Analysis of BRICS' Response to the Socio-Economic Impact of the COVID-19 Pandemic in South Africa

By

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Declaration

I declare **Analysis of BRICS' Response to the Socio-Economic Impact of the COVID-19 Pandemic in South Africa** hereby submitted to the University of Limpopo, for the degree of Master of Arts in International Politics has not previously been submitted by me for a degree at this or any other university: that it is my work in design and in execution, and all material contained herein has been duty acknowledged.

……  …… 11/10/2024

Leoto Oarabile Date

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Dedication

I, Oarabile Isabella Leoto dedicate this study to my late father, Daniel Lekalakala Leoto who gave me courage to never lose hope.

Abstract

This study analyses the response of BRICS (Brazil, Russia, India, China, and South Africa) to the socio-economic impact of COVID-19 in South Africa. Using a qualitative approach, this study evaluates the effectiveness of BRICS' cooperation in addressing the economic, social and health consequences of pandemic. The findings revealed a mixed bag of solidarity, limited tangible support, and constrained cooperation due to geopolitical, economic, and institutional factors. Despite some remarkable initiatives, BRICS' response has been hindered by a lack of coordination and limited engagement with local stakeholders. The study highlights opportunities for enhanced cooperation in health diplomacy, trade, and economic development, emphasising the need for strengthened coordination and prioritisation of local needs. This study contributes to understanding the role of emerging economies in global health governance and crisis response.

Keywords: Socio-economic impacts, South Africa, COVID-19, BRICS, global health governance, crisis response

List of Acronyms

AZ-SKBio	AstraZeneca-SK Bioscience
BRICS	Brazil Russia India China and South Africa
CDC	Chinese Centre for Diseases Control
COGTA	Cooperative Governance and Trade Affairs
CNBG	China National Biotech Group
GBV	Gender-Based Violence
GDP	Gross Domestic Product
IKS	Indigenous Knowledge System
IMF	International Monetary Fund
IP	Intellectual Property
MERS	Middle East Respiratory Syndrome
NGOs	Non-Governmental Organisations
PPE	Personal Protective Equipment
SA	South Africa
SADC	Southern African Development Communities
SANDF	South Africa National Defense
SANICO	South Africa National Institution
SAPS	South Africa Police Services
SARS	Severe Acute Respiratory Syndrome
SARS	South Africa Revenue Services
SBR	Supplementary Budget Review
SDGs	Sustainable Development Programme
SEDA	Small Enterprise Development Agency

SMEs	Small Medium Enterprises
Stats SA	Statistics South Africa
UNDP	United Nations Development Programme
US	United States
VAT	Value Added Tax
WHO	World Health Organization

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CHAPTER 1: RESEARCH CONTEXT

1 Introduction

The COVID-19 pandemic has tested global health governance and multilateral cooperation in unprecedented ways. Among the various international responses, the collective approach of BRICS comprising Brazil, Russia, India, China, and South Africa has drawn scholarly attention for its potential to reshape global health diplomacy. As emerging economies representing over 40% of the world's population and contributing significantly to global GDP, BRICS countries possess both the capacity and responsibility to collaborate on health crises. Their cooperation is formally guided by declarations such as the BRICS Moscow Declaration (2020), which explicitly calls for joint efforts in responding to COVID-19 through science-based public health strategies, equitable access to medical products, and multilateral engagement. Furthermore, mechanisms like the BRICS Health Ministers' Meeting and the BRICS Vaccine Research and Development Centre represent institutional commitments to strengthen joint responses to health emergencies.

Despite these frameworks, existing literature offers a fragmented view of BRICS' cooperation in health emergencies. While scholars such as Fonseca et al. (2020), Maxmen et al. (2021), and Mpungose (2021) acknowledge collaborative actions such as vaccine donations, scientific knowledge sharing, and multilateral funding through the New Development Bank—others (e.g., Puppim de Oliveira et al., 2021; Moore, 2022) argue that BRICS' health cooperation has been inconsistent and limited by geopolitical self-interest. The South African context provides a unique case to interrogate this contradiction. As the only African member of BRICS and one of the hardest-hit nations by COVID-19, South Africa received both material and diplomatic support from its BRICS partners, yet also faced challenges in vaccine access, policy alignment, and institutional support. This study, therefore, situates itself within this critical gap in literature by examining whether BRICS cooperation provided substantive support to South Africa during the pandemic and if so, to what extent and with what limitations.

By anchoring this investigation within a growing body of literature on global South cooperation, the study highlights both the promise and pitfalls of emerging

multilateralism. It contributes to scholarly efforts aimed at understanding how developing nations can collaborate on health governance beyond traditional Western-led models. Exploring this dynamic is particularly timely, given renewed calls for reforming global health institutions and enhancing pandemic preparedness in the global South.

1.1 Background and Motivation

The acronym 'BRICS' refers to a grouping of countries that are said to be emerging economies, namely, Brazil, Russia, India, China and South Africa. This grouping seeks to promote development, peace, security and cooperation. These are emerging economies that have an understanding of trade and investment to enhance economic growth (Sharma, 2019). A possible formation of this organisation was first articulated by a United States economist, Jim O'Neill, in a 2001 Goldman Sachs Report titled "Growth Prospects for the economies of Brazil, Russia, India and China". Building on that initial discussion, these nations carried it further through a diplomatic engagement in 2006. Three years later, Russia hosted the first summit of the organisation. Though not of much influence in global affairs, a notion inviting a select number of African nations to join the newly formed organisation was initiated by China as part of its "One-China foreign policy". This was intended to isolate Taiwan and reunite it with the mainland (Gladun, 2021). South Africa (SA) formally joined the new organisation in 2010. Egypt and Kenya were invited to the 9th Xiamen September 2017 summit in line with the Chinese foreign minister Wang Yi's wish for a "BRICS plus", thereby giving more room for African involvement in the organisation (Gladun, 2021). At the time of writing, BRICS was only constituted by Brazil, Russia, India, China and South Africa. However, the acronym now includes new members who joined the grouping in 2024. These are Iran, Egypt, Ethiopia and the United Arab Emirates.

The BRICS' collective approach to the global pandemic is framed within the context of shared principles and values that brought the organisation together in the first place. The approach is informed by certain principles shared by member-states. These include respect for one another, sovereign equality, democracy, inclusivity and improved cooperation. Even before the advent of COVID-19, individual BRICS member-states were a major global force. The organisation prides itself in defending

multilateralism and working towards a more representative international order where the rights of all nations are upheld and respected (Zhang, Hu & Ji, 2020).

The BRICS nations, which make up nearly one-third of the global economy, are thought to have the fastest-growing economies worldwide. In addition, they export crucial goods, services, raw materials and commodities that have a significant impact on the world economy (Zhang et al., 2020). In late 2019, the world came under the grip of a flu-like virus. The People's Republic of China formally informed the World Health Organization (WHO) about an epidemic of an influenza-like virus in Wuhan City, Hubei province, where over 11 million people live, on December 31, 2019 (Chaplin, 2020). By 5 January 2020, 59 confirmed cases of the virus were reported. WHO received a notification of 282 confirmed cases ten 10 days later, four of which were in Japan, South Korea and Thailand. This virus was later labelled as a severe acute respiratory syndrome/coronavirus 2 (SARS-CoV-2) (Carmosino, 2020). After several COVID-19-induced deaths, more patients were isolated and its genome was shared (Chaplin, 2020). The Wuhan Municipal Health Commission identified the Huanan seafood wholesale market as a possible source of the virus (WCHC, 2020). The market was subsequently shut down as the virus spread rapidly throughout the world.

Furthermore, COVID-19 transmits between individuals through close contact, as well as by aerosols and respiratory droplets inhaled during conversation or breathing, touching contaminated surfaces and then rubbing their noses, eyes or mouth. One of the most dangerous pathogens that largely affect the human respiratory system is made up of the Middle East Respiratory Syndrome (MERS-CoV) and the Severe Acute Respiratory Syndrome (SARS)-CoV, all of which are considered serious public health threats (Rothan & Byrareddy, 2020). The BRICS nations have been heavily struck by the pandemic, with 33.7 million illnesses. India had the most infections overall and the second largest globally after the United States.

BRICS countries collectively account for over 3.12 billion of the world’s population, which is about 40.2% in total. At the time of conducting this study, Brazil, Russia, India and South Africa, four of the five BRICS nations, recorded the highest number of infections and fatalities, but intriguingly, China, where the pandemic first struck, recorded less than 100,000 cases. It has also successfully achieved the containment

and arrest of the pandemic (Mpungose, 2021). According to the South African National Institution of Communicable Diseases, the first confirmed case of COVID-19 was a 38-year-old man who visited Italy together with his wife, and 10 people on March 5, 2020. South Africa's (SA) President Cyril Ramaphosa declared that the nation would enter a 21-day national lockdown beginning at midnight on March 26 2020 (National Institution for Communicate Diseases, 2020).

Following the Disaster Management Act 57 of 2002 implemented, the lockdown was supposed to end on the 16th of April 2020. According to the State President, the national lockdown meant that non-essential workers would stay at home while all businesses would shut down except those selling food, medicine and other essential supplies. Additional lockdown protocols and rules included quarantining people showing COVID-19 symptoms for up to 14 days, wearing face masks in public, sanitising or washing hands regularly and keeping a social distance of 1.5 metres between people (WHO, 2020). The pandemic is still raging throughout the world, infecting millions, and killing thousands. This study sought to investigate the socio-economic effects of COVID-19 in South Africa, initiatives taken by BRICS in helping South Africa as one of their member-states in combating the pandemic, and strategies that were taken, as well as the implementation plans drawn.

1.2 Research Problem

While the socio-economic impacts of COVID-19 in South Africa have been widely documented through government reports and data from institutions such as Statistics South Africa (StatsSA), there remains a limited understanding of how international partnerships—specifically within the BRICS bloc—contributed to the country’s efforts in managing the pandemic. The existing body of literature has focused predominantly on the national response, overlooking the strategic and multilateral support provided by BRICS countries in areas such as vaccine diplomacy, financial assistance, and health knowledge-sharing (Mpungose, 2021; BRICS Secretary, 2021).

This study addresses this gap by analysing how BRICS, as a collective of emerging economies, assisted South Africa in managing not only the spread and containment of the virus but also the institutional and policy support aimed at strengthening the country’s health systems and economic resilience. Given that South Africa is the only

African member of BRICS, it is crucial to understand how this affiliation translated into tangible pandemic response measures.

By exploring the extent, nature, and effectiveness of BRICS assistance, this study contributes to the discourse on global health governance and South-South cooperation during pandemics. It shifts focus from general pandemic impacts to the strategic partnerships that influenced South Africa's management of COVID-19, which has been underexplored in prevailing scholarship (Fonseca et al., 2020; Devonshire-Ellis, 2021).

1.3 Purpose of the Study

1.3.1 Aim and Objectives

This study aims analyse BRICS' response to the socio-economic impact of the Covid-19 pandemic in South Africa.

- To explore how and to what extent the livelihoods of South African citizens have been impacted by COVID-19;
- To examine BRICS' measures for combating COVID-19 around the world;
- To examine how BRICS lent a helping hand to South Africa being one of its member-states and;
- To suggest policy strategies to mitigate the impact of COVID-19 on the South African country.

1.4 Research Methodology

Mouton (1996:35) describes methodology as the potential or techniques of doing something. Research methodology describes the exact "how" of every piece of analysis. The subject is how a researcher plans a study methodically to produce trustworthy outcomes that address the goals and objectives of the investigation. This study adopted the qualitative method to analyse the socio-economic impact of COVID-19 in South Africa. Burns and Grove (2003: 356) defined the qualitative research methodology as an inductive, holistic, subjective and process-oriented technique used

to comprehend, interpret, describe and strengthen a concept about a phenomenon or set. This is a qualitative study. As such, it is descriptive and concerned with understanding and hearing the various voices of other scholars who have extended their interest in the study.

1.4.1 Research design

A research design is a strategy and framework used to gather data to answer a specific research question. It guides both data collection and analysis to achieve the research purpose/s and economy in the procedure (Gough, Oliver & Thomas, 2012). According to Yin (1994) and Winston (1994), as cited in Mouton, there are several research designs. This study utilised the descriptive design to analyse and interpret the BRICS' response to the socio-economic effects of the COVID-19 pandemic in the South African state. Through descriptive design, the study collected a greater quantity of data for comprehensive analysis and produced rich data that led to important recommendations.

1.4.2 Sampling

The study utilised sampling as a systematic process to select secondary data that were examined. In conducting this qualitative research, determining the optimal sample size relied on experimental judgment. Given that this study relied on secondary data (desktop research), the study was built upon existing literature, including journal articles, government documents and books to collect empirical evidence. A purposive sampling method was used to identify and select information on issues of BRICS' response to the COVID-19 pandemic, specifically in South Africa. For example, studies focusing on the social and economic impacts of the pandemic, as well as how BRICS collectively worked together and lent a helping hand to South Africa being one of its member-states.

1.4.3 Data collection

Data collection is a systematic process of gathering, analysing and interpreting data to address research questions and evaluate findings. By doing so, it provides an in-depth understanding of a subject, revealing its characteristics, patterns and relationships (Formplus Blog, 2020). This study is a desktop research (secondary

research), and data was derived largely from secondary sources (desktop). In this regard, secondary data sources like scholarly research, articles, books, internet (online sources), newspapers and various government policy documents were used.

1.4.4 Data analysis

Data analysis involves breaking down and organising data into patterns, themes and categories to uncover underlying meanings and relationships. It is a systematic process of examining and interpreting data to identify trends, patterns and correlations, and to draw conclusions that address the research questions (Berg, 2007). In this context, the Thematic Content Analysis (TCA) tool was used to guide the study. Thematic Content analysis is a deliberate, detailed, systematic examination and analysis of a specific form of material to identify patterns, meanings, biases and themes. This may include photographs, written documents, videotapes and audiotapes (Barau & Clarke, 2007:79). The study used Thematic Content Analysis to identify BRICS' response mechanisms, socio-economic impacts, and challenges because a lot of books, scholarly journals and articles were used to conduct this study.

1.5 Quality Criteria

Credibility, transferability, dependability and confirmability are benchmarks of excellence in any qualitative research. The qualitative research approach is mainly guided by quality criteria, which show us whether the topic is novel, true and relevant (Irene & Albine, 2018). Given that the study depends on secondary data, all sources used were correctly acknowledged to avoid plagiarism.

1.5.1 Credibility

Credibility refers to the degree of the appropriateness of a research report, with emphasis on the degree of agreement between participants and the researcher (Long & Johnson, 2000). To ensure credibility, the researcher showed clarity of thinking during data processing and subsequent interpretation and considered any personal biases that may have affected the results.

1.5.2 Transferability

This relates to how much the results of qualitative research can be applied to other situations or contexts, as judged by the potential user's applicable assessment after careful description. A transferable work will be ensured by enabling other researchers to continue this study (Irene & Albine, 2018). In essence, the study findings and methodology laid the groundwork for future research, enabling other fellow researchers to replicate and expand upon the study in various contexts. This facilitates a deeper understanding of the effects of the pandemic and encourages the development of effective strategies to mitigate its socio-economic impact in South Africa and beyond.

1.5.3 Dependability

This pertains to the consistency of findings over time, and requires the assessment of findings, interpretations and recommendations of the study to ensure that they are all supported by information obtained from study participants (Irene & Albine, 2018). In ensuring dependable research, all data was accurately packed and cited and adhered to the ethical code of conduct mentioned in this study.

1.5.4 Confirmability

This relates to how easily other researchers could corroborate the research study's findings. Its purpose is to show that the data and interpretations of the results are generated from the data and not the product of the inquirer's imagination (Irene & Albine, 2018). To ensure confirmability, the researcher acknowledged and kept a detailed record of all literature reviewed and consulted.

1.6 Significance of the Study

By focusing on the impacts of COVID-19 in South Africa, the study expanded on the existing literature around the notion of COVID-19 in South Africa by exploring and analysing how the livelihoods of South Africans were affected, how BRICS responded in helping its member- states, including some of the strategies they adopted to combat future pandemics and future COVID-19 look-alike pandemics.

1.7 Ethical Considerations

There is a need for appropriate conduct when undertaking any study. Moral conduct is laid down in ethical principles (Blumberg, Cooper & Schindler, 2005). Thus, this study has stuck to the right behaviour for its research findings to have credibility.

Ethics are defined as a branch of philosophy dealing with moral standards of behaviour as well as relationships among people. Ethics are also referred to as “social norms” that allow people to differentiate between what is acceptable and what is not (Shah, 2011:205). The researcher undertook a comprehensive and systematic review of existing literature on the socio-economic implications of COVID-19 among BRICS nations. This study investigated both collective and individual responses of BRICS member-states, with South Africa being the primary focus. The researcher consulted different sources to compare findings and validate the study conclusions, thereby enhancing the quality and credibility of the research study. Furthermore, the research proposal was evaluated and approved by the Ethics Committees of the University of Limpopo to avoid plagiarism in the study. The researcher adhered to the following ethical considerations:

- Providing citations for every piece of work obtained from works of other authors;
- Respecting the different views in place of the subject being studied; and
- Not being biased and discriminatory towards all academic work of others.

1.8 Chapter Breakdown

Chapter 1: Background and Motivation

This chapter provides the overall overview of the research context of the study; the reader is introduced to the background and motivation on the socio-economic impacts of COVID-19 on South Africa and how BRICS assisted the country as one of its member-states. Furthermore, the study also addresses the purpose of the study, and presents the research methodology, which includes the research design, data collection, data analysis, sampling and quality criteria. The researcher also highlights the significance of the study, and ethical considerations in conducting the study, such as obtaining permission and avoiding academic fraud and plagiarism.

Chapter 2: Literature Review

This chapter covers a detailed literature review on the socio-economic of COVID-19 in South Africa and COVID-19 in BRICS nations. It begins with an introduction and a brief overview of the historical background and analysis of the coronavirus. It then explores the genesis of COVID-19 in South Africa and its implications on the socio-economic lives of South Africans. It goes on to explore how BRICS responded to this global pandemic, looking at measures which each and every BRICS member-state took to combat the pandemic and assist one another. The chapter ends by providing a theoretical framework for the study and a way forward for BRICS nations.

Chapter 3: Exploring the extent to which the livelihoods of South African citizens have been impacted by COVID-19

This chapter analyses the impacts of COVID-19 on the livelihoods of South Africans. It begins by introducing the spread of COVID-19 in South Africa and implementation of COVID-19 regulations. The researcher then provides an overview of the impact of the virus and how it affected South African citizens socially and economically. The chapter concludes by providing COVID-19 relief measures in South Africa.

Chapter 4: To examine BRICS' measures for combating COVID-19 around the world

This chapter examines the measures implemented by BRICS to combat and arrest the spread of COVID-19. It begins by explaining the origins of the virus and its symptoms. The researcher then provides an overview of the BRICS alliance and collective response, as well as containment strategies and a way forward for BRICS.

Chapter 5: To examine how BRICS lent a helping hand to South Africa as a member-state

Chapter 5 focuses on ways in which BRICS assisted South Africa. The chapter begins by introducing the types of assistance extended to South Africa, such as the BRICS vaccine agreement on South Africa, financial donations from China and scientific knowledge between BRICS nations. The chapter concludes by providing challenges faced by South Africa and the importance of working together by countries to combat the virus.

Chapter 6: Policy strategies and recommendations to mitigate the impact of COVID-19 on the South African country

Chapter 6 focuses on the presentation of policy strategies, recommendations and a summary of findings.

Chapter 7: Conclusion and Recommendations

Chapter 7 concludes the study by summarising the findings, making recommendations, and analysing the positive and negative aspects of the BRICS' response to the socio-economic impacts of COVID-19 in South Africa. It also mentions the limitations of the study, its future implications and contribution to the socio-economic impacts of COVID-19 on South Africa and BRICS expansion.

The next chapter reviews the literature on the BRICS' response to the socio-economic impact of COVID-19 in South Africa.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

This chapter provides an in-depth review of existing literature on the BRICS' response to the socio-economic impact of COVID-19 in South Africa. This study systematically analyses relevant research topics and theories, and identifies knowledge gaps, controversies and conflicting viewpoints among diverse schools of thought. By synthesising the existing body of literature, this study seeks to examine the socio-economic impacts of COVID-19 in South Africa, analyse the BRICS' response to the pandemic's socio-economic consequences, and identify areas requiring further research. To further strengthen this study, the following scholarly works were revisited and integrated into the literature review: Asmal and Roomay (2021), BRICS' secretary (2021), Cahapay (2021), Devonshire-Ellis (2021), Fonseca et al. (2020), Jassat et al. (2021), Kollamparambil and Oyenubi (2021), Lemus-Delgado (2020), Maxmen et al. (2021), Moonascar et al. (2021), Moore (2022), Mpungose (2021), National Institute for Communicable Disease (2021), Sharma et al. (2020), The US (2022), Torales et al. (2020), Velias et al. (2022) and WHO (2021).

