inflation with figures reaching 1 000 per cent. The pandemic has seen great losses to the tourism sector with few or no tourists. The lockdown also temporarily shut down the informal sector, massively affecting livelihoods that were already living in precarious conditions.\textsuperscript{144}

\textsuperscript{138} As above.
\textsuperscript{141} As above.
\textsuperscript{142} As above.
\textsuperscript{143} Hairsine (n 139).
In order to contribute to addressing the economic challenges of African countries as a result of COVID-19, the IMF established a US $1 trillion lending programme coupled with US $20 billion from the World Bank as well as other development partners, geared towards assisting African countries to respond to the pandemic. At the country level, the IMF approved a series of loans geared towards addressing the impact of COVID-19 in various countries, such as a loan of US $491.5 million to Uganda. The IMF executive board also approved US $4.3 billion in the form of emergency support to South Africa to respond to the COVID-19 pandemic.

Furthermore, G20 countries and Paris Club formed the Debt Service Suspension Initiative (DSSI) which agreed to suspend poor countries’ debt repayments for a year with the aim of freeing up approximately US $20 billion to be spent in responding to the COVID-19 pandemic. However, it was emphasised that the debt freeze was not to be interpreted as a debt cancellation as it only applied to debt servicing payments to governments and did not absolve them for paying the debts. The issue here is whether these countries will be able to repay this debt after the debt freeze, owing to the vast negative impact of the COVID-19 virus on economies that already were economically weak prior to the pandemic. At the time some argued that a one-year debt freeze was an insufficient time frame for African countries to come back from the economic consequences of the virus and that a two-year time frame would have made more sense. It is doubtful whether more time would make more of a difference in turning around the dire debt situation in most African countries.

The DSSI has further faced a series of challenges including the refusal of key stakeholders to participate in the initiative, including some of the eligible countries such as Kenya, Rwanda and Ghana, which fear that their participation would lead to being downgraded by credit-rating agencies. Furthermore, other vital stake holders

148 Rega (n 145).
149 Ikouria (n 132).
150 Fabricius (n 124).
that actually constitute a large percentage of external debt, such as the Multilaterals, private lenders and bondholders, have also refrained from participating in the DSSI, citing fears of jeopardising their credit rates.\textsuperscript{151} For instance, multilateral development banks such as the World Bank and IMF have refrained from participating claiming that it would endanger their Triple-A plus status as the most favourable creditors, thus increasing their interest rates to the very countries they were trying to help. They thus opted for other forms of COVID-19 relief financing, some of which have been highlighted above.\textsuperscript{152}

Likewise, private creditors also refrained from participating in the DSSI for fear of hurting their credit rates as well as the fear of incurring opportunity costs of not investing the money in other profitable ventures.\textsuperscript{153} This undermines the DSSI as these groups constitute the bigger percentage of creditors. In 2018 it was estimated that of the US $278,35 billion publicly guaranteed external debt owed by the 38 DSSI-eligible African countries, 41.3 per cent was owed to multi-lateral development banks, 27.2 per cent to private creditors, 20.7 per cent to China, and 10.7 per cent to other bilateral official creditors (governments).\textsuperscript{154}

Some of the recommendations that have been forwarded to address the debt challenge are to extend the DSSI to four years; encourage private lenders and multilaterals to join even if indirectly by giving the debt service owed to them by DSSI countries in the form of grants; the UN convening a stakeholders’ forum aimed at putting in place a long-term plan to monitor, restructure and, if necessary, cancel unsustainable debt but also put in place strict measures to ensure responsible borrowing and lending to avoid the vicious cycle of debt crises.\textsuperscript{155}

Ultimately, the fiscal policies in Africa for the most part are unsustainable, a fact that was highlighted by the COVID-19 pandemic. The situation will not be resolved by piece-meal solutions such as debt suspension, or even the granting of more loans. Rather, it is forwarded that the fiscal policy of most countries would need to first be overhauled in order for them to put in place dynamic and contextually-grounded economic policies. Otherwise any measures

\textsuperscript{151} As above.
\textsuperscript{152} As above.
\textsuperscript{153} As above.
\textsuperscript{154} As above.
\textsuperscript{155} As above.
adopted in economic systems that are already broken will only add onto the already burgeoning fiscal challenges.

