Out of Control: Crisis, Covid-19 and Capitalism in Africa

Tuesday 31 March 2020, by <u>ABORISADE Femi</u>, <u>ANYUOLO Lena</u>, <u>BECKER Heike</u>, <u>CHOTO Antonater Tafadzwa</u>, <u>GACHIHI Gacheke</u>, <u>KIENDREBEOGO Didier</u> (Date first published: 26 March 2020).

Activists and researchers from Kenya, South Africa, Burkina Faso and Nigeria and Zimbabwe speak about the impact of Covid-19 on their countries, how governments are using the virus as a cover for wider repression, and the broader context of capitalism, climate change and popular struggles for radical change.

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Nigeria: a perfect excuse for the business class

By Femi Aborisade

I live in Nigeria. My wife works in a government-owned hospital. I have children in tertiary institutions. I recently attended a conference in a major hotel in Lagos, the largest commercial centre in Nigeria. From yesterday (22 March), reports have it that the number of confirmed coronavirus cases is still relatively low, nine in Lagos and the remaining cases in some other states. Yet, the figure is likely to be more in reality.

Very few people have the opportunity to access medical care in hospitals. Many feel compelled to seek spiritual healing for their health conditions by approaching their pastors and imams for prayers because they lack the means to access health care even in public hospitals.

From what I experience directly and discussions with my children, personal protective equipment is not distributed to health workers, students and workers. There is no facility in public places, buildings, markets, bus stops and offices for water, public toilets, hand washing, etc. I have not witnessed any practical measure put in place to curtail the spread on the coronavirus epidemic in Nigeria. Unless measures are taken urgently, the outcome could be catastrophic.

The Central Bank of Nigeria has announced the setting aside of a huge fund, a N1.1tn [about £2.5bn] intervention fund to support local manufacturers, import substitution by the business class and to support health authorities to ensure laboratories, researchers and innovators work with global scientists to patent and produce vaccines and test kits in Nigeria.

This fund is a perfect guise to pass public resources to the business class. What is required is that

the state should assume primary responsibility for health care and provision of free health services. In Nigeria, very few sick people go to the hospitals because of inability to afford the costs. Public hospitals are few. Where they are available, only consultation is largely free. Treatment has been commercialised. There is no information as to where coronavirus tests can take place. Many of the hospitals, public or private lack facilities to test, not to talk of having facilities to treat coronavirus. Indeed, Nigeria has been unable to eradicate mosquitoes and malaria. A government that is unable to control or eradicate malaria would be helpless in the event of coronavirus epidemic.

Many ordinary people live in crowded environments. Many are homeless. The outbreak of coronavirus epidemic calls for attention to be paid to ensure basic needs, including social housing and health care are provided for ordinary people. Rather the government is in a hurry to use the crisis to pass public wealth to their business partners. Governments are not concerned about regular payment of salaries and non-payment of the recently announced increase in national minimum wage but are concerned with looting in the name of the fight against the coronavirus.

Announcements are being made for temporary closure of schools and places having more than 50 persons. However, the central labour organisation, the Nigeria Labour Congress (NLC), is worried that employers may use such closures and other measures dictated by the current period to attack the rights of the working class. The NLC has warned it would resist any attacks on the rights of the working class, under the guise of fighting the coronavirus pandemic.

Femi Aborisade is a socialist, writer and lawyer based in Lagos. He was recently interviewed on roape.net; the interview can be accessed here.

South Africa: Covid-19 in the most unequal society on earth

By Heike Becker (please also read Heike's update of the situation in South Africa in the comments section at the bottom of this blog)

The coronavirus crisis has truly arrived in South Africa over the past week. This morning (Saturday, 21 March), the statistics recorded just over 200 confirmed infections. Last Sunday, when the numbers stood at 68, then 85 confirmed cases, the cabinet went into a special meeting. The consultations took their time. President Cyril Ramaphosa was said to address the nation at 5pm, then at 6pm; eventually he came on screen about 7.30pm. The wait was worth it, everyone agrees. The presidential directive, supplemented and detailed the next morning by ministries, put firm restrictions into place. No gatherings of more than 100 people allowed. From Wednesday this week no visitors have been allowed into the country from 'high-risk countries' (defined as China, Iran, Italy, South Korea, UK, Germany, Spain and United States). Currently 14 airplanes from these countries are grounded at OR Tambo airport in Johannesburg. Non-South African citizens and residents on board will be sent back. Returning citizens and residents will have to go into 14 days' quarantine. Schools are closed. Universities have suspended their academic programmes and entered into early, and in most places extended, academic recess. While not entirely deserted, the streets of suburban South Africa are eerily empty.