The COVID-19 pandemic has brought unprecedented socio-economic challenges worldwide, particularly in South Africa. Despite extensive research on the impact of the pandemic, a glaring knowledge gap still needs to be seen on how BRICS nations (Brazil, Russia, India, China, and South Africa) have responded to the crisis, especially in South Africa. The existing studies mainly focused on the economic and health sectors, overlooking the broader socio-economic implications and BRICS' role in mitigating them (Nhamussua et al., 2020; Moyo et al., 2020). In addition, research tends to examine individual BRICS nation's responses, neglecting the collective efforts and cooperation within the bloc (Chen et al., 2020; Sharma et al., 2020). We still need to understand how effectively BRICS' socio-economic interventions, such as fiscal policies, trade agreements and development have addressed South Africa's challenges (Soko & Strydom, 2020). The impact of the pandemic on vulnerable groups like women, youth, and informal sector workers also needs to be studied more, as do BRICS' targeted response. Another crucial area needing attention is the role of BRICS' New Development Bank in supporting South Africa's COVID-19 recovery (Lago et al., 2020). Addressing these gaps will better understand BRCS's response to the pandemic and inform evidence-based policy decisions for future crises.

2.2 The Emergence and Evolution of the Coronavirus: A Historical and Background Analysis

The coronavirus is an extensively researched and debated virus whose family includes severe acute respiratory syndrome (SARS) and Middle East respiratory syndrome (MERS) and is responsible for pandemics throughout the world (WHO, 2021). The damp marketplace in Wuhan, China, has been traced as the cause of the COVID-19 outbreak; it is believed that this is where the virus initially crossed from animals to humans (WHO, 2020). However, the Centers for Disease Control and Prevention reports confirmed that the Huanan Seafood Market was likely the origin of the COVID-19 outbreak. Additionally, much debate has been about whether the virus was artificially created or modified for human transmission (Torales et al., 2021). Most research analysts have concluded that SARS-CoV-2 was not genetically engineered (IC, 2021). According to the Senate Committee on Health Education, Labour and Pensions Minority Oversight Staff (2022), the current understanding of beta coronaviruses and their inherent ability to merge with other viruses was discovered in nature. However, Cahapay (2021) mention that it cannot be entirely ruled out that a laboratory accident may have caused the pandemic. Researchers contend that such theories are unsubstantiated and unsupported by credible evidence (IC, 2021). However, one undeniable truth remains: COVID-19 has profoundly impacted global health and economic stability as per data provided by The World Health Organization ("WHO Coronavirus Disease," n.d.). For instance, there were more than four million deaths across the globe as of August 2021. Thus, we needed to use resources to investigate its origins while developing measures against future pandemics (Kollamparambil & Oyenubi, 2021). Given how this crisis affects everyone equally without regard for nationality or race, international cooperation must take precedence over conjecture and conspiracy theories when seeking answers about how exactly this pandemic came about (Moore, 2022).

With its devastating effects on both human life and the economy, COVID-19 is a unique coronavirus-caused disease that has emerged as the most catastrophic event since World War II. COVID-19 took the lives of 1,842,455 people worldwide on January 4, 2021, infecting over 85,083,468 people (JHU, Coronavirus Resource Centre, 2021). To stop the virus from spreading, nations all over the world declared states of emergency, implemented lockdowns and social distancing, and announced economic

stimulus plans to aid the poor and save their economy. The attention it has garnered stems from its severe impact on human health and economies worldwide. Its distinguishable features include spike-like structures that assist in attaching itself to human cells more efficiently. This led to several symptoms, such as coughing, fever, fatigue, and loss of taste or smell (The US, 2022). Despite ongoing efforts to better understand this virus through vaccine development and research to determine its origin and global spread, significant gaps remain within our knowledge base (WHO, 2021). Identifying risk factors would go a long way in preventing future pandemics; hence, understanding these origins becomes paramount (Senate Committee on Health Education Labour and Pensions Minority Oversight Staff, 2022). However, we can take solace in knowing that COVID-19 belongs to a more prominent family with shared characteristics suitable for researchers' purposes since previous knowledge gained from studying viruses like SARS or MERS could inform investigations into the origin of COVID-19 (Senate Committee on Health Education Labour and Pensions Minority Oversight Staff, 2022).

The COVID-19 pandemic has had an unprecedented and profound impact on global health and the world economy (The US, 2022). From enforced lockdowns to travel restrictions, economic downturns, overwhelmed healthcare systems, and increased mortality rates, no aspect of life was left untouched. The World Health Organization (WHO) emphasises that COVID-19 significantly affects both global health and the world economy by leading to widespread lockdowns, travel limitations and causing economic recessions across countries (WHO, 2021). As nations attempt to contain the virus while also seeking normalcy in their daily lives, citizens are grappling with job losses or reduced wages due to financial constraints brought about by closures or downsizing businesses (Asmal & Rooney, 2021). Besides, these crises are issues related to mental wellness caused by social isolation measures implemented globally. As a result of the domino effect of COVID-19, we face long-term consequences even after it recedes from our immediate concerns (WHO, 2021).

The worldwide impact of the COVID-19 pandemic has been disastrous, exposing many countries' inability to handle a crisis of this magnitude. As stated by Wong et al. (2023), the swift dissemination of COVID-19 worldwide was worse by international travel and many countries' lack of readiness to manage a pandemic. The virus quickly spread across the globe from Wuhan due to globalisation and widespread air travel.

Although health professionals issued early warnings towards the end of 2019, numerous governments only took adequate action when it was too late. Wong et al. (2023) suggested that while US intelligence personnel probed those at Wuhan Institute of Virology for their involvement in spreading COVID-19, other biological centres in Wuhan remained unexplored—possibly indicating deeper reasons behind how or why this pandemic emerged than what is currently known. Nonetheless, one thing remains clear: global cooperation is now more indispensable than ever. It is paramount that nations come together and collaborate by sharing resources, expertise and vaccines, a path yet to be effectively implemented (Fonseca et al., 2020). Despite international travel playing a significant role in disseminating COVID-19 globally, its spread was further amplified due to various nations' need for preparedness internationally (WHO, 2021). Pandemics do not discriminate against borders or nationalities (Cahapay, 2021). Hence, proactive measures must be taken at every level for efficient containment strategies against potential future outbreaks around them.

The COVID-19 pandemic has far-reaching consequences that extend beyond the healthcare sector into economics, society and politics (The US, 2022). As a result, numerous countries have found themselves compelled to implement rigorous lockdown measures to slow down virus transmission and safeguard their health sectors from being overwhelmed (Senate Committee on Health Education, Labour and Pensions Minority Oversight Staff, 2022). Despite reducing infection rates in certain regions, these measures have also led to significant economic losses as businesses struggle to survive.

Additionally, it is worth noting that social isolation policies have resulted in mental health concerns for those unable to access essential services or meet with loved ones (Torales et al., 2020). Against this backdrop of multifaceted issues,uncertainties emerges about how best to address the crisis. In particular, there are speculations regarding its origins: The Interim Report "An Analysis of the Origins of the COVID-19 Pandemic" presents several hypotheses concerning where exactly SARS-CoV-2 may have originated from (Senate Committee on Health Education Labour and Pensions Minority Oversight Staff, 2022). These include a hypothesis involving natural zoonotic origin and one linked to research incidents; each gets analysed depending on available epidemiological evidence surrounding both outbreak patterns and concerning behaviour by researchers at Wuhan Institute (Moonasar et al., 2021).

According to WHO (2021), societal leaders addressing such multifaceted issues emerging from this pandemic might find it overwhelming. Nevertheless, it is vital for governments worldwide not only to work together but also to learn from each other's experiences. The virus has indisputably presented itself as a daunting adversary to worldwide health and economic stability. Although experts are still investigating its origins, it is widely believed that bats contributed to transferring this virus to humans via an intermediary host (IC, 2021). The pandemic has affected nearly every aspect of our existence. As highlighted throughout the preceding discourse on the history and background of the coronavirus, numerous reasons precipitated its swift propagation across international borders. Unmistakably, globalisation facilitated transmission by increasing travel and trade activities between countries. In today's world, more than ever, nations need to cooperate in research efforts to find an effective cure for this deadly pathogen (WHO, 2021).

The far-reaching impact of this outbreak cannot be overstated; hundreds of thousands have lost their lives due to COVID-19 complications, while many others suffer lingering effects after recovery (IC, 2021). The disease's human toll is joined by widespread social disruptions such as lockdowns, which forced businesses into closure or downsizing operations altogether (Cahapay, 2021). It remains realistic that COVID-19 will continue being part of our way of life until medical professionals find a permanent solution, thus emphasising how crucial global collaboration remains when facing pandemics head-on effectively. Together, we can always wins against COVID-19 (Moonasar et al., 2021).

2.3 The Genesis of COVID-19 Outbreak in South Africa

The country's diverse and rich culture faced an unexpected crisis threatening its social structure and economic stability. As of August 2021, over 2.5 million cases have been reported in South Africa, with more than 75,000 deaths attributed to COVID-19. This grim reality painted a bleak picture of the state of affairs since March 2020, when the outbreak was first recorded. COVID-19 has spotlighted societal inequality and vulnerability by highlighting existing social and economic disparities (Moore, 2022). Marginalised communities bear the brunt of this pandemic disproportionately compared to other groups, further exposing deep-rooted inequalities persisting within the South African society despite progress towards more significant equity and

considering these pressing challenges, assessing how they impact individuals and determining the steps required for effective resolution (Moonasar et al., 2021).

The first cases emerged in South Africa in February 2020 when an Italian tourist group arrived in KwaZulu Natal (WHO, 2021). It was confirmed that the person contracted COVID-19 while visiting before returning home with symptoms. From that one infected person, South Africa began to see a massive spread of cases throughout cities and towns (Moonasar et al., 2021). The government had no option but to implement stringent measures such as enforcing lockdowns and international travel activities and shutting schools and businesses down completely (Salyer et al., 2021).

President Cyril Ramaphosa took swift and decisive measures within weeks of detecting the initial infection to prevent further spread, as reported by Moonasar et al. (2021). This early action did help save many lives. Despite these efforts, however, South Africa continued to battle the pandemic. It is one of the African nations with high infection rates due to new variants emerging from within its borders (Torales et al., 2020). To face these challenges, public health officials have advocated for preventive measures such as wearing masks and social distancing while prioritising vaccine distribution efforts (Salyer et al., 2021).

In South Africa, the rapid spread of the virus was most severe in the Western Cape and Gauteng provinces, as reported by Jassat et al. in 2021; these areas constituted more than half of all confirmed cases nationwide. This can be attributed to numerous factors, such as population density and inadequate healthcare infrastructure (Torales et al., 2020). Despite restrictions on movement during lockdowns, people continued to travel, making it increasingly difficult to contain transmission rates. Furthermore, noncompliance with basic safety measures significantly exacerbated the situation (Salyer et al., 2021). The dissemination of misinformation about COVID-19 has also led many individuals into complacency. Even though there have been concerted efforts by governments to implement strict measures to mitigate the disease's spread, much work remains before life returns to normalcy. Achieving this goal requires strict adherence to safety guidelines issued by public health officials while ensuring fair distribution of vaccines throughout every province of South Africa (Jassat et al., 2021).

The harsh impact of COVID-19 has left its mark on every country, including South Africa (Salyer et al., 2021). Many sectors have experienced unprecedented losses due

to the pandemic's economic fallout. South Africa's tourism and hospitality industries have struggled most acutely in this crisis (Moore, 2022). A recent report states that South Africa's economy has been severely affected by the pandemic, with particular emphasis on tourism and hospitality (Kollamparambil & Oyenubi, 2021). Hotels are struggling as international travel restrictions remain in place for most countries worldwide while domestic travel limitations within South Africa were only recently lifted; therefore, occupancy rates have hit record lows (Torales et al., 2020). Additionally, restaurants still face reduced capacity regulations to mitigate community transmission rates nationwide. As businesses strive to survive these financially uncertain times compounded by new variants emerging globally daily, without government support policies implemented now more than ever, we hope for any chance at a speedy recovery soon (Kollamparambil & Oyenubi, 2021).

The COVID-19 outbreak has uncovered the deep-rooted unfairness and susceptibility that exists in our society (Moore, 2022). Moonasar et al. (2021) emphasise that downtrodden communities have been hit harder by the effects of the pandemic than other groups due to current social and economic disparities. Strict lockdown measures implemented to contain the virus caused even more financial difficulties for vulnerable populations already in dire circumstances (Fonseca et al., 2020). Furthermore, these subsets often work in sectors considered essential during this outbreak but receive low compensation and minimal benefits, leaving them susceptible to contracting the illness without sufficient protection. This crisis has also exposed discrepancies within our healthcare establishment; those from less privileged backgrounds cannot access quality care and bear poorer health results than their better-off counterparts (Kollamparambil & Oyenubi, 2021). In summary, we as a community must tackle these long-standing inequalities head-on to cultivate an equitable future for every citizen (WHO, 2021). By acknowledging and implementing what we have learned from this epidemic, we can make strides towards establishing a fairer planet where all individuals have equal opportunities, irrespective of their socio-economic status or background (Moonasar et al., 2021).

The South African government swiftly implemented stringent measures to combat the COVID-19 pandemic (Jassat et al., 2021). The regulations encompassed a travel embargo and shuttering of educational institutions alongside commercial establishments, which caused considerable turmoil in daily life (Asmal & Rooney,

2021). While prioritising safety from this lethal virus was their top priority, these decisions have rippled outwards, affecting numerous communities nationwide. The closure of schools has created a particularly severe impact within disadvantaged localities where families lack access to digital technology, rendering remote learning impractical (Asmal & Rooney, 2021). Those students from different economic backgrounds will suffer more inequality as they lose an opportunity for education.

Furthermore, mass termination across multiple sectors like hospitality and tourism occurred due to business shutdowns (Asmal & Rooney, 2021). Despite encountering such multifarious challenges along the road ahead, including over a year's passage since the initial outbreak of this global crisis, it is evident that decisive early implementation of strict lockdown policies played an instrumental role in reducing transmission rates (Kollamparambil & Oyenubi, 2021). However, governments worldwide must prioritise mental health equally while continuing the necessary steps against the COVID-19 outbreak - akin to what the South African government should focus on gravelly (Salyer et al., 2021).

2.3.1 COVID-19 in South Africa

According to research on the socio-economic effects of COVID-19 in South Africa, the nation's Gross Domestic Product (GDP) recovery time will be at least five years (Hevia & Neumeyer, 2020). Poverty and unemployment worsened due to GDP contracting by at least 5.1 to 7.9 percent in 2020 (Naidu, 2020). While the number of households in the lower middle class reduced exponentially, those below the poverty line were expected to increase substantially. 54% of the latter had already been pushed out of permanent jobs (Brodbent et al., 2020). Studies by Nwosu and Oyenubi (2020) show that people hit hardest are the already impoverished female-headed households and persons without social assistance, meaning that COVID-19 will exacerbate inequalities within and among nations. The former Minister of Cooperative Governance and Traditional Affairs (COGTA), Dr Dlamini-Zuma, directed South Africa (SA) to conduct research in 2020 to address these COVID-19 concerns and promised that the conclusions of the study would be distributed to every district and municipality in the nation. She also urged the implementation of a technology strategy, a skills revolution and a district development model to support gender-responsive budgeting (Rogerson & Rogerson, 2020).

According to the 2002 Disaster Management Act of the nation, the South African government imposed a lockdown on March 26th 2020, which barred all social and economic activities save those required to provide essential services (Cooperative Governance and Traditional Affairs, 2020). The government enlisted the help of the South African National Defense Force (SANDF) to enforce strict adherence to the lockdown laws, prompting opposition parties to express their displeasure. Three people were killed by law enforcement officials, which infuriated human rights advocates. The SANDF and the South African Police Services (SAPS) were found to have misused their authority. Although the shutdown was successful in slowing down the spread of the virus, the subsequent gradual opening of the economy resulted in increasing COVID-19 cases, which led to the country reporting the highest cases in sub-Saharan Africa (IMF, 2020).

South Africa already had issues with its health system before COVID-19. According to Madhi et al. (2020), the country experienced a severe crunch of medical supplies, hospital beds and healthcare workers. The pandemic has widened the reach of inequality with populations that were already vulnerable, particularly those with large numbers going out of business due to the inability to continue operating through the long lockout periods (Rogan & Skinner, 2020). This also added to the poverty and inequality levels among the masses who are engaged in this sector, where a large segment of the workforce earns a livelihood.

2.4 BRICS United: An Analysis of the Collective Response to the COVID-19 Pandemic

Observing how different nations and groups have reacted during these difficult times of the COVID-19 pandemic is intriguing. For instance, BRICS countries like Brazil, Russia, India, China and South Africa have responded positively to this global crisis. The BRICS alliance comprises 3.6 billion people combined and contributes 23 percent of the world's GDP (Moore, 2022). With their significant economic impact on a global scale, it was expected that they would play a crucial role in tackling the pandemic. Despite COVID-19 posing challenges across all sectors, such as public health systems, national economies and international relations, BRICS countries have continued focusing on sustainable development while handling this crisis (Fonseca et al., 2020).

According to WHO (2021), the collective response of BRICS has been concentrated towards building resilient economies that are both inclusive and can withstand any obstacle. It is apparent that despite unexpected setbacks caused by the COVID-19 outbreak globally affecting multiple domains, including supply chain disruption across borders, the collaboration between these countries did not negatively impact the global response to the COVID-19 pandemic (Torales et al., 2020). The COVID-19 outbreak has presented countries worldwide with unprecedented difficulties, leading to challenges in both healthcare and economies (Moore, 2022). However, the BRICS nations have stepped up by taking concerted action by sharing information and best practices and jointly procuring medical supplies (Fonseca et al., 2020).

The coordinated approach marks a significant deviation from traditional diplomatic norms, where emerging economies are now taking proactive measures using their collective resources to confront common issues (Fonseca et al., 2020). Collaborating on essential medical equipment procurement ensures every participating country has access to necessary equipment and reduces competition between them for scarce resources. Moreover, shared experiences help them learn from each other's management methods and improve their response to the pandemic more effectively. Such collaborations strengthen economic and political partnerships among member-states (Torales et al., 2020).

According to Fonseca et al. (2020), cooperation amongst BRICS countries during such trying times is essential for a fairer world. In conclusion, cooperative efforts among developing nations like those demonstrated by BRICS can be instrumental in addressing global issues like pandemics while promoting mutual benefits without depending on developed nations for support (Moore, 2022). Amidst the outbreak of COVID-19, vulnerabilities and inequalities have been exposed within the BRICS countries. The pandemic has highlighted a dire need for more significant investment in healthcare infrastructure and social safety nets (Torales et al., 2020).

Moore (2022) pointed out that divisions within the bloc have revealed their limitations in policy formulation or executing previously agreed positions (WHO, 2021). This lack of coordination leaves vulnerable populations without access to adequate medical care, deepening disparities across socio-economic groups. The public health crisis also exposed weaknesses in healthcare systems unprepared for such an

unprecedented eventuality (WHO, 2021). Many individuals were forced to rely on inferior healthcare facilities or face financial ruin due to overwhelming medical expenses. To address these challenges head-on, governments must prioritise investments in healthcare infrastructure and social safety nets (Moonasar et al., 2021). This includes expanding access to affordable medical services while implementing programmes to alleviate poverty and support job creation. Policymakers throughout the BRICS nations must recognise that investing in public health saves lives whilst promoting economic growth by ensuring a healthy workforce capable of driving innovation and productivity (Torales et al., 2020). Improving citizens' well-being, irrespective of socio-economic status, relies heavily on government investment towards addressing inequalities within the BRICS countries (Senate Committee on Health Education, Labour and Pensions Minority Oversight Staff, 2022). Prioritising this issue now will ensure future generations with robust social safety nets supported by sustainable public health infrastructures able enough to withstand similar crises moving forward (Moore, 2022).