4.3 Accountability and COVID-19

Transparency and accountability are vital for ensuring that the available resources are put to the most effective use. Cases of lack of transparency or misuse of funds impact countries’ abilities to effectively respond to the COVID-19 pandemic. There have been several cases of lack of transparency and accountability in the utilisation of COVID-19 funds throughout various African countries. For example, in Uganda NGOs and citizens complained that they were not privy to the details of the Rapid Credit Facility that was set up to respond to the COVID-19 pandemic as well as the health and social protection measures that were being supported by the facility.156 This in turn hindered their effective participation in programmes aimed at curbing the pandemic.

In addition, there have been several reports of misuse or misappropriation of COVID-19 funds in countries such as South Africa and Kenya. Kenya is said to have received around US $2 billion in the form of aid or grants to combat COVID-19.157 Despite these funds coming into the country, health workers continually complained about a severe shortage in public protective equipment and poor working conditions putting their lives at risk.158 Subsequently, an investigation was conducted by the Kenya Ethics and Anti-Corruption Commission (EACC) which uncovered a series of issues such as tenders allegedly being rewarded to politically-connected businesses and individuals; the inflation of prices of COVID-19 commodities; and criminal culpability by public officials in the purchase or supply of COVID-19 emergency products at Kenya Medical Supplies Authority to the tune of US $71,96 million.159

The same applies to South Africa. At the onset of the virus, South Africa put in place a series of measures to counteract the severe impact

158 As above.

The lack of transparency of and accountability for COVID-19 resources is extremely unfortunate especially in the face of a deadly pandemic, which not only consumes lives but also has devastating health, economic and political consequences as outlined above.

5 Conclusion

The article has tackled inequality and governance in the face of the COVID-19 pandemic. It is highlighted that COVID-19 has been a stark reminder that the pursuit of the ‘free market’ ideology, which is prioritised in liberal democracies, characterised by profit maximisation, freedoms and entitlements, and wealth creation at the expense of the public or common good is becoming increasingly unsustainable. A vivid example of this is the rise of what has been...
referred to as ‘COVID billionaires’ in hyper-democracies such as the USA in the face of high COVID mortality rates in marginalised communities. It thus is emphasised that the prioritisation of robust and equitable health programmes rather than the blind reliance on liberal democracies is more guaranteed to deliver quality and equality of health and health care in health systems.

At the African level, it is suggested that COVID-19 found weak health systems in place, specifically public health systems, which have gradually become dilapidated as a result of neo-liberal policies such as privatisation that led to governments withdrawing from providing much-needed public health care. This led to the relegation of healthcare financing to their populations, a factor that has increased inequality levels as it has meant that quality health care can only be accessed by those who can afford it. The difficulty in accessing vaccines on the continent poses a major threat to the continent which by 2021 is experiencing more disturbing waves of the pandemic that are taking more lives compared to the earlier waves. This fact is worsened by the paucity of research on the continent which means limited information on the most effective vaccines. A linkage is also drawn between COVID-19 and governance highlighting the extent to which COVID-19 has worsened governance in most parts of the continent, characterised by further restrictions of civil and political rights including the rights to vote, freedom of assembly, information and association, a rise in political conflict, and COVID-related corruption.

The article also points out the massive impact of the pandemic on the economic situation of most African countries, characterised by the impact of lockdowns on livelihoods of Africans that rely on informal sectors, a rise in unemployment levels and rising levels of debt. Despite debt freezes by international financial institutions, the debt levels of several countries have rapidly risen with some declaring their inability to meet their debt obligations and requesting for the offsetting of these debts. This fact is worsened by the lack of accountability and transparency regarding funds that have been provided to combat the effects of the pandemic. Overall, it is argued that COVID-19 has been a stark reminder that inequalities and inequities are a not a natural construction but rather a result of how global, regional and national political, economic power dynamics function to the detriment of poor, marginalised populations. This requires strategic interventions at the international, regional and national level to rethink current political and fiscal policies. This may require overhauling problematic or unsustainable governance and fiscal policies.