These are difficult times, mentally and emotionally deeply destabilising. Since the past weekend I have been constantly checking in with my students who are worried and feeling confused, struggling psychologically. They are also worried about the financial implications since lecturers at South African universities have been told to move teaching onto online platforms. Students, certainly at the predominantly black, working-class university where I teach, lack access to the internet now that most are off-campus in the townships and locations because they cannot afford the excessive prices for data packages charged by South African mobile network companies.

The university's academic and administrative staff and students have been prohibited from coming to campus since yesterday, except for those students who have opted to stay on in the residence halls. Thankfully, the University of the Western Cape (UWC) unlike some other universities has not given 72-hour eviction notes to students in residence halls; Wits University in Johannesburg was taken to court by law students about this measure but the judge threw out the application this morning.

Two days ago, an academic from my faculty tested positive for Covid-19. There has been much direct and indirect exposure. Before developing suspected symptoms, the colleague, who had returned from an overseas trip, had interacted with staff and students, who again had interacted with others, all before the test results came back. I have been self-isolating since Wednesday, only leaving the house for solitary walks and exercise.

Like myself, many middle-class people have been given the option of working from home. This makes sense, especially since the first cases of Covid-19 were brought into the country by members of the globally mobile middle and upper classes. But now internal transmissions have started, and those most at risk are not the toilet-paper hoarding shoppers at Woolies, the beloved Woolworths outlets of affluent South Africa (think Marks & Spencer in the UK).

One big issue is paid leave for workers who have to use crowded public transport – imagine there is just one infected person in a crowded train carriage or minibus taxi, no space for physical distancing, no sanitisers, gloves or face masks. As I have been writing, I had to interrupt and attend to a conversation with UWC colleagues on WhatsApp: we were shocked to learn that the cleaners – outsourced vulnerable workers – are still working on campus and thus still travelling to and from work in the unsafe conditions of South African public transport. Some of us in the faculty have been approaching the Dean to take this up with the institution's executive, who will in turn have to raise the issue with the private companies that employ the most vulnerable workers at our institution where workers were not put back on the university's payroll (see my blogpost <code>From Johannesburg to London: student-worker struggles</code>).

There is so little one can do while in self-isolation. I have been part of social media campaigns to urge South African mobile network companies with their excessively expensive data packages to make academic and other educational sites zero-rated for students. If our students don't get proper internet access for online teaching, they will lose the semester (to be concluded in mid-May).

I understand from social media posts that there has been a meeting this morning to try and coordinate community-based responses in Cape Town. I don't know much about it though and I can't attend.

It's bleak. Like the multiple environmental crises we have been facing (see my blogpost <u>Cape Town</u> <u>Water Musings: the Politics of Environmental Crisis and Social Inequality</u>), the pandemic once again reveals and deepens the divide between the few haves and the many have-nots in South Africa. My soul weeps when I think about the threats for sheer survival the many face in the most unequal society on earth.

Heike Becker teaches social and cultural anthropology at UWC in South Africa. Her work explores themes at the interface between culture and politics and focuses particularly on popular culture, digital media and social movements in southern Africa. Heike is a <u>a regular contributor to roape.net</u>.

Burkina Faso: terrorism, pollution and the Covid-19 pandemic

By Didier Kiendrebeogo

The coronavirus was declared in Burkina Faso on 9 March. Quickly, government measures first targeted union demonstrations that were already under way. However, contaminated ministers and high officials continued to hold large rallies as part of their electoral campaigns (national elections are due to be held in November this year).