Despite difficulties presented by the pandemic, BRICS nations have continued to prioritise sustainable development as a means of fortifying and constituting inclusive economies (Moore, 2022). This emphasis on sustainability is vital, considering that these countries comprise almost 40% of the global population and about 25% of worldwide GDP (The US, 2022). Therefore, their dedication to sustainable practices significantly impacts regionally and globally. Recent reports from the United Nations Development Programme (UNDP) indicate that all five BRICS countries are making consistent progress towards accomplishing their respective Sustainable Development Goals (SDGs) (WHO, 2021). These goals address various social, economic and environmental issues, from lessening poverty to taking action against climate change. For instance, China has made noteworthy strides in cutting greenhouse gas emissions through its investments in renewable energy. At the same time, India has implemented policies to enhance access to clean water sources and sanitation facilities for its people (Kollamparambil & Oyenubi, 2021). Despite facing countless obstacles following the outbreak, BRICS member-states remain unwavering in their commitment to constructing more sustainable communities for current and future generations (Moonasar et al., 2021).

The COVID-19 pandemic has highlighted the pressing need for global cooperation and collaboration (Moore, 2022). The BRICS nations have admirably risen to this challenge, implementing various measures to stem the spread of the virus while mitigating its socio-economic fallout. These countries remain steadfastly committed to prioritising sustainable development as a critical driver of their response strategy. Their focus on building more inclusive and resilient economies offers an excellent example for other regions grappling with similar issues (Moore, 2022). Furthermore, members of the BRICS alliance recognise that effectively managing pandemics requires medical interventions, strong political leadership, and forceful economic policies (Fonseca et al., 2020). They acknowledge that fundamental problems such as poverty, inequality, and limited access to healthcare must be addressed to achieve long-term solutions. Moving beyond this crisis towards a post-pandemic world, we must learn from our collective victories and defeats (Cahapay, 2021). The response of the BRICS countries should remind us of what can be achieved when nations come together to pursue common objectives. In summary, although there remains much work to be done regarding global health security preparedness after the pandemic dissipates entirely, despite all odds, the BRICS countries continue undeterred in their efforts towards achieving sustainable development goals even amidst testing times like those brought on by COVID-19.

2.5 BRICS' response to COVID-19

BRICS has proven to look the other way on the increasingly devastating impacts of the pandemic on fellow nation-states from the onset. On May 27th, 2020, the Organising Committee for Russia's Presidency of the Shanghai Cooperation Organisation (SCO) in 2019-2020 and the Russian BRICS Chairmanship in 2020 announced that it would postpone the BRICS Summit scheduled for July 21st to 23rd of 2020 due to the COVID-19 pandemic, yet this was supposed to be a video conference. Arguably, this was a crucial point to meet and discuss the pandemic and come up with solutions that would have prevented the spread of the virus. At this point, only three countries were harshly exposed to the catastrophic virus, namely, the US standing at 1.7 million, followed by Brazil with 411 thousand cases, and Russia, standing at 370 thousand, two of the BRICS countries to be highly affected by the virus (Puppim de Oliviera et al., 2021).

In a statement by Assistant Professor in Global Management Studies, Kenneth Kalu, "China and Russia are only focused on leaving a footprint in Africa". In its response to the virus, BRICS has demonstrated that even among close partners, there is a reluctance to provide assistance when there is no direct or self-interest involved. The pandemic outbreak made China the leader in the number of cases for the first months; however, after six months, the country recorded 78,377 recoveries out of 95 111 recorded cases, a 94% recovery accuracy without a vaccine. On June 7th, the Chinese government released a document entitled "Fighting COVID-19: China in Action", which did not, in any way, state ways which were outlined explicitly for the combating of the virus. Nevertheless, the vividly highlighted measure seen globally was the state developer China National Biotech Group (CNBG), a subsidiary of China National Pharmaceutical Group (Sinopharm), development of a vaccine to be used worldwide for curing COVID-19 and the state going on a national lockdown. In an update posted by VOA News in China, Chinese officials were reported and exposed on how they used force to put people in quarantine. Despite a lack of clarity and poor communication on the extent of the threat posed by the outbreak of the virus in Wuhan, foreigners, especially Africans, were targeted, accused of being the core cause of the virus and deported back to their countries. South Africa received its civilians in OR Tambo International Airport, witnessing the isolation China (a fellow BRICS member) was exposing them to, in the thrive to protect its people against any odds (Puppim de Olivier et al., 2020).

The increasing recovery in China prompted other states, even those outside the BRICS body, to adopt and implement the lockdown restrictions. In Russia, the spread of the pandemic gained momentum in February 2020, and containment measures were implemented in March, followed by strict lockdown measures that month. On January 29th, 2020, Russian Prime Minister Mikhail Mishustin ordered the creation of a unified federal headquarters for the fight against coronavirus, which could have been more effective if only it had been proposed in the postponed meeting. Its responsibilities included monitoring the current situation of coronavirus in the country and the world, preparing recommendations for state bodies and regions, and monitoring and coordinating work to prevent diseases. Following China's proposed vaccine solution, in June 2020, Russia also began providing its COVID-19 patients with antiviral Avifavir. The approval of the Avifavir drugs by the World Health

Organisation (WHO) and growing disparities in the world for a vaccine cure resulted in countries holding Intellectual Property (IP) seeing a means of earning profits. It increased the development of various vaccines, with Russia expanding to carry out almost fifty COVID-19 vaccine projects simultaneously, joining China in winning the vaccine diplomacy race (Fonseca et al., 2020).

India, one of the BRICS countries, has also followed the implementation of the national lockdown and development of vaccines, ZyCoV-D, Covishield, Covaxin and Sputnik V. South Africa, on the other hand, responded to the vaccine through the implementation of the national lockdown and the importing of almost all the vaccines developed in the other BRICS countries. Lacking the financial capacity and know-how, South Africa has become a target market for all the developed vaccines, even those outside the BRICS countries, but approved by the WTO (Fonseca et al., 2020).

As an African state, rooted in our indigenous knowledge, South Africa surprisingly declined the importing of herbal tea from Madagascar as it was said to have not been medically tested by the WTO, and therefore, the side effects were unknown; the state has also neglected the use of traditional herbs such as 'Lengala', and instead opted for the reliance on spending billions on vaccines from foreign countries. According to former Minister Zweli Mkhize, South Africa was said to have taken a stance to assist the country in testing unproven herbal treatments. After the BRICS summit in 2020, the country went silent, which became suspicious, raising questions and concerns about the influence of the Summit on the previous decision (Finan, 2020).

After the outbreak, China recorded 78,377 recoveries, 83,221 new cases, and a recovery accuracy rate of 94 per cent (Fonseca et al., 2020). This followed the country's quick response. The government imposed several countermeasures to combat the virus in a rapid and science-guided response. The first of these measures entailed the isolation of the entire 40 million people of Hubei province (where the virus was first recorded), followed by the mobilisation of 40 000 health professionals and the building of 2 designated hospitals in Wuhan city within days of each other (Qian et al., 2020). Schooling was suspended, and most economic activities were immobilised (Graham-Horrison & Kuo, 2020).

As of May 1st, 2021, over 150.99 million COVID-19 infections were confirmed worldwide, with over 3.17 million deaths. BRICS nations, comprising over half of the

global population, had been particularly affected, with 39.77 million SARS-CoV-2 infections. China's 2020 document on fighting the pandemic aimed to encourage cooperation between BRICS and the global community against COVID-19 (Fonseca et al., 2020). Phase 1 focused on tracing the origin of the virus, revealing it was caused by wild animal sales in Hunan seafood wholesale, disproving the 'lab leak' theory and highlighting the rapid spread of the virus (Maxmen et al., 2021). China implemented measures to curb the spread of virus during Phases 2 and 3, including hand sanitising, frequent washing, mask-wearing and strict lockdown (AIT Akarli, 2020). Phases 4 and 5 focused on developing COVID-19 vaccines recognised by WHO and adopted by BRICS' and non-BRICS countries (BRICS' Secretary, 2020).

By its nature, COVID-19 called for closer cooperation among BRICS countries since they collectively represented 40,2% of the world's population with over 31.844 million known infections (Delgado, 2020). Thus, BRICS member-states were prompted to develop comprehensive strategies and plans for combating and arresting the pandemic (Fonseca et al., 2020). China did not only alert the World Health Organization (WHO) about the COVID-19 outbreak and the genome sequencing of the virus, but also began to donate ventilators and other medical equipment to other countries (Maxmen et al., 2021). These activities were soon supplemented with health professional personnel to support individual national efforts to stop the rapid spread of the virus (Lemus-Delgado, 2020). The role of extensive national immunisation was seen to be vital (BRICS' Secretary, 2021).

China, India, Russia and SA soon followed with detailed measures for combating COVID-19 (Mpungose, 2021). National boundaries were closed, international travel restricted, and social gatherings banned (Wiysonge, 2020). Other measures included strict national lockdowns urging civilians to stay indoors, quarantining infected persons for up to 14 days, and mandatory face mask-wearing in public places. Individuals were also urged to wash their hands frequently with soap or sanitise them (Mpungose, 2021).

In August 2020, Russia registered a 92% effective COVID-19 vaccine, Sputnik-V. WHO delayed its approval due to insufficient clinical trial data (Mpungose, 2020). In 2021, China's Sinopharm and Sinovac were approved for emergency use listings. Brazil and India imported 928 and 125 million doses, respectively (Maxmen et al.,

2021). India provided 50% of the world's vaccine supplies, and the Serum Institute of India collaborated with a British organisation to develop a regional variant of the AstraZeneca vaccine (Jagannarayan, 2021).

COVAX global vaccine rollout in Africa began in Ghana and Cote d'Ivoire in early 2021. On February 15th, 2021, both countries received the AstraZeneca/Oxford vaccine, which WHO approved for emergency use (WHO, 2021). Ghana prioritised health and other high-risk citizens as the first dose recipients (jab) to return to business and build its economy (WHO, 2021). Although COVAX delivers vaccines to Africa, the amounts provided have covered a fraction of the population. Nonetheless, they planned for SA to begin producing and supplying the region and the continent with vaccines (WHO, 2021).

The Pfizer-BioNTech COVID-19 vaccine was first produced in 2022 by Biovac in Cape Town (Mpungose, 2020). India and South Africa entered technology-based arrangements with Western manufacturers, gaining support from the World Trade Organization and the USA. China, Russia and Brazil support India's plans to provide COVID-19 vaccines to partner countries and expand accessibility globally. BRICS member-states have established lab facilities for genome sequencing and data sharing (Devonshire-Ellis, 2021).

BRICS health ministers have acknowledged the value and importance of traditional and alternative systems in achieving comprehensive healthcare. In so doing, they invited Third World countries to combat the pandemic using indigenous knowledge and know-how (National Institute for Communicable Disease, 2021). While India has the most extensive vaccine production capability, China and Russia possess significant viral research facilities. These capabilities, indigenous knowledge systems, and the Centre for Vaccines and Immunology (CVI) provide laboratory and epidemiological support to ensure that the production and availability of effective vaccines increase worldwide (National Institute for Communicable Disease, 2021).

According to Mpungose (2021), BRICS countries have displayed lukewarm cooperation on COVID-19 vaccines and other measures concerning the pandemic. In its Moscow Declaration, the XII BRICS Summit emphasised cooperation on COVID-19 and vaccinations (BRICS' Secretary, 2020). The countries acted in isolation in response to the pandemic. China published a report in June 2020 called "Fighting

COVID-19: "China in Action," which detailed the nation's preventative, curative and remedial actions (Fonseca et al., Das & Do Nascimento, 2020). On January 29th, 2020, the Russian prime minister issued an order creating a single federal headquarters to tackle the epidemic. The prime ministers of South Africa and India announced a countrywide hard lockdown on March 23rd, 2020, and March 24th, 2020, respectively (Nhamo, 2020).

Furthermore, the pandemic has weakened economies, severely disadvantaging underdeveloped countries and continued to threaten human existence (Burua, 2020). BRICS countries have recognised the importance of comprehensive COVID-19 vaccination (BRICS' Secretary, 2021), stressing the importance of science-based responsive methods of fighting against the pandemic (BRICS' Secretary, 2021). South Africa has called for intellectual property rights (IPR) to be waived, aiming to increase the pace of vaccine production globally. As a result, Indian and South African vaccine producers entered into technology-cantered agreements with Western vaccine producers to allow work in the Cape Town-based Biovac company to manufacture the Pfizer-BioNTech COVID-19 vaccine in 2022 (Mpungose, 2021).

2.6 Theoretical framework

The social control theory provided the theoretical framework for this study. This theory posits that social control entails rules of behaviour that encourage socially acceptable actions and discourage deviance through various mechanisms, including rules, regulations and sanctions. According to Zald (1978), social control sustains societal norms and values by rewarding conformity and punishing nonconformity. This can be achieved through two primary forms: formal and informal rules. Formal social control includes laws, rules and regulations that social and political authorities enforce, such as fines and punishment (Velias et al., 2022). Informal social control, on the other hand, includes ostracism, ridicule, gossip and censure. The COVID-19 pandemic exemplifies the application of social control. Governments worldwide implemented formal social control measures, restricting gatherings and travel. In South Africa, the government enforced the Disaster Management Act, enforcing curfews, business shutdowns and travel restrictions (Velias et al., 2022). Citizens were expected to adhere to these regulations, illustrating the significant role of social control in shaping societal behaviour during crises.

This study examines the socio-economic impacts of COVID-19 on South Africa using the social control theory as its analytical lens. The global nature of the pandemic necessitated a coordinated response among nations, with actions of each member-state informing others. According to this theory, solid societal bonds created by family, education, government, and the economy are the key to maintaining social order and preventing deviant behaviour (Hirschi, 2015). In the context of COVID-19, BRICS nations, including South Africa, faced enormous pressure to manage the health crisis and its broader socio-economic consequences, particularly on employment and poverty. South Africa, as a member-state of BRICS, saw the importance of collective action in addressing these challenges. The social control mechanisms embedded within international partnerships and state institutions were critical in shaping the country's response to the pandemic. For example, BRICS emphasised the need for solidarity and cooperation in the economic recovery efforts, which can be viewed as an extension of social control at a macro level (Chiu et al., 2020). These institutional efforts to stabilise the economy and promote social welfare during the pandemic reflect the tenets of the social control theory, where the state's ability to influence economic and social structures prevents societal disintegration.

Moreover, the social control theory suggests that individuals' compliance with government mandates, such as lockdowns and social distancing measures, is linked to the effectiveness of social institutions in maintaining order (Hirschi, 2015). In South Africa, the BRICS framework supported the state interventions that mitigated the socio-economic fallout of the pandemic, providing resources and policy recommendations that helped to maintain social cohesion despite the rising unemployment and inequality (Smith, 2021). These collective efforts reflect the role of societal institutions in regulating behaviour during crises.

2.7 Conclusion

The pandemic known as COVID-19 has proven to be an unprecedented global crisis, leaving a lasting impression on human history and causing unimaginable shifts in our daily lives. This minute virus has wreaked havoc across the world, inducing widespread pain and death while also bringing economies to their knees. Despite its overwhelming devastation, there is still hope for humanity on the horizon. Through advancements in science via vaccine development and distribution efforts, we can

retaliate against this pandemic with renewed strength. These scientific breakthroughs provide immense promise for recovery and a return to normalcy. As we anticipate the arrival a post-pandemic world, we must reflect on what this catastrophe teaches us about ourselves - individuals and communities. We must acknowledge that our collective well-being interconnects all of us - whether they are close or far away from us geographically. To prevent future pandemics from occurring, bold actions are necessary, such as investing in public health infrastructure or targeting social inequality. At its core, COVID-19 serves as a reminder of how humans share vulnerability but highlights resilience when faced with adversity. We must take these lessons into the future to grow even stronger together as one united front. In conclusion, let us pay tribute to those who lost their lives during these trying times by working tirelessly towards improving global conditions for humankind - where triumph over nature's fury is no longer seen as insurmountable.

The next chapter is about the impacts of COVID-19 on the livelihoods of South African citizens.

CHAPTER 3: ANALYSING THE IMPACTS OF COVID-19 ON THE LIVELIHOODS OF SOUTH AFRICAN CITIZENS

3.1 Introduction

The COVID-19 pandemic has swept across the world, leaving a trail of destruction and hardship (Asmal & Rooney, 2021). The impact of COVID-19 on South Africa has been particularly devastating, with the nation's citizens bearing the brunt of this deadly virus. The livelihoods of these individuals have been impacted in countless ways, ranging from loss of employment opportunities to disrupted access to healthcare services (Donthu & Gustafsson, 2020). Additionally, these disruptions threaten to create long-term consequences that will continue affecting future generations even after the pandemic ends. As such, it is essential for us as a society not only to address immediate needs but also to work towards mitigating any potential long-term damage caused by events like these crises (de Bruin et al., 2020). This chapter seeks to explore how and to what extent the livelihoods of South African citizens have been impacted by COVID-19, the social and economic impacts and the measures taken by the government of South Africa to combat the COVID-19 pandemic.

3.2 COVID-19 Regulations in South Africa

The global spread of COVID-19 resulted in unprecedented disruption of many personal and professional lives. On 23 March 2020, SA President Ramaphosa made a national address regarding this global pandemic. In the speech, he announced that all businesses in SA were required by law to comply with various government regulations. Among others, these ordered a three-week closure of all non-essential businesses from midnight of 26 March 2020 until 16 April 2020 to “flatten the COVID-19 curve” (TimeLive, 2020). SA COVID-19 rules and regulations were issued in terms of section 27(2) of the Disaster Management Act of 2002 (Regulations) and the COVID-19 Directive on Health and Safety in the Workplace. In addition, sector-specific guidelines were issued, and every employer was expected to adhere to them (Jefferson & Katz, 2020).

These regulations have since brought massive socio-economic disruptions. Many able-bodied people were forced to stay at home and not go to work; businesses ceased to operate as usual, and schools and tertiary institutions closed. During level five (5) of the lockdown, only essential businesses like pharmacies, grocery shops,

hospitals and police stations were allowed to operate (Discovery, 2020). Retailers faced short- and long-term challenges like low consumer demand and lessened cash flow (Donthu & Gustafsson, 2020). Total business shutdown beckoned for some as consumers stayed at home. Others resorted to online trading to stave off bankruptcy and stay afloat (Tolonen, 2020).

3.2.1 Initial Reaction and Restrictions

The COVID-19 crisis was unexpected. Responses to crises are complex and multifaceted, and are influenced by various internal, external and even personality traits (McConnell, 2003). Compared to Brazil, Mexico and the United States, South Africa responded quickly to the health crisis represented by COVID-19 (Ryan, 2020). SA implemented a lockdown 23 days after the first infection. This lockdown was 18 days sooner than Italy's, and less than half the time it took for the US to implement a lockdown. The speedy implementation of a lockdown has been interpreted by most as an excellent example of good governance and decisive action, which the country has not seen in many years. However, the simple fact is that unlike Italy, Germany, America, and other developed countries, SA's healthcare system would not have sustained an exponential increase in the number of patients. SA's health expenditure in 2017 was a mere $28bn or 8.1% of the GPD. Compared to Italy's 8.8%, it is close; however, Italy's GDP dwarfs SA's at $ 1.951 trillion compared to $ 350 billion. In other words, Italy's spending on healthcare is approximately $172 billion, which is six times that of SA's (WHO, 2017). While SA had the luxury of assessing the initial impact and responses by various other countries, it was not something SA had a contingency plan for, nor was SA's healthcare system capable of dealing with an influx of patients. Of course, the severity of the crisis in Italy revealed that COVID-19 substantially threatened human health and economic wellbeing.

The first confirmed SA COVID-19 case was reported on 5 March 2020. Ten days later, President Cyril Ramaphosa broadcast a nationwide address on COVID-19. Besides official events, this was very unusual for SA. A website was also set up to centralise information dissemination about the crisis and responses (sacoronavirus.co.za). Between 7 and 27 March 2020, the government reached out to many bodies, organisations and sectors to discuss the way forward (including water affairs, labour,

mining and education). The relatively speedy and coordinated response enhanced the SA government's legitimacy, and organisations such as WHO applauded SA's response to the pandemic (Ryan, 2020). This acknowledgement helped impart faith in the government's ability to deal with the crisis. This faith is crucial to govern during large-scale crises, and is especially vital in SA, which has not experienced significant crises in recent times (McConnell, 2003).