From 24 March we have 114 people who have tested positive, including at least five members of the government and four deaths all linked to Covid-19. These, of course, are only the official statistics. A free number has been set up for the population, but it is extremely difficult to get a response, or any assistance. The country does not have substantial equipment needed for testing. Only the wealthy have access.

The country already faces a climate emergency, foreign mining companies (around 15) pollute the environment and diseases are multiplying in the areas where they are active. Needless to say, this happens without people benefiting from the 'dividends' of mining and the state does nothing.

We must not forget that Burkina Faso has recently surprised the world. First by carrying out a popular insurrection in October 2014 to oust the dictator, Captain Blaise Compaoré, after 30 years in power. Then with a <u>week of resistance</u> in which the population forced the Presidential Security Regiment (RSP), a militia better equipped than the national army, during the *coup d'état* in September 2015, to hand back power to the government.

Today, the Burkinabè people must face a totally incompetent regime, which is content to plunder national wealth with multinationals and foreign government while repressing those who dare to resist and defend the dignity and aspirations of the people.

Almost a third of the country is under the control of armed groups (jihadist terrorists, drug traffickers and other armed bandits). A situation that has officially caused 700,000 internally displaced people, around 1,000 schools and health centres closed and more than 1,000 killed (civilians and soldiers), as well as incalculable material damage. The defence and security forces regularly complain about the lack of adequate equipment (armaments, rolling stock, fuel, protective equipment, etc.)

Meanwhile the rulers plunder and divert the wealth of the country. Every day the press reveal fresh cases: embezzlement of minerals in collusion with foreign mining companies, huge sums of taxpayers' money spent on the purchase of vehicles, the construction of bunkers in cities and in the countryside by ministers, salaries of ministers twice as high as the law officially permits, the award of public contracts to friends and members of the ruling party and its allies. The list goes on and on.

Faced with the accelerated collapse of the state, activists are trying to sound the alarm. What is the government's reaction? Systematic bans on demonstrations, repression of protest marches, death threats, call for the murder of organisers, targeted assassinations of several heads of organisations, mass executions under the pretext of fighting terrorism, illegal and cuts in the salaries of civil servants, the suspension of wages of union officials, and mass dismissals...

Covid-19 has contributed an 'additional' virus to a country already on its knees.

Didier Kiendrebeogo in a leading activist in the Organisation Démocratique de la Jeunesse (ODJ) in Burkina Faso

_Kenya: Epidemic of poverty and violence in the informal settlements in Nairobi

By Gacheke Gachihi and Lena Anyuolo

In Kenya, the Ministry of Health update on 24 March put the number of cases at 25. On 23 March, the number of cases was 16, with tracing of 646 people who had been in contact with the 16 under way. All of them had come through Jomo Kenyatta International Airport between 4 and 17 March. The measures to stop the spread such as self-isolation and washing hands with soap and water are critical but will unfortunately be out of reach for the majority.

The majority of Kenya's labour force due to the Structural Adjustment Programmes of the late 1980s is casual. Which means they live from hand to mouth and depend on a daily wage. Those in salaried employment do not have full benefits as they operate on contracts. Almost all of them are not in unions and in any case often these unions are weak. All are subject to the whims of the employer. The directive to work from home and self-isolate is impractical because it forces workers to choose between earning their daily bread or staying at home and starving. The situation is even more dire for those in rural areas who rely on selling their produce to towns and cities. But the closure of markets means potentially millions will not have the bus fare to go to health care facilities for treatment or the money to buy hand sanitiser and soap.

Kenya's health care system is in shambles. Intentionally so. Our tax contributions to the National Hospital Insurance Fund (NHIF) go towards funding private hospitals at the expense of public health facilities. On Mbagathi Way, in the capital Nairobi, the stark difference between Kenyatta National Hospital and the lavish private Nairobi Hospital shows who Kenya really belongs to. Should Kenya reach the patient levels of South Africa, where will the poor be treated? Is it in the dilapidated and understaffed public hospitals or the lavish private ones? The current directive of the health ministry to quarantine people in hotels at your own 'subsidised cost' of US\$90 a night gives an idea of who will live and die.

Public housing in Kenya is a joke. In Mathare, a high-density area in Nairobi, 68,941 people live on in just a single square kilometre. In Kamkunji, another low-income area, 24,455 people live in a square kilometre. In Makadara, 16,150 people live in a square kilometre. In many cases people share a room that is also the kitchen, bedroom and living room. How will the workers quarantine or self-isolate? Meanwhile, the Kenyatta family is constructing luxury estate, the Northlands City, on a 11,000-acre plot along Thika Road, and will set aside 33 acres for a mall and hotel.

The state has behaved in a reckless way. The government has been condemned for allowing a China Southern Airlines flight to land in Kenya with 239 passengers on 26 February, when China was at the peak of its Covid-19 crisis. Some social justice activist argued this happened because of Kenya's debt to China for funding infrastructure, they argued that the Chinese government was now in control of government decisions in Kenya.

After the government announced its first case of Covid-19 last week, the Social Justice Centres Working Group, a collective of social justice centres, issued a statement about the challenges of informal settlements that are densely populated. The guidelines are impossible for the poor in these settlements to follow even if their lives depended on it. The president, for example, advised citizens to work from home except those offering essential services. Yet 'essential services' might mean very different things depending where you sit in the Kenyan class system. For example, in the informal settlements collective public toilets are essential services, water vending is part of essential

services, hawking is an essential service because this how people stay alive and feed themselves and their families. Working from home is a meaningless notion for the poor and marginalised.

A day in the house for most people living in the informal settlements means a day without a meal on the table. Such blatant disconnect from the common *mwananchi* [Swahili for ordinary citizen] and their lived reality shows a failed government.

As social justice activists, we demand that the government offer alternatives to the millions of Kenyans who are casual labourers and depend on daily earnings for survival.

The Ministry of Health has been in the front line, championing the use of sanitisers and hand washing, yet it has not provided a sustainable solution to the poor living in the informal settlements with no access to water. The assumption that all Kenyans can access water and soap was astonishing for a government that has privatised water and commodified basic services for the urban poor.

We demanded the government:

- 1. Restore water supply to all the estates and slums and crack down on all water cartels extorting citizens.
- 2. Speedily dispatch water tankers to areas that have no running water and depend on water points that are congested and expensive.
- 3. Provide free or subsidised hand sanitisers clearly marked by the Ministry of Health.
- 4. Equip government health centres with testing kits, trained personnel and ambulances so they can handle emergency cases.
- 5. Control the prices of basic commodities to ensure most Kenyans can afford them, and give relief food to those who cannot.
- 6. Stop police brutality and extortion in the informal settlements.
- 7. Support frontline community health workers who are responding to the crisis in the urban poor.
- 8. Provide cash grants for informal workers and homeless people.

Covid-19 is a manifestation of what Naomi Klein has described as the rise of disaster capitalism.

As a social justice movement our struggle is to fight an economic model of neoliberal capitalism that is inherently violent with torture, dehumanisation and cascading viruses, caused by an economic system that is out of control.

Gacheke Gachihi is Coordinator of Mathare Social Justice Centre and Member of Social Justice Centres Working Group Steering Committee.

Lena Anyuolo is a member of Ukombozi Library and Mathare Social Justice Centre. She is a social justice activist.

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Zimbabwe: the right to life for everyone

By Tafadzwa Choto

Zimbabwe has so far recorded three official cases of Covid-19 and there are a lot of speculations that there are more cases with the government hiding them. It can also not be denied that there are some with the virus, but because there is no mass testing they are just going about and spreading it.

We can only expect these numbers to keep on rising as in most cases the infected don't display any symptoms for days and will continue to spread the infection.

The country is ill-prepared, there is no oxygen which is critical to save Covid-19 patients at the designated hospitals and clinics. The medical staff, both doctors and nurses, are also ill-equipped to handle admitted patients.

The political and business elites go outside the country for treatment together with their families leaving poor families to die due to lack of adequate health equipment, medication and lack of human resources caused by the mass exodus outside the country for greener pastures.