Within ten days of the first confirmed COVID-19 case in SA, the President invoked his disaster management powers, and five days later announced a complete national lockdown (SA Government, 2020). Internationally, countries like the United States of America (USA) and Switzerland have implemented a staggered approach to a lockdown, with the cancellation of events and the implementation of social distancing measures, mainly to preserve the economy. SA adopted a "rip off the band-aid" approach, and implemented severe restrictions from day one of the lockdown. In addition, it revoked visas, instituted travel bans and closed 35 of SA's 53 land ports. High-risk countries such as Italy, Iran, South Korea, Spain, Germany, the United States, the United Kingdom and China were included in the initial ban. India and Thailand adopted a similar approach. This hardline attitude was a prelude to the SA government's overall response, with President Ramaphosa stating that COVID-19 "calls for an extraordinary response; there can be no half measures" (Ramaphosa, 2020). Moreover, the President indicated that the government's priority is the health of South Africans, a commendable stance but one that SA may not be able to afford. The government implemented a strategy focused on four factors: preparation, primary detection, lockdown and enhanced surveillance. At the time, the strategy was applauded internationally, and the WHO declared that the rest of the world could learn from SA (Ryan, 2020). The overall response has been drastic and devastating. SA's strategy resulted in over 100 days (and counting) of lockdown restrictions, which may prove to be devastating from both economic and social perspectives. While achieving a delay in the spread of COVID-19, the already depressed economy has been brought to a standstill. The pandemic has also exposed, and may be aggravating, the country's high levels of inequality among races and genders. From a social perspective, many SA citizens have been unable to earn an income as businesses have been forced to cease operations. Job losses have affected low-income workers the most. The

lockdown also saw a rise in the abuse of women and children (Ramaphosa, 2020), which has received international coverage (Abebayo, 2020).

3.2.2 Social and Economic Disparities

Many sectors remained unable to operate; some who were operating had to close businesses permanently, while others operated under costly restrictions with regulations putting the onus on employers to provide personal protective equipment for all employees (and even school pupils) (Cooney, 2020). The government initially banned the sale of both cigarettes and alcohol, which has fueled despair, protests, and crime, such as break-ins to obtain tobacco and alcohol (Mboweni, 2020). The alcohol ban was temporarily lifted but reinstated after increased infections and domestic violence. These products represented a significant source of tax revenue, which was now forfeited. The lockdown had, and continued to, reduce tax revenue primarily due to the following: no excise duties or VAT on tobacco products were collected since the beginning of lockdown; reduced wages resulted in reduced personal income tax collection due to reduced hours and retrenchments; a reduction in customs duty due to reduced imports; reduced VAT collections and decreased company's tax because of reduced operations, and reduced fuel levies due to a drastic reduction in travel (McConnell, 2003).

South African Revenue Service (SARS) Commissioner Edward Kieswetter estimated a shortfall in collections at around R285 billion. The shortfall further strained SA's budget presented in February 2020. The strain on the fiscus has been exacerbated due to SA's economy's heavy reliance on the manufacturing and mining sectors, which have reduced productivity and negative growth during this period (Maroun & Cerbone, 2020; South African Market Insights, 2020). The finance minister also foreshadowed a possible sovereign debt crisis in 2024. Consequently, a reduction in government spending would be required. The Supplementary Budget Review (SBR) was published on 24 June 2020, which proposes to stabilise debt by implementing zero-based budgeting principles and reducing the public sector wage bill, leading to an expected peak in debt to GDP ratio of 87% in 2023/2024 (Mboweni, 2020). After declaring a national state of disaster, SA had access to up to R35 billion in emergency relief from the National Treasury Fund (SA Government, 1999, Section 16(2); Mboweni, 2020).

Funds were made available to “capacitate the sectors dealing with the national response” to COVID-19 first (Ramaphosa, 2020). This response included acquiring 60 new mobile testing units, establishing 180 testing sites and 320 testing units, and deploying 28,000 community healthcare workers nationwide (Department of Health, 2020b; Mafuma, 2020). With SA’s first confirmed COVID-19 case reported on 5 March 2020, there was relatively little time to engage broadly within government and outside organisations. However, an R500 billion social support and economic relief fund was announced on 21 April and, at approximately 10% of SA’s GDP, is a substantial response (Ramaphosa, 2020). The package will be partly funded by borrowing from the World Bank and the International Monetary Fund (IMF), even though this contradicts the government’s stance in April 2020 that no such borrowing will take place to “safeguard South Africa’s democratic national sovereignty” (Cooney, 2020).

3.3 The Devastating Effects of COVID-19 on the Livelihoods of South African Citizens

The COVID-19 pandemic has brought economic crisis in South Africa. The country's economy was already grappling with challenges before the pandemic, but its impact has been devastating. The lockdowns and restrictions imposed by the government have led to a decline in production and consumption, which has had ripple effects on businesses, job and incomes (Kollamparambil & Oyenubi, 2021). Schotte and Zizzamia (2021) note that the pandemic has deepened the economic vulnerability that preceded this crisis in urban South Africa. For instance, job losses are one of the most visible consequences of this economic downturn.

Kalidus and Rajagopaul (2020) also state that many companies have closed down due to reduced demand or operational difficulties caused by safety protocols. Some sectors, like tourism, have been particularly hard hit since they rely heavily on international visitors who cannot travel due to restrictions. The decrease in income for citizens exacerbates these issues as people need their regular salaries to make ends meet. Moreover, small business owners have also suffered greatly from this situation since they often lack reserves or financial support needed to survive during tough times like these (Tolonen, 2020). Therefore policy makers must come up with measures aimed at reviving these businesses so that employment can be created anew while ensuring sustainability in the future. In conclusion, Olaniran and Ilesanmi (2022) posit that there is no doubt that COVID-19 severely impacted South Africa’s

economy, leading to job losses, business closures and reduced income for its citizens. It is crucial now more than ever before that transformative policies are put into place for small businesses as well as ways of alleviating poverty levels currently experienced by our fellow citizens despite consistent efforts being made towards recovery plans such as vaccination drives, etc. (Schotte & Zizzamia, 2021).

The COVID-19 pandemic has significantly impacted South Africa's vulnerable populations, particularly the poor and informal workers (Schotte & Zizzamia, 2021). The pandemic has caused widespread job losses and economic instability, exacerbating existing inequalities in the country. As Asmal and Rooney (2021) note, "Industries without smokestacks in South Africa have been significantly impacted by the COVID-19 pandemic." This includes industries such as tourism, small-scale manufacturing, and services that rely heavily on face-to-face interactions. For many people working in these industries, which are often part of the informal economy, losing their jobs can mean losing their only source of income. The situation is particularly dire for those living in poverty-stricken areas with limited access to basic necessities like food and water (Shipalana & Prinsloo, 2020). With unemployment rates at an all-time high due to COVID-19 restrictions imposed across the country since March 2020, many families struggle to put food on the table daily (Olaniran & Ilesanmi, 2022). Moreover, this crisis disproportionately affects women who work mainly in low-skilled sectors with limited labour protections (Tolonen, 2020). It is clear that urgent action needs to be taken by government officials to mitigate the socio-economic impacts of COVID-19 on vulnerable populations across South Africa. Effective policies should focus not only on providing immediate relief but also on creating long-term solutions that promote sustainable growth (Jefferson & Katz, 2020).

The well-being of South African citizens has been greatly affected by the COVID-19 pandemic, resulting in an increase in infections and fatalities (Mbunge, 2020). This has caused heightened concern among the populace and has put extra pressure on the healthcare system. Moreover, the pandemic has not only impacted physical health, but has also had negative effects on women's customary land rights and livelihoods in Southern Africa (Mususa, et al., 2020). This resource explains how lockdown measures have hindered women's access to their usual sources of income, like farming and small businesses. Consequently, the closure of schools due to lockdown

restrictions has impacted children's access to essential nutrition programmes previously provided through school feeding schemes (Mususa et al., 2020). Therefore, effective strategies must be implemented immediately to address the physical health concerns brought about by the pandemic and its socio-economic implications. To sum up, the COVID-19 pandemic has disrupted different aspects of South African life and negatively impacted various sectors, including education and the economy (Kalidius & Rajagopaul, 2020). Hence, all stakeholders must take immediate action to tackle this situation.

The country had a shortage of medical supplies and staff, which further aggravated the situation. According to Moonasar et al. (2021), both centralised and decentralised Incident Management Teams (IMTs) were established to strengthen command and control in response to the crisis. Despite this effort, the healthcare system faced significant difficulties due to the scale of the outbreak, with hospitals struggling to accommodate patients, and health workers being overwhelmed (Mbunge, 2020). One major challenge was shortages in essential medical supplies such as personal protective equipment (PPE). Moonasar et al. (2021) highlight that IMTs played a crucial role in coordinating resource allocation, including PPE distribution. However, it is evident that demand often exceeded supply as many frontline workers continued working without adequate PPE protection.

Another issue confronting South Africa's healthcare system during the pandemic was staffing shortages due to high infection rates among healthcare professionals. Moonasar et al. (2021) noted that some provinces utilised retired or inexperienced personnel in response, but this solution proved insufficient given how widespread infections became across communities (Gronbach et al., 2022). In conclusion, despite efforts made through centralisation and decentralisation of IMTs, South Africa's healthcare system struggled greatly during the pandemic due primarily to a lack of resources for those on the frontlines fighting against COVID-19 infections within communities throughout all areas nationwide (Moonasar et al., 2021).

Moreover, the closure of schools and universities has left many students with limited learning opportunities and uncertain futures. The impact of these closures on students' academic progress cannot be overstated, as they are now left without adequate access to educational resources (Attah & Nantogmah, 2022). These closures have hit

disadvantaged communities particularly hard since many learners do not have access to online learning tools or even basic amenities such as electricity and internet connectivity at home.

As a result of the ongoing pandemic-related challenges faced by the South African education system, there is a growing concern that this disruption will widen existing disparities between different socio-economic groups (Schotte & Zizzamia, 2021). While some schools were able to adapt quickly by implementing virtual classrooms and other digital solutions, most needed to be equipped for remote teaching due to inadequate infrastructure support (Attah & Nantogmah, 2022). The adoption of these new technologies has also highlighted issues regarding unequal access among educators themselves. It is, therefore, critical that measures are put in place to mitigate the negative effects of school closures on vulnerable learners. This can include investments in digital infrastructure so that all students can continue learning remotely regardless of their location or income level. Additionally, innovative approaches should be considered, such as community-based initiatives using local knowledge resources alongside technology-assisted tools like mobile devices, which could provide valuable support during periods where formal schooling is interrupted. Overall, it is important that we take proactive steps towards building a more resilient education system capable of responding effectively when crises arise while ensuring equitable access for all learners despite circumstances beyond their control (Attah & Nantogmah, 2022).

COVID-19 has posed an immense threat to the South African population, with a high number of cases reported across the country (Olanrian & Ilesanmi, 2022). Government policies and public health measures implemented have been significant in mitigating the spread of COVID-19. These measures include social distancing, lockdowns and wearing masks, among others. According to Kollamparambil and Oyenubi (2021), preventive behaviour is evolving over time, with face mask usage overtaking handwashing as the most utilised preventive measure. This highlights how effective government intervention can promote behavioural change, leading to better outcomes. Moreover, South Africa's approach has shifted from containment strategies towards mitigation strategies aimed at reducing transmission rates while maintaining economic activity levels (Pillay-van Wyk et al., 2020). However, this has not been without challenges due to a lack of compliance from sections of society. Despite these challenges, South Africa's proactive response through implementing strict health

protocols like travel bans and enforcing mandatory quarantine periods for those who test positive or come into contact with infected persons shows that such policies are critical in slowing down infection rates (Cummings et al., 2019). It is evident that government policies and public health interventions play a crucial role in curbing the spread of COVID-19 within communities. While there may be some resistance initially due to scepticism about their effectiveness or inconvenience caused by compliance requirements, these interventions are necessary for protecting lives during pandemics such as COVID-19 (Pillay-van Wyk et al., 2020).

3.4 Social Impacts of COVID-19 in South Africa

The COVID-19 pandemic has profoundly impacted South Africa's society, and its consequences have been felt most acutely by the country's most vulnerable communities. According to Asmal and Rooney (2021), the pandemic has exacerbated inequality and exposed the vulnerability of South Africa's social safety net, with the most disadvantaged communities bearing the brunt of the impact. The country was already facing high levels of poverty and unemployment before the pandemic hit, but COVID-19 made things even worse for those who were already struggling to make ends meet. What makes matters worse is that these communities are often located in areas that lack access to basic services such as healthcare and sanitation facilities, making them more susceptible to contracting diseases like COVID-19 (Arndt et al., 2020). The government’s response was insufficient to address their needs; lockdown measures had a disproportionate economic effect on small businesses, contributing to further job losses. This highlights how inequality perpetuates itself throughout different sectors of society, causing various complications, including health disparities. As we move forward from this crisis situation, it is crucial that policymakers focus their attention on addressing these inequalities head-on through inclusive policies rather than relying solely on traditional approaches. While there may be no easy solutions, acknowledging this problem will go some way towards finding long-term remedies for future pandemics or crises while ensuring social justice prevails, irrespective of socio-economic status (Jefferson & Katz, 2020).

The COVID-19 pandemic has left an indelible impact on the education system, with lockdown measures serving as a catalyst for existing challenges in schooling. According to Olaniran and Ilesanmi (2021), "the lockdown measures have disrupted education and exacerbated existing challenges in the schooling system, particularly

for students from low-income backgrounds." This disruption has been felt worldwide, especially in South Africa where socio-economic activities have been hit harder than other nations within the SADC region (Olaniran & Ilesanmi, 2021). The pandemic has highlighted inequalities that exist within the education sector and further widened the gap between privileged students who can adapt better to online learning platforms and those from underprivileged backgrounds who lack access to necessary resources. These disparities are more pronounced among developing countries where only a small percentage of households own personal computers or internet-enabled devices. As we move forward from this crisis, it is important that stakeholders work towards bridging these gaps by providing equal opportunities for all learners regardless of their socio-economic background (de Bruin et al., 2020).

The majority of South Africans experienced the psychological trauma caused by the lockdown and movement restrictions. Normal routines were severely disrupted; people were not allowed to visit friends or family, nor were they permitted to attend churches (de Bruin et al., 2020). South African borders were closed; curfews were enforced; schools and universities were closed; and the country was placed on a war footing, with citizens being kept in the dark about the deadly virus. The Minister of Health, Dr Zweli, kept the public informed about the daily death toll rates related to the coronavirus (Olaniran & Ilesanmi, 2021).

3.4.1 Increased gender-based violence (GBV)

Mbunge (2020) reported increased GBV cases during the COVID-19 lockdown, directed primarily at women. Evidence of this was the thousands of (120,000) calls the South African National Helpline received from victims within a spate of three weeks. Some perpetrators of this violence happened to be breadwinners in families. For this reason, victims either found it difficult to report to the police or alternatively kept silent.

Measures to deal with GBV and related mental health and substance abuse problems must be enforced. Programmes to assist them (victims) must be accessible as part of essential services and political support (de Bruin et al., 2020).

Gender-based violence has become part of the society and more and more violent over the years. In one incident that was reported in June 2020, a 28-year-old pregnant woman named Tshegofatso Pule from Soweto was stabbed and hung on a tree by unknown killers. Her body was found in a veld in Durban Deep Roodepoort. At the

time of her death, she was eight months pregnant. A suspect named Mzikayise Mlephane, 31 years of age, was arrested and charged for the murder of the woman. Gender-based violence is very high in South Africa, and women have become an endangered species, living daily in fear of men. During the lockdown, women were harassed, physically assaulted, raped and murdered, sometimes by their loved ones and at other times by strangers. It was widely reported that the South African Police Service received about 87,000 gender-based violence calls during the first week of the lockdown. This information was divulged to the public by Police Minister Bheki Cele (A Policy Framework for Tackling the Economic and Social Impact of the COVID-19 Crisis, 2020).

Gender-based violence (GBV) is a profound and widespread problem in South Africa, impacting almost every aspect of life. GBV, which mostly affects women and girls, is systemic and deeply entrenched in institutions, cultures and traditions in South Africa (Mlambo, 2020). It occurs because of normative role expectations and unequal power relationships between genders in society. GBV can be physical, sexual, emotional, financial, or structural, and it can also be perpetrated by intimate partners, acquaintances, strangers, and institutions (Ramaphosa, 2020). The killing of women by men needs to stop in South Africa. Men who are found guilty of killing a woman must receive the harshest possible sentence to deter other men from taking the life of a woman. It is a despicable crime that all citizens must fight against. In South Africa, too many women's lives have been cut short by shameful and callous men. The apartheid successive regime left a generation of very angry men who sometimes use violence as a way of expressing their psychological experiences. Men need to be informed and educated that all conflicts must not end in violence, and encouraged to resolve their differences via non–violence, peaceful and mediation processes (Mlambo, 2020).

3.4.2 Online teaching and learning

The Disaster Management Act of 2020, Section 6: Closure of Schools and Partial Care Facilities states that schools and partial care facilities had to close from 18 March 2020 to 30 April 2020, with the cabinet member in charge having the authority to extend this period. Students decided to extend their study schedules to make up for the lost contact sessions, which could last anywhere from 6-7 months. Each school developed

a practical working plan to save the academic year (The Disaster Management Act, 2002). In South Africa, all schools were closed, and students had to adjust to the new normal. A few educational institutions implemented virtual learning environments to mitigate the impact of absentee teachings.

Tertiary institutions have embraced online education or blended learning models. The latter means that part of their education is conducted online and through other traditional methods (Faraj, 2020). Through the online method, they are required to make study materials for online classes for postgraduate students. They must develop innovative and flexible ways to offer theory and practical components and find alternative forms of formative and summative assessment. Teachers had to upskill and familiarise themselves quickly with online learning platforms, including increased administration (Hedding, 2020). Remote learning brought a lot of challenges, including the provision of personal computers and data for each participant. This is in a country where a large percentage of students depend mostly on the government for financial assistance to make ends meet and where data costs are high. Connectivity in many parts is unreliable or simply not available at all (Motala & Menon, 2020). One way of meeting these challenges was for institutions to negotiate with telecommunication corporations to provide affordable devices and data to them and their clients. This, however, came at a cost since many had little or no financial means to negotiate freely. Others even resorted to appealing for donations of both funds and personal computers (Monama, 2020).

The emergence of the COVID-19 pandemic also led to many tertiary institutions across the country to go into early recess; students had to adapt to this “new normal” and online learning has since become the norm. Laptops and data had to be obtained quickly for everyone. Crash courses and other related training were soon implemented and other forms of learning and teaching developed. During a briefing in June 2020, the SA Minister for Higher Education, Dr Blade Nzimande, announced that the government had decided to procure new learning tools for all deserving students. He also announced that it was important to salvage the 2020 academic year by developing and implementing effective multi-model remote learning systems (digital, analogue and physical delivery of learning material). He further said that the government will assist students by securing a universal access deal with the major

mobile network operators for data and connectivity to support remote learning. Those noble announcements notwithstanding, only a handful across the land have received that support (Shoba, 2020). Many universities have expressed grave concern at the slow progress in delivering the promised learning tools and support. Functionally, those delays had disadvantaged students in many ways, thus negatively affecting their academic performance (Shoba, 2020). Nearly a year after the said Ministerial announcement, NSFAS beneficiaries still had to receive the promised learning support. The promise by the newly appointed NSFAS Chief Executive, Andile Nongogo, has also not materialised (Macupe, 2021).

Baran (2020) is of the view that online teaching requires planning, understanding of curriculum demands and assessing strategies for teaching and learning. What are the pedagogical implications of this rapid shift to remote teaching and learning, particularly regarding the gap between academics and students? An imperative in universities was to reduce the distance between the intent and the realities of remote teaching and learning. In ensuring that the academic programme was not disrupted, aspects of synchronous (existing or occurring at the same time) and asynchronous (not existing or occurring at the same time) delivery had to be exploited to the advantage of the students (Motala & Menon, 2020). The mantra was that remote teaching was to remain student-centred. This brought with it the complexities associated with the remote learning mode specific to faculties and disciplines. Disciplinary divides began to surface with the realisation that ‘one size does not fit all.’ Practical work-integrated learning and laboratory work remained a concern. Innovative practices like online simulations were some examples of closing the gap. Assessment became a significant challenge, and academic regulations were changed to emphasise continuous formative assessment (Motala & Menon, 2020). In SA, online teaching and learning were challenging to implement in most higher learning institutions. The underlying reason being factors like data coverage. Significant material differences between universities and their resource levels became evident. Digital inequality is one aspect of this (Motala & Menon, 2020).

3.4.3 Scheduling Safety: The Strategy behind Curfew Implementation

According to the Disaster Management Act, 2002 section 11B, the National Executive Committee imposed restriction on the movement of persons, goods and services to

prevent or mitigate the impacts of the COVID-19 pandemic. During South Africa's lockdown period, strict regulations were enforced. Every person was required to stay at their place of residence unless performing an essential service, obtaining an essential good or service, collecting a social grant or pension, seeking emergency, life-saving, or chronic medical attention. Additionally, all gatherings, as defined in Regulation 1 were prohibited, except for a funeral as specified in sub-regulations. Movement between provinces and metropolitan/ district areas was restricted, except for essential workers traveling to and from work. Despite these measure, transporting essential goods, such as consumable food posed significant challenges in supplying consumers (Disaster Management Act, 2002. No 57 of 2002).

The long, unusual queues that were in big supermarkets such as Makro, Pick & Pay, Checkers, Spar and Shoprite were very challenging, especially in bad weather conditions. In some instances, when you are lucky enough to enter the retail outlet, some items were out of stock due to too many customers purchasing fewer goods. This means that you are faced with the predicament of either returning home or moving to another shop and rejoining another queue. In some shops, it took about 2–3 hours to get in the queue. One can safely say that there was rationing of food supply as no one knew for how long the pandemic was going to last. Some farmers had to close their farms down to control the spread of the virus by requesting their farmworkers to vacate their farms as they could no longer pay them their wages during the lockdown (The Disaster Management Act, 2002). This automatically affected the massive food production lines. To alleviate the hardships of farmworkers and unemployed citizens, the South African government introduced a monthly stipend of R350 called Social Relief Distress Grant for all unemployed citizens during the lockdown period. Many undocumented migrants became destitute in the streets of Pretoria, Johannesburg, and Durban. Partly due to their survival, which depended on the street begging as a sole source of sustenance for labouring work, many homeless individuals faced a vicious cycle of poverty and exploitation. South Africans were more concerned about how and where they were going to feed their families than hiring labourers to work for them. The job losses on the news created an atmosphere of anxiety not knowing how safe jobs were (The Disaster Management Act, 2002).

3.4.4 Nutrition in the Time of Pandemic: Ensuring Food Security for all

Around 70% of households in South Africa's poorer neighborhoods get some food from the informal sector. This is because these businesses, both here and abroad, make food accessible by selling it close to where people live and work, offering the convenience of long operating hours, selling in flexible quantities that respond to what people can afford, and lowering food prices. The coronavirus has affected agriculture and food production throughout the world and is also exposing South Africa to an accelerated food-security threat, which requires action now from multiple players from the government to all involved in the food supply chain (South Africa, 2020). Between March and April, there was a 0.9% rise in food and non-alcoholic beverage sales. As a result, the annual rate reached 6.3%, the highest level since July 2017 (45 months ago). Parts of South Africa were suffering from a severe drought at the time. In April 2021, the food prices that were most affected by these categories were meat, dairy, eggs and cheese, as well as oils and fats. The annual inflation rate for beef increased from 6.7% in March to 7.1% in April. The rate was above 6.0% for the sixth straight month. Products with notable gains in April were stewing beef (12.1%) and IQF chicken pieces (6.3%). Tobacco and alcoholic beverage rates increased to 4.8% annually in March from 3.7% (Statistics South Africa).

3.4.5 Systemic Corruption Unpacking the Depths of Malfeasance

The government stimulus package of R500 billion into the economy provided a fine opportunity for greedy officials to dip their hands into the COVID-19 cookie jar. Both private and public sectors were reportedly involved in abusing the procurement of Personal Protective Equipment (PPE), resulting in the looting of billions of rands intended for saving lives. COVID-19 has exposed the extent and pervasive level of greed in South Africa. Government officials and politicians took advantage of an unfortunate pandemic period to enrich themselves from (tender) contracts awarded (Statistics South Africa). This corruption has resulted in billions of rands meant for saving lives being diverted into a personal bank account. An increasing worry about South Africa's levels of corruption was noted in Corruption Watch's Analysis of Corruption Trends (ACT) report 2020. The study also demonstrated how strongly South Africans still want to see the dishonesty exposed and penalties sought. More than 2000 individuals voluntarily chose to come forward as whistleblowers. Bribery of public servants was ranked 31% among these complaints (Corruption Watch, 2020).

Scandals in municipalities were publicised that elected politicians had embezzled and misappropriated approximately 400 million rands from the eThekwini Municipality in Durban (Rall, et al., 2021). In another report in Gauteng province, nearly 40 million rands held in different bank accounts were involved in supply (Tilsley, 2020). The COVID-19 pandemic atmosphere of dread and worry gave state robbers the freedom to do their profession without consequence. Corruption worsens inequality by separating communities into those who can afford to flout the law and those who cannot. It also erodes public confidence and undercuts public health efforts to prevent the deadly coronavirus (Tilsley, 2020).

3.4.6 Increased social unrests

Travel restrictions brought forth by the national lockdown exacerbated poverty in many parts of the country. Loss of employment and income is a psychological blow with knock-on effects on entire households and families. This led to several instances of social unrest, which further compounded and compromised efforts to eliminate the pandemic (Shipalana, 2020).

An assembly of more than 50 people at a location where alcohol was sold and consumed was prohibited to stop the spread of COVID-19. If an enforcement officer were to find evidence of a gathering, they must order those in attendance to leave immediately. If they do not, they may be arrested and detained in accordance with the Criminal Procedure Act. Several residents persisted in disobeying the government's restricted orders, which resulted in their apprehension by law enforcement (President Ramaphosa, 2020).

3.4.7 COVID-19 and Individual Lifestyle Changes

Many people became confined to their homes due to the strict lockdown regulations. Physically and mentally, this changed their lifestyles tremendously. In some individuals, there were weight gain results, while in others, a variety of disease-related complications arose. Limited movement and access to gym facilities restricted outdoor and open space physical exercises (Cummings et al., 2010). Health risks like obesity, hypertension, cardiorespiratory and mental health disorders became common place (Mbunge, 2020). This calls on policymakers to balance strategies for fighting the pandemic, especially its health effects, against the economic costs it imposes on

communities, particularly on low-income and food-insecure households (de Bruin et al., 2020).

3.5 The Ripple Effects of COVID-19 on South Africa's Economy

The COVID-19 pandemic has had far-reaching economic impacts in South Africa and globally. The virus brought unprecedented challenges that affected both developed and developing economies. In South Africa, it caused significant disruptions to the economy and society as a whole, with widespread job losses, business closures, and supply chain disruptions. Despite these challenges, the government's stimulus packages, and relief measures helped mitigate some of the economic impacts of COVID-19. However, more needs to be done to ensure a sustained recovery.

An essential component of South Africa's economy is the travel and hotel sector. Ten million or so tourists visited South Africa alone in 2019. In total, they spent R27 billion staying in at least 63,000 hotels that were open to them. Approximately 1.55 million employment were generated by the tourism sector. The epidemic was said to have claimed the lives of around 600,000 (South African Tourism). In the second quarter of 2020, South Africa's GDP fell by 51% due to a significant decline in tourism. The country's National Treasury had projected that there may be up to 7 million job losses out of a total official workforce of just 10 million (Strauss & Isaacs, 2020). Since borders and regular international travel are closed in South Africa, losses amounting to approximately R336 billion were also incurred in 2018, with tourism being the second-largest source of foreign exchange earnings after mining (South African Tourism).

The COVID-19 pandemic has had a profound effect on economies across the globe, but few countries have been hit as hard as South Africa. As the virus continues to ravage communities and businesses alike, industries without smokestacks are among those that have suffered most significantly. According to Asmal and Rooney (2021), these industries have faced a severe impact due to the pandemic, which in turn has contributed to a sharp decline in South Africa's Gross Domestic Product (GDP). The unemployment rate is also rising rapidly as companies struggle to keep their doors open amidst ongoing restrictions. What makes this situation particularly challenging is that it disproportionately affects vulnerable populations such as low-income earners and women. For instance, many small business owners who rely on daily income from informal trading cannot afford the luxury of shutting down for extended periods. They

must continue working despite health risks or be left with no means of survival. It is evident that COVID-19 has adversely affected the South African economy, leading to plummeting GDP rates and mounting job losses across various sectors of society. As we move forward towards economic recovery post-pandemic, policymakers need to prioritise investment in measures geared towards helping vulnerable groups survive financially while ensuring their safety during an unprecedented public health crisis (Asmal & Rooney, 2021).

The impact of the pandemic on the tourism industry has been devastating, with loss of billions of dollars in revenue. The COVID-19 outbreak has caused a significant decline in travel and forced many businesses to close their doors permanently. According to Olaniran and Ilesanmi (2021), the economic consequences of this downturn are far-reaching, affecting not only the tourism sector but also other industries such as manufacturing, employment generation, and foreign direct investment. South Africa is one country that has been particularly hard hit by the effects of the pandemic on the economy. In fact, according to Olaniran and Ilesanmi (2021), South Africa's socio-economic activities have suffered more severe disruptions than other nations within the SADC region due to COVID-19-related impacts. As a result of decreased tourist traffic, hotel occupancy rates have plummeted, resulting in thousands being laid off from work across various hospitality sectors, including hotels, restaurants and bars. It is clear that overcoming these challenges will require innovative solutions from industry leaders and government officials alike. The recovery process for businesses in this sector will be long-lasting; however, concerted efforts can help mitigate these losses over time. One way forward may involve investments in digital platforms for selling experiences online, which could lead towards an increase in domestic demand while reducing reliance on international travellers who are currently unable or unwilling to visit destinations abroad during these uncertain times.

The COVID-19 pandemic has had a profound impact on the global economy. In response to this, several governments have implemented stimulus packages and relief measures to support individuals and businesses affected by the crisis. While these efforts have helped mitigate some of the economic impacts of COVID-19, there is still much work that needs to be done to ensure a sustained recovery. According to Arndt et al., "more needs to be done to ensure a sustained recovery" (2020). The lockdown measures implemented by the South African government resulted in a decline of about

5 per cent in GDP by the end of 2020 under the 'Quick' recovery scenario. Although stimulus packages were put into place, they may not be enough given this significant decrease in GDP. Furthermore, while some sectors have been able to adapt and even thrive during these trying times, others continue facing uncertainty and instability due to prolonged closures or limitations imposed upon them for public health reasons. Therefore, it is important for governments worldwide not only to provide immediate financial assistance, but also to focus on long-term strategies aimed at restructuring those severely affected sectors and fostering conditions for new ones to emerge from such change. While governmental interventions have provided critical relief amidst economic downturns caused by COVID-19 restrictions, we need more persistent efforts towards sustainable recovery so that economies around the world will continue growing even after vaccinations are widely available (Arndtl et al., 2020).

3.5.1 COVID-19 and Small Business

The ongoing COVID-19 pandemic is causing untold human suffering across the country and has made an indelible impact on the business sector, especially on small and medium enterprises (SMEs). According to Kalidas, Magwentshu and Rajagopaul (2020), these businesses play a significant role in the economy and employ a large percentage of the country's workforce. Typically, SMEs have limited cash reserves, a smaller client base and less capacity to manage commercial pressures than larger companies. COVID-19 lockdowns put enormous pressure on their operations and led to a precipitous fall in their revenue. The worst affected among SMEs was the services sector, including private accounting and legal firms, tourism, hospitality and retail. According to Kalidas, Magwentshu and Rajagopaul (2020), a great majority of them could not operate during the 21-day lockdown, and their activities continued to be curtailed under level 3 and 4 restrictions. This resulted in a massive decline in their revenue and profitability. A study by Berry et al. (2020) has revealed that these developments will not allow SMEs to fulfil the touted role of growing the SA economy, though the Department of Small Business Development set up an SME Support Intervention to help owners who are struggling to survive. Even though business support organisations like the South Africa Small Business Institute have warned that the outbreak could cripple SMEs, many have not received funding (Lulale & News, 2020).

Mbunge (2020) has argued that the closure of borders, a sharp decline in both share and commodity prices as well as a dramatic scaling down of human and industrial activities during COVID-19 lockdown have led to an economic meltdown in SA and globally. China, the major supplier of inputs for manufacturing and production industries, stopped shipping goods, which tremendously affected business operations in SA as well. Several sectors of the economy were disrupted, inflicting high costs and a high future inflation outlook (Mbunge, 2020).

3.5.2 Rampant unemployment

A survey by Statistics South Africa (Stats SA) on 20 May 2020 revealed that 8.1% of workers lost their jobs because of the COVID-19 outbreak. According to the survey, SA had an unemployment rate of nearly 40%, and those lucky enough to have work, 54% earn below the working-poor line of R4125, 00 a month (Donnelly, 2020). This rampant unemployment arose from a number of variables, among them, the impact of COVID-19 on informal traders.

The COVID-19 pandemic has unleashed a devastating wave of unemployment in South Africa, pushing the country's already fragile economy to the brink (Burger & Christian, 2020). As the virus spread, businesses shut down and the entire industries came to a grinding halt, leaving millions of workers without a steady income. The country's unemployment rate skyrocketed to a staggering 34.5% in the second quarter of 2020, with over 2, 2 million jobs lost in just six months (Stats SA, 2020). The informal sector, which accounts for a significant portion of South Africa, was particularly hard hit, with employment declining by a staggering 44.9% (ILO, 2020). Young people, women and marginalised communities bore the brunt of the crisis, with youth unemployment soaring to a heart-wrenching 74.5%. As the pandemic continued to ravage the economy, South Africa faced a daunting challenge of addressing the rampant unemployment that threatened to undermine its social fabric and economic stability (Stats SA, 2020).

3.5.3 COVID-19 and informal traders

COVID-19 rules and obligations applied to every business in SA without exception. Informal street traders were obligated under the 2002 Disaster Management Act to obtain special permits to operate. Since government communication about these permits was confusing, many informal traders were left in the lurch. Some law

enforcement officials, either because of a lack of information or just out of sheer malice, took advantage to extort bribes or close businesses down when owners could not pay them (Sizani, 2020). With these traders out of business, many people suffered. Transport costs went up as they were forced to travel longer distances to buy food. At the same time, doing so helped undermine the lockdown as people faced greater risks of contracting COVID-19 on public transport and from queueing in open supermarkets (Sizani, 2020). When conducting his/her study, Sizani (2020) mentioned how some Johannesburg township residents related to him/her and how there were no street traders left operating, and 80% of the local spaza shops had not managed to get permits to operate. About 250 000 people had to use public transport to get to the two open supermarkets in the area. Social distancing protocols were also not followed since those supermarkets had too many buyers. If assisted, informal traders can create a reasonably safe environment (Sizani, 2020).

Although they were under COVID-19 restrictions, traders had to introduce a wide range of new hygiene measures, and their businesses still became one of the main sites of transmission in the country (Evans & Kassen, 2020). What is needed is investment in supportive infrastructure on an urgent and longer-term basis as part of efforts to ensure food security and more equitable local economic and social development. Changes are also needed for small-scale food traders aimed at ensuring that fresh produce is available within walking distance of all people's homes. There are examples of regulations that do this, such as the "crawling peg" town planning policy implemented in Nanjing, China, that reserves space for public markets and small-scale local fresh produce (Zhong et al., 2020).

Politicians embrace a modernisation paradigm that views corporate-owned supermarkets and their supply chains as more desirable and hygienic, a view enhanced by enormous spending on advertising and lobbying by those very corporations (Zhong et al., 2020).

3.5.4 Prohibition on the sale of Alcoholic beverages and Tobacco products

According to section 8 of The Disaster Management Act of 2002, the limitation on the sale, dispensing or transportation of liquor, all on-consumption premises selling liquor, including taverns, restaurants and clubs, must be closed with immediate effect or must accommodate no more than 50 persons at any time, provided that adequate space is

available and that all directions in respect of hygienic conditions and limitations of exposure to persons with COVID-19 are adhered to. All premises selling liquor that provide accommodation must implement measures to stop the spread of COVID-19, provided that adequate space is available and that all directions in respect of hygienic conditions and limitation of exposure to persons with COVID-19 are adhered to. The sale of both cigarettes and alcohol continued in the black market during the entire lockdown period. Tobacco manufacturers took their matter to court, challenging the lockdown regulation of the government (The Disaster Management Act, 2002).

3.6 COVID-19 Relief Measures in South Africa

The COVID-19 pandemic has created unprecedented challenges around the world, and South Africa is no exception (Kallamparambil & Oyenubi, 2021). As a result, the government has implemented various relief measures to address its impact. From providing financial support to small businesses to launching social grant programmes for vulnerable groups, these measures aim to mitigate the socio-economic effects of the pandemic. However, while these efforts are commendable, they may not be sufficient on their own. International aid plays a crucial role in complementing South Africa's COVID-19 relief efforts. The country relies heavily on external funding and support from international organisations such as the United Nations Development Programme (UNDP) and the World Health Organization (WHO). These organisations provide resources that enhance local capacity for addressing healthcare challenges and promoting economic development (Noyoo & Ndangwa, 2021).

The COVID-19 pandemic has had a devastating impact on communities across the globe, particularly in South Africa (Schotte & Zizzamia, 2021). In response to this crisis, government grants have played a vital role in providing relief measures to vulnerable populations. As Noyoo and Ndangwa (2021) state, "The South African government had to quickly adapt its social policy regime to respond to the COVID-19 pandemic, especially in providing relief measures to vulnerable communities". These grants have been instrumental in mitigating the economic effects of the pandemic on low-income households and small businesses. However, while these grants are crucial for immediate relief efforts, it is also important that they form part of a larger strategy aimed at addressing systemic inequalities within society (Kollamparambil & Oyenubi, 2021). By focusing on long-term solutions such as investment in education and healthcare infrastructure, governments can create more resilient communities capable

of withstanding future crises. Moreover, such investments could help address some of the root causes that make certain groups more vulnerable during pandemics like COVID-19; we need more comprehensive approaches towards tackling issues related not only limited but beyond the COVID-19 Pandemic, which include policies targeting areas such as education, healthcare etc. Grant programmes should be seen as just one aspect of an overarching plan designed to uplift disadvantaged members of society by creating opportunities for them (Noyoo & Ndangwa, 2021).

The impact of COVID-19 on small businesses in South Africa has been devastating. With the sudden closure of many businesses due to lockdown restrictions and the subsequent loss of income, many entrepreneurs have struggled to keep their enterprises afloat. To help them meet those challenges, the Small Enterprise Development Agency (SEDA) initiated a national programme designed to allow co-operatives and SMMEs to access funding more easily (NEF, 2020). However, relief measures implemented by the government have provided some respite for these struggling business owners. According to Gronbach et al. (2022), South Africa adopted a two-pronged approach that included existing social protection programmes and additional relief measures aimed at those most affected by the pandemic. Cash transfers were made available to vulnerable individuals, informal workers, and beneficiaries of existing grants, while formal sector workers received unemployment benefits. Despite the government's efforts to provide relief measures, it is crucial that sustained support is given to small businesses in South Africa. The effects of COVID-19 are far-reaching and will continue long after the pandemic has ended. Small businesses require continued financial assistance as they work towards rebuilding their enterprises and regaining lost ground post-COVID-19. One notable feature of COVID-19 relief measures was its use of digital technologies; this was an innovative way that helped reach over 30 million people with cash-based relief (Gronbach et al., 2022). It is clear that digital technology can play a significant role in ensuring the efficient implementation of aid initiatives, which could be leveraged even beyond pandemics or crisis situations. In conclusion, while COVID-19 relief interventions have provided much-needed support for small business owners in South Africa amidst unprecedented times like this, it is essential not only just to sustain but also to improve such policies, considering how critical entrepreneurship is for economic growth and

development; exploring more means through technology advancement can guarantee better outcomes than before (Gronbach, et al., 2022).

The COVID-19 pandemic has brought about unprecedented health and economic challenges for countries worldwide (Schotte & Zizzamia, 2021). South Africa, like many other nations, has been grappling with the impact of the virus on its citizens' socio-economic welfare. Despite the government's relief efforts to mitigate the pandemic's adverse effects, international aid support is crucial in complementing these measures. According to the Centre of Excellence in Financial Services (2020), the pandemic as a real-life stress test for the financial sector has impacted developing countries such as South Africa, which will experience significant funding gaps due to constrained fiscal budgets. Therefore, international aid can help bridge this gap and provide much-needed resources to those most affected by the crisis. International aid can play an essential role in supporting the government's efforts to mitigate the impacts of COVID-19 on vulnerable communities and individuals. For instance, it can fund projects aimed at providing food security or distributing personal protective equipment (PPE) across different regions within South Africa. Additionally, through partnerships with local organisations and businesses, international aid initiatives can create employment opportunities while simultaneously addressing social issues caused by the pandemic (Melber et al., 2020). International Aid is necessary for supplementing a country's domestic resources during crises such as pandemics where there is an urgent need for more comprehensive support systems than what national institutions could provide alone. “The burden must be shared financially if we hope not only to save lives but also protect our economies” (Centre of Excellence in Financial Services, 2020). By working together globally and prioritising solidarity over self-interests when allocating resources towards fighting this global outbreak callously affecting millions around us, as we navigate these challenging times, the world looks at our leaders to make pivotal decisions that will significantly influence the fate of their citizens, determining whether they thrive or struggle to survive (Gronbach et al., 2022).