Visits to Parirenyatwa, Harare, Mpilo, Chitungwiza, Gweru, Mutare hospitals, among other government hospitals, are a sorry tale. The government want the health system that they destroyed to work for their benefit. The government has not prioritised procurement of ventilators for respiratory illnesses such as TB, asthma and now the coronavirus. The poor in Zimbabwe have been experiencing for two decades a rampage that has destroyed most public services, hospitals, schools and infrastructure. Ordinary people have seen their lives crushed by austerity measures, frequently dying of treatable illnesses. With this crisis caused by their corruption and their thirst for economic accumulation, the government now seeks our sympathy.

President Mnangagwa has announced measures to avoid the spread of the virus and save lives but these are not enough as they only apply to those who have money and do not address the needs of the majority. Workers both in the formal and informal sector use public transport, and the virus can easily spread in these public taxis and vans. No measures have been put in place. The informal sector including small business and vendors cannot afford to stay at home as they live from hand to mouth and are forced to go out in order to make an income.

There are funds that have been made available by the international community to restrain the spread of the virus, yet these funds could easily be abused by the government, as we have seen on countless occasions in the past. The government must also urgently come up with funds to curb the spread of Covid-19 before it becomes catastrophic.

Popular movements in the country demand:

- 1. Government must take all necessary measures to stop the spread of coronavirus.
- 2. Taxing of the rich to fund the controlling of Covid-19.
- 3. The spread of coronavirus can only be combated by making testing available for everyone who has got symptoms to stop the spread of the virus.
- 4. There is need for urgent installation of equipment such as oxygen machines that are critical at all hospitals and clinics that have been designated for the treatment of the virus.
- 5. Nationalisation of all private hospitals as has been done in other countries to curb a disaster. No to equipping of any hospital designed for the ruling elite.
- 6. Adequate training to our health workers on how to handle the virus victims, and they must also be given enough protective clothing. Risk allowance for all health workers.
- 7. There is need for mass production and distribution by the government of facemasks, gloves, soap and sanitisers, and these must be *freely* distributed. No to profiteering through this crisis: any company that seeks to make profit must be heavily fined.
- 8. Water deliveries to areas that don't have water and no water cuts during this period to ensure proper and safe sanitation.
- 9. Workers must stop going to work but be paid their full salaries at the end of every month until the situation normalises. Those workers providing essential services must be given transport to and from work with adequate protective clothing.

- 10. There is need for the involvement and training of community structures and churches in educating people against the spread of the virus. These people will disseminate reliable information and stop the spread of speculation that can do more harm to people, including heart attacks from falsehoods.
- 11. Open churches, lodges and hotels to provide shelter to the homeless and those living in crowded conditions.

The only option that we have is to put pressure on our incompetent and corrupt neoliberal government to enforce measures to protect us. Already there is speculation that they are equipping themselves with the necessary equipment to cater for the elite at the expenses of the majority. We must say NO to this and disrupt any activities taking place demanding right to life for everyone. Let us practise social distance and where possible give each other solidarity. This is only possible if we come up with committees in our areas that will help educating people against the spread of the virus. We did this in the fight against cholera and we can do it again.

Antonater Tafadzwa Choto is a well-known labour activist, researcher and currently a PhD candidate based in Harare. She was interviewed on roape.net; the interview can be accessed here.

All about Coronavirus on this website

View all articles using keyword <u>Coronavirus/Covid-19 (EN)</u>. To display English and French articles, use <u>Coronavirus / Covid-19 (EN, FR)</u>.

Public health issues are mostly in country-specific epidemic/pandemic folders (<u>European Union</u>, <u>Great Britain</u>, <u>France</u>, <u>Pakistan</u>, <u>India</u>, <u>Philippines</u> etc.)

We have also selected a few articles with a global <u>political</u> analysis, as well as a few articles tracking the emergence of global progressive <u>movements</u> related to the pandemic.

ESSF is raising funds for the <u>Labour Relief Campaign in Pakistan</u> which supports workers and families impacted by the pandemic. We will announce other solidarity initiatives in the coming days and week.s

New articles on our site are highlighted in <u>updates</u> by <u>Mark Johnson</u>.

Femi Aborisade Heike Becker Didier Kiendrebeogo Gacheke Gachihi Lena Anyuolo Antonater Tafadzwa Choto

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