3.7 Conclusion

In conclusion, the COVID-19 pandemic has had a profound impact on the livelihoods of South African citizens. With high levels of poverty and unemployment already present in many communities, the added strain of lockdown measures and economic downturns have only exacerbated these issues. The most vulnerable groups, including

women and children, informal sector workers, and those living in rural areas or townships have been hit especially hard. Education has also suffered greatly during this time. The closure of schools and universities has disrupted learning opportunities for students across the country. This will not only negatively affect their academic progress but could also hinder their future prospects by limiting their access to higher education or job opportunities. Despite these challenges, it is important to note that there have been positive developments as well.

Communities have come together to support one another through mutual aid initiatives or community-led responses to COVID-19 outbreaks. Additionally, increased attention from government officials and international organisations may help spur further action towards addressing long-standing issues such as poverty alleviation. As we move forward through this crisis, it is crucial that we remain vigilant in our efforts to support those who are most affected. We must continue working towards finding sustainable solutions that centre on equity and justice for all South Africans. In closing, then, it is clear that while much remains uncertain about what lies ahead for South Africa post-COVID-19 pandemic, with a continued focus on supporting education systems throughout all regions within its borders alongside a deep commitment from leadership at every level - there remains hope yet.

The following chapter will examine the measures implemented by BRICS to combat and arrest the spread of COVID-19.

CHAPTER 4: EXAMINING MEASURES IMPLEMENTED BY BRICS TO COMBAT AND ARREST THE SPREAD OF COVID-19

4.1 Introduction

The COVID-19 pandemic posed a significant challenge for nations across the globe (WHO, 2021). In response to the pandemic, BRICS (Brazil, Russia, India, China and South Africa) countries implemented measures which aided to combat the spread of the virus. Moreover, these countries account for over 40% of the world's population. According to the BRICS Secretary (2021), BRICS governments have adopted lockdowns and social distancing measures to save lives while lowering transmission rates. They have also increased healthcare facilities and supported research and development of vaccines and treatments (Lemus-Delgado, 2020). The collective response efforts in the face of this unprecedented crisis helped ensure that millions around the globe receive tested-and-proven medical care (WHO, 2021). It is important for BRICS nations to continue to collaborate in order to design effective strategies to prevent future disease outbreaks (Fonseca, 2020). The collaboration must focus on ensuring equitable distribution of resources, which will ensure that their collective response remains sustainable over an extended period.

4.2 Origins of the virus

Scientific evidence revealed that SARS-CoV-2 is not an artificial virus but a disease that arose through a process of natural selection from other viruses of the beta coronavirus genus within the coronaviridae family (Payne, 2017). Lemus-Delgado (2020) mention that its genome shows a sequence like other known human coronaviruses. However, upon analysis, the genome sequence showed that SARS-CoV-2 is of animal origin (Scripps Research Institute, 2020). As such, it represents a new case of zoonosis, an infection produced through a “host jump” from animal to human species (Lemus-Delgado, 2020).

The consumption of bats and other wild animals is the root cause of the virus (WHO, 2021). This results in the epithelial cell being exposed to virus like Ryukyu, Tacaribe or mastadenovirus that impact the immunoglobulin (ig) (Muhammad, 2020). Moreover, the binding of IAV and SIALIC acids target the protein synthesis which weakens the immune system and makes the body vulnerable to virus replications. This

process causes the cells to host a variety of infections that ultimately result in respiratory or SARS-related viruses that are almost incurable and easily transmittable (Gebhardt, Preethlall, Pillay & Facham, 2012:22).

4.3 COVID-19 symptoms

According to WHO (2021), the virus manifests itself in symptoms like headache, fever, cough, sore throat, sneezing, fatigue, rhinorrhoea and sputum production (WHO, 2021). Wuhan Huanan seafood wholesale market in Jianghang was identified as a district (ground-zero) where the virus originated. This was due to the area being well-known for the sale of wild animal meat products (Delgado, 2020). Moreover, one can be infected by touching a contaminated surface and then touching his/her eyes, nose, or mouth before washing hands (WHO, 2021). Contaminated packages also transmit the virus.

The first case of COVID-19 was reported in China at Wuhan. However, South Africa experienced a COVID-19 case from an individual who tested positive on landing at OR Tambo International Airport on 5 March 2020 and had travelled to Italy for a skiing holiday (BRICS Secretary, 2021). After hospital admission, several more cases were confirmed from people who had been in contact with others who were travelling with them (National Institute for Communicable Diseases, 2021). Moreover, the virus spreads through droplets of saliva of an infected individual (WHO, 2021).

4.3.1 COVID-19 as global pandemic

On 31 December 2019, the Chinese Centre for Disease Control (CDC) reported to WHO that more people suffer from pneumonia of unknown aetiology in Wuhan. This opened a room for concerns which led to the initial investigation that identified a novel coronavirus designated SARS-CoV-2. The findings revealed that the aetiological agent emanated from the consumption of bets and other wild animals (Mohan & Nabmbiar, 2020). The Chinese government saw the identification of the cause as important and closed the Wuhan food market down (Lemus-Delgado, 2020).

The rapid spread of the virus, even among people who had never visited Wuhan became increasingly alarming, indicating that the virus could easily spread from person to person when in close contact (BRICS Secretary, 2021). Though China had delayed alerting WHO, viewing it as a non-threatening virus, its rapid spread

throughout the country left it with little choice (Lemus-Delgado, 2020: 2). On 11 March 2020, WHO Director General, Dr Tedros Adhanom Ghebreyesus, thus declared the virus a global pandemic as it was infecting not only China but the entire world (WHO, 2021).

4.4 BRICS Alliance: A Global Response to COVID-19 through Innovative Measures

BRICS nations have been at the forefront of global efforts to tackle COVID-19, with a range of measures aimed at mitigating its impact worldwide (BRICS Secretary, 2021). The measures include sharing medical supplies and expertise, accelerating research efforts, and providing financial assistance to affected countries (Moore, 2022). The initiative taken by these emerging economies has helped in addressing some critical challenges posed by the pandemic. For example, South Africa's genomic sequencing capabilities have enabled scientists to track different strains of the virus more effectively (Lemus-Delgado, 2020). Notably, India's experience in producing generic medicines has allowed it to manufacture and distribute considerable quantities of hydroxychloroquine (a drug used in treating COVID-19 patients) across the world. Furthermore, China has played an essential role in mitigating the spread of coronavirus through its public health diplomacy initiatives (WHO, 2021). It provided loans and grants worth billions of dollars to support the health systems of other developing countries during this crisis period (Fonseca, 2020). Russia's Sputnik V vaccine became one of the first vaccines approved for emergency use globally. In conclusion, as highlighted by Moore (2022), BRICS nations' collective response towards fighting COVID-19 represents an excellent model for international cooperation during pandemics or any other severe public health crisis that might arise in future times. Sharing knowledge, expertise, resources and financial aid is paramount if we are ever going to emerge victorious against such threats as presented by COVID-19 (BRICS Secretary, 2021).

Likewise, the COVID-19 pandemic made developing countries more vulnerable than ever (BRICS Secretary, 2021). Despite this, the BRICS nations have come together to play a crucial role in mitigating some of the most devastating effects of the pandemic. According to Fonseca et al. (2020), BRICS nations have played a key role in mitigating the impact of the pandemic on vulnerable populations. Due to joint initiatives and

coordinated responses, these nations have not only provided financial assistance but also shared best practices and knowledge with one another (Lemus-Delgado, 2020). This collaboration has helped to ensure that resources are allocated efficiently and effectively across borders while taking into consideration unique regional needs. One example of such cooperation is seen through India's supply of hydroxychloroquine tablets to Brazil during their peak period last year (Fonseca et al., 2020). Such efforts highlight how critical it is for global leaders to collaborate during times like this and work towards collective solutions that can benefit us all. By working together, BRICS nations are demonstrating solidarity with one another while showcasing their commitment towards creating a better future for everyone impacted by the pandemic – irrespective of where they might live or come from.

In the fight against COVID-19 globally, it remains imperative that world leaders work closely together so that no one is left behind - especially those who are most vulnerable due to economic instability or lack of access to healthcare services (BRICS Secretary, 2021). The BRICS initiatives provide an excellent model for others looking at ways in which they, too, might be able to reduce the negative impacts caused by pandemics around the world whilst prioritising equity and compassion above individual interests alone (WHO, 2021). The COVID-19 pandemic has exposed the vulnerabilities of countries worldwide, and BRICS nations are no exception.

4.5 BRICS collective response

The release of the document, ‘Fighting COVID-19: China in Action’ shed light on how other BRICS member-states could deal with the pandemic (Nhamo, 2021; Mazundar-Shaw, 2020). In the document, the Chinese government detailed its control and prevention measures. These included strict lockdowns, restricting mass gatherings and the closing of international ports of entry to the country (Nhamo, 2021). Although China experienced a large-scale COVID-19 outbreak, after six (6) months, it showed a significant decline in infections and a 94% recovery rate (Tie-Long et al., 2020). The country subsequently shared this document with WHO as well (Fonseca, 2020).

In the XII Moscow Summit Declaration of 17 November 2020, BRICS foregrounded the importance of extensive national immunisation programmes (Lemus-Delgado, 2020). The call further highlighted the dire need for vaccine development, manufacturing, and closer cooperation by member-states with others. For their part,

India and SA called for rapid vaccine distribution and IP waiver. A submission in this regard has since been made to the World Trade Organisation (WTO) Council for TRIPS (WTO, 2021). These countries further agreed to manufacture the Pfizer-BioNTech vaccine for distribution in Africa (Nhamo, 2021; Mpungose, 2020). They also expanded their cooperation by entering into technology-centred agreements. The Cape Town Biovac company, in collaboration with Indian scientists, signed the agreement to start manufacturing the Pfizer-BioNTech COVID-19 vaccine for distribution within Africa (Mpungose, 2020).

4.6 Individual nation-state response plans

Other BRICS member-states have followed the Chinese example in COVID-19 health measures. For example, on 24 March 2020, the Indian Prime Minister imposed hard national lockdown regulations, and South Africa followed suit by creating a National Command Council (NCC) chaired by the President to advise the government on appropriate measures to halt the further spread of the virus (Mazundar-Shaw, 2020). Like SA, Brazil established an Intersectoral Crisis Committee to coordinate and monitor the impact of COVID-19 led by the Chief of Staff in the Presidency and with the active participation of the Health Minister and other Ministries. Border control restrictions were imposed to restrict entry of people from high-risk countries (Mazimdar-Shaw, 2020).

4.7 Evaluating COVID-19 Pandemic's Effects on BRICS Nations

Lockdowns were tried-and-true methods of containing the pandemic; nevertheless, despite the fact that the COVID-19 lockdowns had prevented fatalities, their true effects remained uncertain. The extent to which voluntary social isolation contributed to the decline in instances was unknown at the time. Lockdowns were questioned because they were implemented without supporting evidence, which increased stress levels, increased unemployment, and increased poverty. According to research, the state's command and control initiatives in countries including Kerala, southern India, South Korea, Vietnam, and New Zealand originally succeeded in keeping the virus under control. This further highlighted how crucial governmental supervision was to providing necessities throughout the crisis (Pegram, 2020). Because of the state's unprecedented response to the pandemic, nations with a reputation for

authoritarianism, like China and Russia, anticipated a rise in governmental authority. But Brazil, India, and South Africa also came under fire for implementing some of the most severe disease containment strategies. Those who advocate for limited government control fear that after the crisis has passed, governments may become even more authoritarian because of the lockdowns, and they may not relinquish this power. Lockdowns have generated a great deal of debate because of the extent to which these actions are viewed as severe and the growth of government authority; some people support lockdowns while others are against them (Sault, 2020).

It has been challenging for countries to devise a plan that would address the economic consequences of the outbreak while simultaneously combating the disease, despite their struggles in doing so. Even nations with the most developed healthcare systems were unable to control the spread, as was made clear. The majority of these nations were unable to determine the most effective course of action. The head physician of Sweden blamed the government's lax lockdown regulations for the excessive number of fatalities (Lindeberg, 2020). Following the greatest number of deaths in Europe, the UK implemented a rigorous lockdown. The United States leads the world in COVID-19 cases and fatalities due to its inconsistent lockdown policy and inadequate coordination between the states and the federal governments. The BRICS countries also had trouble sticking to a plan. Their methods were not comparable. Brazil took a more relaxed stance when China, India, and Russia implemented stringent lockdowns, while South Africa was initially skeptical about the methods being used to contain the virus (Khumalo, 2020).

The government of South Africa was able to set up the healthcare system, guarantee extensive testing, and implement other essential viral containment measures because of the early lockdown. However, due to doubts over the duration, severity and methods of enforcing and carrying out lockdowns, court challenges have been made to the constitutionality of the National Disaster Management Act, the use of military force to enforce nighttime curfews, e-commerce prohibitions, limited exercise hours, and a lack of parliamentary supervision. These developments raised concerns about the potential threat to the South African Constitution and have brought attention to the country's virus containment procedures (Khumalo, 2020). The government's abrupt nationwide shutdown in India drew criticisms because it did not give citizens enough time to get ready for the lockdown. India's impacted population, 40 million migratory labourers in

particular were stranded in the country's cities far from their homes and without access to adequate food or shelter. The Indian government defended its actions by pointing out that the nation was among those most vulnerable to the pandemic and needed to be prepared for an increase in COVID-19 cases (Economic Times, 2020). Most people agreed that the lockdown in India was the right move because it gave the nation's fragmented healthcare system the opportunity to strengthen its infrastructure, create makeshift hospitals, produce more genetic medicines like HCQ for both local and foreign markets, and manufacture ventilators and Personal Protective Equipment (PPE) kits at home (Hindustan Times, 2020).

While Brazil faced criticism for not enacting a lockdown during the pandemic, Russia likewise faced criticism for not enacting tight measures even as the number of cases rose (Taylor, 2021). Due to China's history of flagrant abuse of state power and breaches of human rights, the country's lockdown has drawn attention. The lockdown methods that were first developed in China and are currently, to a lesser extent, being used by other nations raise serious human rights issues, according to Lawrence O. Gostin, director of Georgetown University's WHO Collaborating Center on National and Global Health Law (Feldwish-Drentrup, 2020). There were few reports indicating that China employed harsh strict measures to suppress the virus and that law enforcement organisations mistreated civilians. China's containment tactics were also criticised for mishandling and concealing the coronavirus outbreak, as well as for leveraging its power and mingling with the World Health Organization (WHO) (Gebrekidan et al., 2021). When China first tried to downplay and conceal the extent of the outbreak, it was already too late and the coronavirus had already spread to many parts of the world. When China acted erratically and concealed the severity of the virus, it delayed the urgently needed international response. Additionally, China used its medical aid diplomacy for its geopolitical objectives and concealed the severity of the outbreak by using the WHO (Grilsinan, 2020).

The World Health Organization (WHO) was not permitted entry into China until Director-General Tendros Adhanom paid a visit to President Xi Jinping at the end of January 2020. Prior to that, the WHO consistently repeated data from Chinese government sources, disregarded Taiwanese medical professionals' cautions, and refrained from designating the virus outbreak as a "public health emergency of international concern." Even though the virus had only been introduced to the world

for a month before the conference on January 20, 2020, the WHO nevertheless classified the virus outbreak as a public health emergency of worldwide concern after the meeting and as a pandemic on the 1st of March 2020 (Feldwish-Drentrup, 2020). Regarding China's achievements, the WHO stated that the populace has generally embraced the preventative and control measures and has actively engaged in managing self-isolation and boosting public compliance. In its study, the WHO also left a lot of unanswered questions regarding the precise management of public involvement. They asserted that the harshest containment measures were approved and followed by the Chinese people (Chinese Government Report, 2020:12). Ultimately, the COVID-19 containment procedures that China strictly enforced were what stopped the virus from spreading.

In contrast, the BRICS countries showed a favourable trend in that their observed case-fatality rate was quite low when compared to both the EU and the Americas. At 19, 35%, France had the highest case fatality rate worldwide on June 1, 2020. Belgium came in second with 16, 25%, Italy with 14, 33%, and the UK with 14, 07%. Moreover, India's recovery rate was the highest among the BRICS nations. For instance, the Health Ministry reports that on June 1, 2020, 2, 83% of deaths occurred, followed by 3, 15% on May 18, 3, 25 on May 3, and 3.3% on April 15. In contrast, the BRICS countries showed a favourable trend in that their observed case-fatality rate was quite low when compared to both the EU and the Americas. At 19, 35%, France had the highest case fatality rate worldwide on June 1, 2020. Belgium came in second with 16, 25%, Italy with 14, 33%, and the UK with 14, 07%. Moreover, India's recovery rate was the highest among the BRICS nations. For instance, the Health Ministry reports that on June 1, 2020, 2, 83% of deaths occurred, followed by 3, 15% on May 18, 3, 25 on May 3, and 3.3% on April 15 (Economic Times, 2020). In general, the BRICS countries have had a lower case-fatality rate than other countries like the EU. Compared to other BRICS countries, China had fewer cases, but its case-fatality rate was 5.2% (WHO, 2020, 20; BRICS Health Report 2021, 15).

4.8 Geopolitics and Constraints of BRICS co-operation on COVID-19

The BRICS countries initially appeared to be well-coordinated in their efforts to combat COVID-19. On April 28, 2020, the Russian Foreign Minister Sergei Lavrov organised and chaired the BRICS Foreign Ministers Extraordinary Conference on COVID-19,

which was attended by the Indian External Affairs Minister S. Jaishankar, the Chinese Foreign Minister Wang Yi, the Brazilian Foreign Minister Ernesto Araujo, and the Minister of International Relations and Co-operation of South Africa, Naledi Pandor, via video link. During the meeting, the BRICS members came to a consensus about strengthening their cooperation in the fight against COVID-19 (Xinhuanet, 2020). During the conference, the Chinese delegation stated that the BRICS countries ought to unite in a spirit of cooperation to tackle COVID-19. She also recognised the BRICS nations' verbal and moral support for China (Xi Jiping, 2021).

Following the foreign ministers' conference, senior health officials from the BRICS countries convened to develop an action plan to combat the pandemic. Prior to this, BRICS Foreign Minister S. Jaishankar conferred with his counterparts from Brazil and Russia on ways to combat the virus (Outlook, 2020). The Russian think tank Valdai Club hosted a meeting of the BRICS foreign ministers in April. During the meeting, they released a report titled "BRICS and Rivalry Pandemic," which emphasised the significance of BRICS in the face of the pandemic-related global health crisis. In addition to highlighting the necessity of paying more to expedite the implementation of the decisions and projects agreed upon, Deputy Director Parvel Knyazev of the Russian Ministry of Foreign Affairs' Department of Foreign Policy Planning also spoke about the establishment of the BRICS Center for Research and Development for Vaccines. Regarding the application of digital technologies to contain the epidemic, they also expressed their perspectives. BRICS demonstrated exceptionally strong unity, empathy and collaboration during those virtual meetings on COVID-19 (Kondratieva, 2020). As opposed to the US, India did not place the blame on China or refer to the pandemic as the "China Virus," instead restricting its strategy to containment on a national level and international cooperation. The importance of the BRICS during the pandemic was highlighted by China's export of pharmaceuticals and personal protective equipment (PPE) and India's export of generic medicine.

Soon after, political divisions emerged, with self-interest taking centre stage. Despite the fact that there existed bilateral cooperation amongst the BRICS nations, there was no bloc-level coordination. The geopolitical complications surrounding China's aggression and its use of global influence to further its geopolitical agenda have hindered a good opportunity for collaboration among the BRICS members to demonstrate their strength and unity. China's military aggression became the central

concern in the complicated geopolitical environment as a result of COVID-19's increased geopolitics and crippling effects on social, economic and political elements. The US-China strategic competition was sparked by COVID-19, and any significant cooperation among the BRICS countries on the COVID-19 issue was further impeded by the violent standoff between India and China, and rivalry between strategy and politics (Sharma, 2019; Ridel, 2015; Sharma, 2020).

4.9 BRICS COVID-19 containment strategies

Brazil

One of the top three nations in the world most severely affected by COVID-19 is Brazil. The virus reached all of Brazil's states by March 21, 2020, with the first coronavirus case in the country being recorded on February 25, 2020. Around 49,000 recorded deaths coincided with Brazil's announcement of its one millionth case on June 19, 2020 (Charner, 2020). As of 4 January 2021, Brazil had the second-highest number of confirmed COVID-19 cases and deaths worldwide with 7,733,746 cases and 196,018 deaths. The country had surpassed India on 5 September 2020, having previously held the second-place position in terms of people infected with the novel coronavirus for a considerable amount of time. On July 17, 2020, the country reached 2 million cases, and on August 8, 2020, the country reached 3 million cases, with deaths exceeding 100,000 (JHU Coronavirus Resource Centre, 2021). One of the worst-hit countries by the pandemic was Brazil, a sizable middle-income nation with significant social and economic inequality as well as uneven infrastructure development. The virus forced the federal state and local governments to implement a number of containment measures that had an impact on the economy, politics, education and environment. Unlike the other BRICS countries, Brazil is addressing COVID-19 similar to the US. Brazil is recognised for providing millions of its impoverished citizens with assistance thanks to its sophisticated and well-organised universal healthcare system and infrastructure (Jurberg, 2018).

Brazil was unable to keep the disease under control even though it had a strong healthcare system. The main cause of the country's inability to contain the epidemic were executive ineptitude, which was demonstrated by the federal government's hasty decisions and indifferent handling of the pandemic. This was made more difficult by the lack of cooperation between the federal and state governments. Furthermore, the

federal government gave economic precedence over health. The lockdowns linked to COVID-19 were condemned by President Jair Bolsonaro of Brazil. Brazil's economy was about to collapse, according to President Bolsonaro and the minister of economics, and the consequences of social distancing measures could be worse than the new coronavirus pandemic itself. These arguments were used to defend the opposition to stringent lockdowns (ABC News, 2020). This occurred in May 2020, when forecasts suggested that things would get worse. While Brazil had far more cases than China, India, and Russia during this period, these nations had implemented total lockdowns. Brazil's situation was one of a nation with better resources to combat the virus but a non-serious attitude towards the outbreak. A dispute about whether or not to enforce lockdowns between the federal state and local governments reflected the lack of cooperation between the federal and state administrations. Even though the federal government was against lockdowns, some state and local governments implemented complete lockdowns. The state governments' physical distance policies were consistently upheld by the Brazilian Federal Supreme Court, sparking conflict between the judicial and executive branches (Human Rights Watch, 2020). In order to contain the disease, the state governments acted more appropriately and proactively. They expanded the number of intensive care units in emergency field hospitals and the public health system, relocated COVID-19 patients from areas with high health care demand to areas with lower demand, and quickly increased the number of emergency beds in intensive care units (Barberia and Gómez, 2020).

Russia

Russia adopted a more serious approach than Brazil, which did not act appropriately to contain the spread of the virus. There is a 4,300-kilometer land border between Russia and China. As of early March 2020, 16 Russian neighbours had confirmed cases of COVID-19. On January 31, 2020, two Chinese citizens tested positive for the virus, but both cases were contained. This meant that the virus had entered Russia and been spreading throughout the country by mid-April 2020. The Putin Government began enforcing strict COVID-19 containment related measures. As a result, the virus was contained (Twigg, 2020).

There are two ways to look at Russia's aggressive containment strategy: first, it was worried that the increase in cases might have overwhelmed the country's infrastructure

and mitigation capabilities, leading to a high death toll from the pandemic; second, it was worried about safeguarding its already severely damaged economy. Russia's initial stringent containment measures were designed to prevent the worsening of the effects of falling oil prices, the depreciation of the rouble, the decrease in the main RTS stock index, the downgrade of the OECD's estimate for the Russian economy, and PetroChina's declaration of force majeure on contracts pertaining to natural gas imports (Krelim, 2020). Based on information from the National Coronavirus Crisis Center, as of September 14, 2020, Russia had 1,068,320 confirmed cases, 878,770 recoveries, 18,635 deaths, and more than 40.9 million tests performed (Russia Business Today, 2020). The Federal State Statistics Service released mortality data showing that between April and July 2020, 37,490 individuals with COVID-19 died, and 22,063 of them had the virus identified as the primary cause of death (The Moscow Times, 2020). As of 4 January 2021, Russia ranked fourth globally in terms of confirmed COVID-19 cases and eighth in terms of COVID-19 deaths, despite stringent virus containment measures. The country had 3, 203,743 confirmed cases and 57, 803 deaths. Following the United States, India, and Brazil as the world's four most affected countries, Russia leads Europe in the number of confirmed cases (JHU Coronavirus Resource Centre, 2021).

India

In an effort to stop the spread of the disease, India placed its 1.3 billion citizens under the biggest lockdown in history on March 24, 2020, which lasted for 21 days. There were 500 coronavirus cases in India that had been verified positive at the time of the lockdown. However, India was forced to prolong the lockdown from April 14 to May 3, 2020, with a conditional lift of the lockdown for the states where the disease was under control starting in April 20, 2020. But once more, the lockdown was prolonged, first until May 17 and subsequently until May 31, 2020. Based on the spread of the virus, India's districts were split into three zones (orange, red, and green), and the limitations were loosened in accordance with the quantity of COVID-19 cases (The Indian Express, 2020).

In accordance with the number of coronavirus cases in each state, states were to determine whether to impose additional lockdowns when India started to loosen restrictions on June 1, 2020. Part of the reason for the relaxation was seeing how

stressed and difficult things were becoming for individuals, and how important it was to get back to business. Phase-wise relaxation of restrictions was started by India, with the first relaxation of the lockdown taking place from 1 June to 30 June 2020, followed by 1 July to 30 July 2020, the third from 1 August to 31 August, and the fourth from 1 September. India complied with the COVID-19 containment strategy with coherence, and benefited from the lockdown by first slowing down infections. The pace of doubling was as follows by April 6, 2020 (Ramesh & Basu, 2020; Gupta, 2020). Most commercial activities were suspended during the lockdown. It is estimated that the situation would have been worse if India had not imposed strict lockdowns at the beginning. By mid-April, the number of cases of the coronavirus in the country would have reached 820,000. India might have surpassed all other nations by September in terms of both case counts and mortality rates (Jha, 2020).

Nevertheless, India's COVID-19 cases began to increase in the last week of May after the lockdown was implemented, keeping the number of cases low for over two months. By May 29, 2020, there were 4,711 COVID-19 deaths and 165,386 verified cases (JHU Coronavirus Resource Centre, 2021). India reported the virus' first case on the day the WHO deemed COVID-19 a public health emergency. Prior to that, on January 18, 2020, India started screening foreign travellers from China and Hong Kong at its three main airports: Delhi, Mumbai and Kolkata. The testing was swiftly expanded to include additional countries and all airports. With the exception of essential services, India implemented a nationwide lockdown on March 25 following the WHO's declaration on March 11 that COVID-19 was a pandemic (Jha, 2020). The ability of state governments to impose and lift lockdown restrictions was one of the key components of the Indian government's pandemic containment strategy. The primary reason for this decision was that state governments, as opposed to federal governments, would be more knowledgeable about local conditions. Within the federal framework of India, this decision was also compliant with state governments' constitutional rights. Furthermore, India faced a distinct challenge in contrast to the other BRICS countries. The lockdown caused hardship for the 40 million migrant workers spread across the nation. After losing their jobs, migrant labourers were desperate to return to their villages and hometowns. India’s social security system is small, and the government could not deliver much needed economic aid. Arrangements were made to help them return home from big cities (Haq, 2020).

This was the reason for the subsequent spike in COVID-19 cases in India. The Tablighi Jamaat has also been linked to the initial spread of the virus in India. The nearly 2,500 Muslim delegates in attendance—some of whom from Sri Lanka, Kyrgyzstan, and Malaysia—became the cause of the unexpected spike in COVID-19 cases when they infected attendees from India and spread the virus across the country. At one point, one-third of India's COVID-19 cases were linked to the delegates and those they infected (Haq, 2020). Additionally, it has been stated that the Islamic State urged its adherents to disseminate the virus throughout India and beyond. According to reports, Tablighi Jamaat's actions were seen as retaliation for the Indian government's decision to repeal the Citizenship Amendment Act and Article 370, which robbed Kashmir of its unique status (Williams, 2020).

Comparing India to the US, the EU, and other BRICS countries, its case-fatality rate is comparatively low, despite the country having the second-highest confirmed COVID-19 case count. India's problem from the start had been to implement a containment strategy that could save both the economy and human life. Compared to nations with significantly more developed health systems—such as the US, the UK, Italy, France, and Germany—India's approach to viral containment was far more effective. When India announced its first phase of lifting restrictions in June 2020, the data showed that the country's death rate was steadily declining, and its recovery rate was steadily growing. Thirteen clusters comprised seventy percent of India's COVID-19 cases, with Mumbai accounting for twenty-five percent of cases overall (The Economic Times, 2020). With its disjointed health system and densely populated cities, India was predicted to be the COVID-19 hotspot from the start. However, after defying this prediction for a while, India faced an economic crisis and was unable to maintain the lockdown. On September 10, 2020, India overtook Brazil to take the second place in the number of infected cases. On September 11, the country reported a record daily high of 97,570 cases; and on September 15, 2020, the Health Ministry reported 90,123 new cases in the previous 24 hours, raising the confirmed total to more than 5 million, or roughly 0.35 percent of India's nearly 1.4 billion people. The total number of deaths from the pandemic was 82,066 (ABC News, 2020). India's inability to control the rise in COVID-19 cases and deaths is primarily due to its underfunded, disjointed and inadequate healthcare system, which is present in tens of thousands of impoverished towns and villages. This is in addition to the relaxation of restrictions.

China

China has responded to the COVID-19 pandemic in stages. China's primary goal in its initial containment phase was to prevent the disease from migrating to the rest of the mainland from Hubei province. In mid-January 2020, China implemented a severe lockdown as part of harsh measures. China took unprecedented steps to contain the virus, including banning travel to and from Wuhan, the pandemic's epicentre, and 15 other cities in the province of Hubei. To contain the virus, China implemented a stringent lockdown along with additional measures like the closure of colleges, schools, transportation and workplaces. Road transportation was also obstructed, and trains and aircraft were halted. All across China, people were asked to stay at home, and the only way they could move around was for essential food and medical needs (Zhong & Mozur, 2020). The main feature of the lockdown was the tight lockdown imposed on Hubei province, which prohibited any air or ground transportation from Hubei to the rest of China.

As the largest producer of personal protective equipment (PPE), China was able to use it to contain the disease at home first and became an outlier among the BRICS after managing to contain the disease reasonably well. The plan included testing, contact tracking, isolation, physical distance, and excellent hygiene and gathering techniques. After a while, China lifted these strict lockdowns and started working on its next phase of public health response to mitigate the risk of COVID-19 across the general population in the long run. Furthermore, the Chinese authoritarian system enabled the government to enforce the lockdowns. Furthermore, China received assistance from the World Health Organization (WHO), which has been leading China's efforts to contain the COVID-19 pandemic. The WHO Country Office in China, aided by the regional office for the Western Pacific and global headquarters, provided technical guidance on detection, testing, isolation and quarantine measures to the Chinese government, enabling them to take prompt action to halt the spread of the virus (World Health Organization, 2020). China received the most attention from the WHO, which was accused of concealing the true extent of the outbreak, which prevented other countries from making adequate preparations. The WHO's ability and resources to assist other nations had run out by the time the virus was designated a pandemic (BBC News, 2020).

China has a past filled with concealing casualties, whether they belonged to the COVID-19 pandemic, the 1962 Sino-India War, the 1959–1961 famine, or other incidents. There have been concerns raised about the quantity of documented illnesses and fatalities in Wuhan Province that the Chinese authorities had revealed (Sharma, 2020). After the virus was discovered in Wuhan, China halted inbound travel, but allowed outbound travel to continue spreading the illness around the globe, drawing criticism for its containment efforts. China's response to the disease was slow, and attempted to conceal the facts in order to maintain its good reputation. Epidemiologists say it was too late for China to implement its unprecedented authoritarian lockdown. The Wuhan authorities were initially slow to disclose the unexplained cases, and took a while to implement measures to contain the disease when the outbreak was first discovered in December and January. It became a pandemic because of this hasty decision. If the control measures had been put into place three weeks earlier, starting at the beginning of January, the number of infections would have been lowered to 5% of the total. China may have avoided 67% of all cases there per model simulation by Lai Shengjie and Andrew Tatem of the University of Southampton, UK (Lai et al., 2020). Although severe, dubious, and widely criticised, China's COVID-19 containment efforts managed to keep the virus domestically contained.

South Africa

South Africa had the highest number of confirmed COVID-19 cases in Africa, with 1,100,748 cases as of January 4, 2021; the country ranks 17th globally in terms of cases and 13th in terms of mortality (15,499 deaths) (Johns Hopkins University Coronavirus Resource Centre, 2020). The first two confirmed cases of the virus were reported on March 27, 2020, and the first confirmed case occurred in South Africa. On March 15, 2020, President Cyril Ramaphosa declared a national emergency, and implemented a number of measures, including immediate travel restrictions and the closure of schools beginning on March 18, 2020. On March 17, 2020, the National Coronavirus Command Council was established to guide South Africa's strategy to halt the spread of the virus and lessen its harmful effects. (Hunter, 2020). After announcing a ZAR500 billion stimulus programme on April 21, 2020, in response to the economic crisis, the South African government announced a nationwide lockdown that would start on March 26, 2020. On May 1, 2020, the administration decided to

gradually lift the lockdown restrictions. As a result, the national alert was lowered to level 4, from level 3 to level 2 on June 1, 2020, and finally to level 2 on August 17, 2020 (Businesstech, 2020).

In terms of the number of cases and COVID-19 mortality, South Africa might have been in a better position due to the following factors: the country's leaders had long anticipated the occurrence of a pandemic and believed it would be difficult to contain; while epidemiologists in other countries were working with their governments to discover strategies to stop the spread of the disease, nearly all South African medical experts believed that combating a pandemic would be difficult; and finally, the situation in South Africa was more similar to that of Brazil than of other countries in its own continent (Fried-man, 2020).

South Africa could have contained COVID-19 even though it seemed to have given up before the battle even began. If it had followed through on what its government had promised to do: establish a successful testing and tracing programme that would identify infected individuals, track down their contacts, and isolate them if necessary. Despite boasting of a high testing rate, South Africa was unable to locate contacts or place positive individuals in quarantine. Inadequate infrastructure and technological know-how made the issue even more complex (Friedman, 2020). In June and July 2020, South Africa's Health Minister Zwelli Mkhize said, "A hard lockdown will always remain a possibility; it may become necessary," following the country's ranking of fourth among 215 countries fighting the pandemic in terms of the number of affected individuals and 17th in terms of infection rate. We will talk about it when the time comes. South Africa was unable to recognise the severity of the illness (Medical Brief, 2020). Testing reports that were delayed further contributed to the complexity of the issue. These all emphasised South Africa's issue with medical capability and the glaring disparities in the country's level of living, which is similar to that of the First World for one-third of the population while living in substandard conditions for the other two-thirds. It still could not match the low-income neighbouring nations like Senegal, where COVID-19 cases were virtually under control and were handled much better.

4.10 Bilateral and Multilateral Vaccine Agreements

As indicated above, the XII Moscow summit declaration called for partnerships under the BRICS Partnership for Global Stability initiative. Here, member-states were

informed of the importance of nationwide immunisation programmes and vaccine manufacturing and development (BRICS Secretary, 2021). Seeking to ensure that no nation-state is left behind, the programme further called on non-profit organisations (NGOs), research institutions and the pharmaceutical industry to quicken COVID-19 vaccine production and distribution (Lemus-Delgado, 2020). It further called for the sharing of vaccine production information, thereby ensuring that more vaccines become available to all (BRICS Secretary, 2021). The call for an IP waiver enjoys support from all BRICS member-states as well as from US President Biden. It is seen as one of the best ways to make vaccines available to poor countries in Africa and elsewhere (BRICS Secretary, 2021).

4.11 Economic Support and Relief Measures

BRICS became cognizant of the fact without significant material assistance to poorer nations, the fight against COVID-19 would not be won (Lemus-Delgado, 2020). Thus a resolution to assist poorer nations. In this regard, SA received a 1 billion loan from the BRICS Bank in June 2020. China and India donated masks, ventilators, and other types of personal protective equipment (PPE) to the country. China granted India a $750 million loan on 17 June 2020 as special aid for the poor. In July 2020, Brazil got financial and food aid from China and Russia, respectively (Zhe, 2020). This kind of cooperation and collaboration among BRICS member countries was expected and inevitable given that the group represents about 40% of the global population. Additionally, certain members of this group were the most infected and suffered the highest number of fatalities in the world (Mpungose, 2021).

4.12 Importance of combating COVID-19 globally

COVID-19 is a global public health crisis that has impacted millions of people across the world (Lemus-Delgado, 2020). The importance of international collaboration and solidarity in the global response to COVID-19 is paramount. When a disease becomes a global burden, there is a strong need for a global approach, shared responsibility, and collective action (BRICS Secretary, 2021). According to WHO (2021), managing and overcoming the pandemic requires the mobilisation of global resources and the application of global solutions. As long as the pandemic rages anywhere, it is a threat

to people everywhere. This underscores the urgency for cooperation in combating COVID-19 (Fonseca et al., 2020).

A strong and coordinated international response is required not only for the aid of those countries which need medical support, but also to help reverse the spread of the virus globally. The solidarity and collaboration shown by the BRICS countries in tackling COVID-19 was a step in intensifying global cooperation in the struggle against the pandemic. As evidenced, the BRICS countries have been working together to combat COVID-19 in multiple areas, including knowledge and information sharing, bridging medical needs and demanding supply, laying the foundations for an early and strong post-pandemic world (Lemus-Delgado, 2020). Such important work by the BRICS countries shed light into the effectiveness and importance of a more democratised and equitable multipolar global health governance. Also, parallel efforts shown display a constructive and proactive approach to creating a global health system that is not only aimed at handling the present pandemic, but also at protecting mankind from other potential health crises (BRICS Secretary, 2021).

The COVID-19 pandemic has been a call on the international community to act, especially those who pride themselves on championing a better world (WHO, 2021). It is encouraging to witness the various fruitful and impactful efforts and initiatives that the BRICS countries have accomplished so far. They embody and resonate with the future of global health governance, capturing the core values of a shared and better future for all mankind (BRICS Secretary, 2021). This block showed that the virus knows no borders. This narrative is calling for more collaboration and enhanced communication and interaction among countries, especially in the realm of global public health. The role of the BRICS in leading the way of establishing a more balanced and inclusive global health governance is manifested in many areas, ranging from political support and organisation to practical and efficient collaboration in public health sectors (Lemus-Delgado, 2020). These efforts, accumulated and being done by the BRICS, are instrumental and pioneering in the global attempts to make modern public health governance a more comprehensive and inclusive mechanism.

4.13 BRICS's future path

The BRICS countries followed the accepted COVID-19 containment protocols, but varied in how they approached and carried them out due to differences in political

structures, healthcare systems, and the conditions within their borders. Those with stricter control over the virus were better able to contain it, and the political differences affected the control that was used to exert pressure on people to follow the containment measures. Despite criticisms regarding the virus' effectiveness and durability, the BRICS nations have not only survived, but also institutionalised, as evidenced by the establishment of the BRICS New Development Bank in 2015 (Kondratieva, 2020).

The COVID-19 pandemic offered the BRICS nations an opportunity to come together and shape the post-COVID-19 global order and governance; however, the group's capacity to significantly influence the global scene was limited by the economic downturn, social, health and mental health issues, as well as other domestic issues brought on by the devastating effects of the virus. In Russia, the unemployment rate had risen to 30%; in South Africa, the rate was 30% in the first quarter of 2020; and in Brazil, 1.2 million people lost their jobs in the first half of 2020 (Pham, 2020). India's economy experienced a comparable downturn, and the country's jobless rate increased. Even though China was in a stronger position than the other BRICS countries, the country was nevertheless limited by declining product demand and growing concerns about China's excessive reliance on global supply chains, two issues that are likely to make the country's future uncertain (Pham, 2020).

4.14 Conclusion

In conclusion, as the world grapples with the COVID-19 pandemic, the BRICS nations have stepped up to play a pivotal role in combating this global health crisis (WHO, 2021). Through various measures such as sharing best practices, these nations have demonstrated their commitment towards fighting the pandemic on a global scale. However, it is also important to acknowledge that there are still significant challenges ahead. The pandemic has highlighted existing inequalities within and between countries that must be addressed to ensure an equitable response for all (BRICS Secretary, 2021). Moreover, new variants of the virus continue to emerge which require constant vigilance from all nations. BRICS nations must continue to collaborate and share best practices to ensure that their collective response to COVID-19 is effective, equitable and sustainable over the long term. This includes investing in healthcare infrastructure not just at home, but also globally through partnerships with

low-income countries who may lack resources. Furthermore, innovative approaches such as leveraging technology can help enhance contact tracing efforts or facilitate remote consultations, thereby reducing transmission rates while ensuring that people receive the necessary care even during lockdowns or quarantines (WHO, 2021).

The BRICS countries' collaborative approach has helped mitigate some of the worst impacts of COVID-19 so far. However, it is essential that they keep pursuing more comprehensive solutions for addressing current difficulties while preparing for potential future pandemics. Without sustained attention, research and innovation by leaders around the world, BRICS included, COVID-19 could linger indefinitely, leaving devastating effects in its wake (Lemus-Delgado, 2020). In other words, this requires unrelenting commitment from governments, funders, civil society organisations, and individuals everywhere. The stakes could not be any higher because lives depend on it. Thus, it is crucial to remain vigilant against COVID-19 until it becomes a distant memory.

The next chapter examines how BRICS' assistance of SA as a member-state.

CHAPTER 5: EXAMINING HOW BRICS LENT A HELPING HAND TO SOUTH AFRICA BEING ITS MEMBER-STATE

5.1 Introduction

As the COVID-19 pandemic continues to ravage communities around the world, countries are coming together to lend a helping hand in any way they can. One such group that has been instrumental in providing support is BRICS – Brazil, Russia, India, China and South Africa. But how exactly did BRICS lend a hand to South Africa during these trying times? Amidst the chaos and confusion of the pandemic's onset, information was scarce and strategies for managing its spread were uncertain at best. This is where BRICS stepped in - facilitating knowledge-sharing between member countries about different approaches to tackling COVID-19. For South Africa specifically, this meant collaborating with other nations in developing effective strategies for managing the various impacts on both health systems and economies. BRICS' contribution goes beyond just knowledge-sharing though; they have also provided financial assistance to help alleviate some of the economic burdens caused by lockdowns and restrictions put in place by governments worldwide. As we delve deeper into this, we will explore how these various forms of aid offered by BRICS have proven essential to helping South Africa meet the challenges posed by COVID-19 head on.

5.2 BRICS Aid amidst COVID-19 Crisis: Examining the Types of Assistance Extended to South Africa

By providing medical supplies to South Africa during the COVID-19 pandemic, the BRICS partnership and collaboration has been a critical aspect of their global health diplomacy. As Moore (2022) highlighted, "BRICS has been cast as a bloc with the potential to make significant changes in Global Health." The actions taken by these countries have not only strengthened their relationships but also shown their commitment to supporting developing nations during challenging times. This partnership was especially important for South Africa, which struggled to access essential medical equipment due to limited resources and high demand. By working together, they were able to provide much-needed support that helped save countless lives. Furthermore, this joint effort highlights the potential benefits of international

cooperation in addressing global health crises such as the COVID-19 pandemic. It shows that when countries come together and pool their resources, they can achieve more than what would be possible individually. However, it is also essential to note that while partnerships like these are critical in responding quickly to emergencies, sustained investments in healthcare infrastructure are necessary for long-term solutions. Overall, the actions of the BRICS partnership demonstrate how effective collaborations among nations can be crucial elements of successful global health responses during pandemics like COVID-19. Such efforts underline why continued investment and emphasis on public-private partnerships should remain an integral part of any country's foreign policy strategy towards enhancing healthcare delivery systems globally.

The COVID-19 pandemic has had a devastating impact on economies worldwide, especially in developing countries. In response to this crisis, some larger economies have provided immediate relief through financial bailouts and income support (UNCTAD, 2020). Brazil's government announced emergency measures to inject nearly 575 billion reais into its economy while India's overall disbursement amounted to around 9 per cent of its GDP (UNCTAD, 2020b). BRICS countries are also aiding South Africa's economy during these uncertain times (Quinlan, 2021). With the goal of alleviating the economic impact caused by the pandemic, initiatives like these are essential to maintain stability and prevent further damage. The aid from BRICS nations will be particularly important given that South Africa was struggling economically before COVID-19 hit their country. It is crucial that developed countries continue supporting developing nations throughout this crisis so that everyone can emerge from it more resilient than ever before. As such, investments like those made by Brazil and India should be seen as examples of how governments can rise up against economic challenges posed by COVID-19 (UNCTAD, 2020b).

The ongoing global pandemic has forced countries to come together and support one another's efforts in dealing with the crisis. One such example of international collaboration is BRICS, a group consisting of Brazil, Russia, India, China and South Africa. Recently, BRICS members have stepped up to assist South Africa with their COVID-19 vaccine rollout plan by sharing knowledge and providing technological support. This move highlights the importance of cooperation among nations during times of crisis. As Chasii and Quinlan (2021) point out in their study on the impact of

COVID-19 on international students' experiences, communication plays a critical role in ensuring that individuals can navigate difficult situations effectively (Quinlan, 2021). In this case, effective communication between BRICS members will help facilitate knowledge-sharing initiatives that are essential for successful vaccine rollouts. Moreover, accommodation concerns for healthcare workers involved in administering vaccines must also be considered to ensure they can perform their jobs without undue stress or risk exposure. Immigration regulations may further complicate matters when foreign personnel enter (UNCTAD, 2020).

5.2.1 BRICS loan to help fight the COVID-19 outbreak in South Africa

The New Development Bank is an initiative of the BRICS (Brazil, Russia, India, China, and South Africa) countries, which seeks to mobilise resources for infrastructure and development in the emerging economies of developing countries.

Since the outbreak of the COVID-19 pandemic, South Africa has received $2 billion in funding from the New Development Bank under the COVID-19 Emergency Loan Programme to fight against the pandemic to support our economic recovery (Ramaphosa, 2021). There has also been substantial cooperation between BRICS partners/member-states in securing personal protective equipment and cooperation around vaccine access and distribution.

On June 19, 2020, the Board of Directors of the New Development Bank (NDB), formally known as the BRICS Bank, approved a $1 billion Emergency Assistance programme loan to South Africa. In addition to strengthening South Africa's social safety net and supplying vital healthcare resources, the loan programme helped the country's government to contain the spread of COVID-19 and lessen the human, social, and financial losses brought on by the outbreak on June 20. Positive outcomes of the programme will include enhancing the resilience of public health and emergency response systems and promoting socio-economic recovery.

In a statement regarding the COVID-19 pandemic, the Board of Governors of the NDB welcomed the creation of an Emergency Assistance Facility to address the urgent needs of the Bank's member nations. These emergency loans to member nations could be utilised to fund direct costs associated with combating the pandemic, as well as to support governmental actions and promote economic recovery.

5.2.2 The impacts of BRICS vaccine agreement on South Africa

South Africa, as a member of the BRICS (Brazil, Russia, India, China and South Africa) economic bloc, has significantly benefited from the vaccine agreement established among these nations. The BRICS countries, which include Brazil, Russia, India, China and South Africa, represent a significant portion of the global population and economic power, making their collaboration on critical issues like vaccine development and distribution crucial.

The BRICS vaccine agreement has enabled South Africa to gain access to a diverse range of COVID-19 vaccines, including those developed by its BRICS counterparts (Nhamo, 2021). This has been particularly important given the country's limited resources and manufacturing capabilities, which have made it challenging to procure vaccines independently (Neethling, 2017). By leveraging the collective bargaining power of the BRICS group, South Africa has been able to secure more affordable and accessible vaccines, helping to protect its vulnerable populations and support its economic recovery efforts (Neethling, 2017).

Vaccination has been reported as one of the top notable public health achievements to have occurred during the 1900s. Vaccination has resulted in the eradication of smallpox and control of poliomyelitis, measles, rubella, tetanus, diphtheria and other infectious diseases (Sullivan, 2021). Despite all the public health successes in reducing the spread of infectious diseases through vaccines, a substantial portion of the global population still expresses concerns about the safety, efficacy and need for vaccines, a phenomenon known as vaccine hesitancy (Sullivan, 2021).

During the pandemic, Xi pledged to donate 600 million doses of vaccine directly, with a further 400 million doses coming from other sources. President Xi also said they would offer another one billion COVID-19 vaccines to other African countries, and would encourage Chinese companies to invest no less than $10bn in Africa across the next years to come (Al Jazzera, 2021).

Xi’s promises came as part of rum between China and African states with emphasis on trade and security held in the city of Diamniadio near Senegal’s seaside capital, Dakar. Beijing also donated millions of doses of its home Sinopharm vaccine to poor

Africans countries since the start of the pandemic (Parliament of the Republic of South Africa, 2021). Xi also maintained that a China-Africa cross-border yuan centre would be set up to provide African financial institutions with a credit line of $10 bn without giving further details (Al Jazzera, 2021).

5.2.2.1 South Africa -India

The South African and Indian vaccine manufacturers did not possess any patents relating to COVID-19, but they did enter into technology-focused agreements with their Western counterparts. The governments of the two nations spearheaded a proposal at the World Trade Organization (WTO) in October 2020 to waive intellectual property rights for COVID-19 technology and vaccines to address this issue even before these agreements were finalised (Mpungose, 2021). However, it was not until June 2021, eight months after it was submitted, that the other foreign ministers of the BRICS countries agreed to endorse this idea.

South Africa received the COVID-19 vaccine on February 1, 2021, making it one of the first nations in Africa to do so. Produced by AstraZeneca-SK Bioscience (AZ-SKBio) and the Serum Institute of India (AZ-SII), the nation was given one million doses of the AstraZeneca/Oxford COVID-19 vaccine (Business Tech, 2021). Following the publication of data indicating the vaccine's limited efficacy against the 501Y.V2 version of this coronavirus—the variant most prevalent in South Africa—the distribution of the AstraZeneca/Oxford COVID-19 vaccine was halted on February 8, 2021 (Mpungose, 2021). South Africa started distributing the Johnson and Johnson COVID-19 vaccine on February 17, 2021, with an initial batch of 80,000 doses (Business Tech, 2021). Not only is this vaccination effective against the 501Y.V2 variation, but it is also less expensive than AstraZeneca/Oxford and other vaccines that are currently on the market (Mpungose, 2021).

To allow developing economies to get and produce their own vaccines, President Ramaphosa consistently called for the WTO to complete discussions on the waiver of COVID-19 vaccinations and treatments in 2021 (Business Tech, 2021). In addition to working together on IP exemptions, South Africa and India worked together on a COVID-19 vaccine commercial deal that showed intra-BRICS organisational cooperation. An order for 1.5 million shots of the vaccine was placed by South Africa

with the Serum Institute of India (SII), which had become a major vaccine provider. The Chair of the South African Parliament's Portfolio Committee on International Relations and Cooperation, Ms Tandi Mahambehlala expressed gratitude to the Indian government for prioritising South Africa to receive its first batch of vaccines to combat the pandemic, calling India a devoted friend in need and a dependable partner in the BRICS (Parliament of the Republic of South Africa, 2021).

Oxford-AstraZeneca's COVID-19 vaccine was purchased by South Africa for $5, 25, although European Union members paid $2, 16 for the same doses, according to a Belgian Minister (Sullivan, 2021). Stated differently, this meant that AstraZeneca's costs in South Africa were 2.5 times higher than those in most of Europe since they were 2.5 times more than what other European nations paid (Sullivan, 2021). South Africa's genomic sequencing capabilities have enabled scientists to track different strains of the virus more effectively. In addition, India's experience in producing generic medicines has allowed it to manufacture and distribute considerable quantities of hydroxychloroquine, a drug used in treating COVID-19 patients across the world. Additionally, Russia's Sputnik V vaccine became one of the first vaccines approved for emergency use globally (Parliament of the Republic of South Africa, 2021).

5.2.2.2 South Africa – China

South Africa emerged as a nation with the largest number of COVID-19 cases and fatalities in Southern Africa at the beginning of 2020. However, an unexpected development was that South Africa did not look to China for assistance when the vaccinations were initially made available (Mpungose, 2021).

China had created the Sinopharm and Sinovac vaccines, but when South Africa started immunising its citizens on February 1, 2021, she turned to India and obtained a million doses of the AstraZeneca/Oxford-19 vaccine, which was made by the serum Institute of India and Astra-Zeneca-SK Bioscience (Mpungose, 2021). The Johnson and Johnson COVID-19 vaccine was introduced by the South African government after the vaccine's suspension on February 8, 2021 because of its low efficacy rate against the 501Y.V2 form of coronavirus, which was most prevalent in that country at the time (Dzinamarira et al., 2021).

In the first quarter of 2021, the nation imported almost nine million doses of the Johnson and Johnson vaccine. During the same period it was anticipated to import twenty million doses of the Pfizer/BioNTech vaccine (Dzinamarira et al., 2021). Even though other countries like Zimbabwe were already requiring their citizens to receive the Chinese vaccine, it is surprising that during that time, there was no discussion of Chinese vaccinations. More than 90% of the vaccinations in Zimbabwe, a country outside of the BRICS, come from China. People are left wondering why things stand as they do between South Africa and China. The South African regulatory agency did not permit the use of China's Sinovac vaccine outside of emergency situations until July 3, 2021 (Cocks, 2021).

Given China's desire to dominate African nations, South Africa appears to be exercising caution when it comes to Chinese products, even though it has approved the use of Sinovac. Unlike Zimbabwe, which accepted the Chinese drug without sufficient information, as revealed by a doctor who received the first batch of donated vaccines from China, South Africa rejected the Chinese vaccine early on, raising concerns about a lack of transparency in clinical trial data (Cocks, 2021).

Even after approving the use of Sinovac, President Cyril Ramaphosa of South Africa persisted in pleading with Western pharmaceutical companies and their supporting governments to temporarily revoke vaccine patents, allowing other nations—rather than China—to provide the shots (Cocks, 2021).

This demonstrated the extent to which South Africans desired to oversee their own fate and refused to cede their sovereignty in exchange for vaccines that they could obtain elsewhere. Instead, they cheered on another sovereign as their saviour, unlike most impoverished African nations that are perpetually waiting in the corridors of China for donations in exchange for their resources. According to a statement released by the South African Chinese embassy on August 11, 2021, approval for Sinovac was granted subject to certain requirements for the vaccine's emergency usage. This demonstrates that South Africa was expressing her refusal to be coerced into doing whatever another power desired (Al Jazeera, 2021).

5.2.3 Financial Assistance and Donations from China

Nasper committed R1.5 billion in emergency aid to the government of South Africa in response to the COVID-19 crisis. R1 billion was used to buy personal protective equipment (PPE) and medical supplies in China, in partnership with the Chinese government and Tencent, to support South Africa's health workers and ship them off to South Africa as soon as possible (Staff Writer, 2020).

Additionally, in April 2022, the Chinese government also donated tonnes of masks, medical disposable masks, medical protective gowns, infra-red thermometers, medical googles, disposable surgical gloves, medical shoe covers, and medical protective goggles to South Africa to assist South African medical staff who are at the forefront of the fight against the COVID-19 virus (eNCA, 2020). Public institutions and private companies such as the Bank of China Limited, Johannesburg Branch, Alibaba, the Chinese Community in South Africa, Telecommunications giant Huawei, industrial commercial Bank of China Limited, African Representative Office, China Constructive Bank Johannesburg Branch; and Land Pac, the earth compaction, the company also made donations to the Government of South Africa towards combating COVID-19 (eNCA, 2020).

Moreover, the Chinese embassy in Pretoria donated R500 000 thousand to the National Department of Social Services to boost the South African government's provision of social services to impoverished communities amidst rising poverty levels attributed to the COVID-19 pandemic. Chen Xiadong ambassador of China handed the donation to social development Minister Lindiwe Zulu at the ceremony attended by officials from the Chinese embassy and the South African government (Al Jazeera, 2021). The donation was of great significance, alleviating the difficulties of people at the grassroots and giving impetus to the fight against the pandemic at a community level in South Africa (Staff Writer, 2020).

Since the outbreak of COVID-19, China and South Africa have maintained close coordination under such mechanisms and platforms as BRICS, the G20 and the World Health Organization (WHO), and firmly supported these organisations in international response to the pandemic (Moore, 2022). China's strong and effective actions to bring the pandemic under control, which were embraced by the World Health Organization

(WHO), provided valuable experiences to South Africa and other countries as shared COVID-19 mitigation strategies. Furthermore, China provided supplies in batches to the AU and all African countries that have diplomatic ties with the country (BRICS Academic Reviewissue 04, 2020).

This initiative is significant because it highlights how emerging economies can work together towards a common goal despite their differences. As Moore (2022) notes in her study on Global Health, "BRICS has been cast as a block with the potential to make significant changes in Global Health." The fact that these five countries are using their collective resources and expertise underscores their commitment to addressing global health challenges.

5.3 Scientific Knowledge-Sharing Between BRICS Member-states

The COVID-19 pandemic has been a challenging time for governments worldwide, and South Africa was no exception. However, as a member of BRICS, it had access to a vital resource: knowledge-sharing. BRICS facilitated knowledge-sharing and collaboration between South Africa and other member countries to develop effective strategies for managing the pandemic. This cooperation allowed South Africa to learn from the experiences of its peers in combatting the virus while also offering insights into what worked in their own country (United Nations Conference on Trade and Development, BRICS Investment Report, n.d.). The exchange of information was essential because each country faced unique challenges due to differences in culture, politics, infrastructure and geography, among others. As such, there were no one-size-fits-all solutions when dealing with this virus. Moreover, working together on strategies that addressed specific needs within each nation's context during the pandemic period helped build trust among members, which could be used going forward towards achieving greater goals over time (United Nations Conference on Trade and Development).

5.4 Conclusion

In conclusion, the response of the BRICS nations to the COVID-19 pandemic in South Africa has highlighted some vital lessons that must be learned. The world is still grappling with a virus that continues to devastate communities and economies alike.

The challenges faced by South Africa have underscored the importance of investing in healthcare infrastructure and strengthening public health systems. The outbreak of COVID-19 has demonstrated how important it is for countries to work together to combat global pandemics. Although much progress has been made, there remains much more work to do if we are going to make meaningful strides towards eradicating the virus from our midst. As such, other BRICS nations should take heed of South Africa's experience and prioritise investments in their own healthcare systems. With all said and done, it is clear that through collective action, we can overcome even seemingly insurmountable challenges like COVID-19. However, this will require us all to work collaboratively across borders as never before – sharing knowledge and resources so that no country or community gets left behind. As such, let us hope that policymakers around the world take note of what happened during this crisis period and invest in creating robust public health infrastructure capable of responding quickly when future crises inevitably arise. Only then can we truly say we have learned something valuable from these challenging times!

The next chapter sums up the study findings and provides policy recommendations and strategies.

CHAPTER 6: POLICY STRATEGIES TO MITIGATE THE IMPACT OF COVID-19 IN SOUTH AFRICA

6.1 Introduction

This chapter highlights the main study findings, and guided by the social control theory, will suggest several policy recommendations and strategies which, if adopted, could help South Africa as a member-state of BRICS to tackle the COVID-19 pandemic better. The last section of the chapter ends by outlining the strategies for containing COVID-19 in South Africa and a conclusion. Relying on the qualitative research methodology and descriptive design, the study sought to investigate how Brazil, Russia, India, China and South Africa (BRICS) have lent some help to South Africa during the pandemic, being one of its member-states. It also examined the socio-economic impact the pandemic had on the country. As indicated throughout the study, this was essentially a desktop study, meaning that no active field research was undertaken. Books, journal articles, governmental policy documents and other online publications were the main secondary data sources. To derive meaning from them and thereby answer the study's aims and objectives, Thermal Content Analysis TCA was used.

6.2 The study findings

6.2.1 COVID-19 emerges

The Huanan seafood market in Wuhan City, China, was identified as the place where COVID-19 first emerged in 2019. Scientists agree that the virus arose after certain people came into contact with a man who had consumed the meat of a wild animal sold at that meat market. Soon after its outbreak and by human-to-human transmission (contact), the virus spread rapidly, infecting many more people in China. This development forced the Chinese health authorities to inform the World Health Organization (WHO) about the outbreak and how quickly the virus was spreading. The infected usually have flu-like symptoms; headache, sneezing, cough, sore throat, sneezing, fatigue, rhinorrhoea and sputum production (WHO, 2020). The virus weakens the immune system, and additionally, there could be diarrhoea and loss of appetite.

6.2.2 WHO declares COVID-19 a global pandemic

Having received additional information about the nature of the virus from the Beijing Centre for Disease Control and with more and more people rapidly infected around the world, on 11 March 2020, WHO Director-General Dr Tedros Adhanom Ghebreyesus declared the virus a global pandemic.

BRICS countries were not just the most populous but were experiencing a very rapid rise in the number of infections and fatalities. This development forced them to act. The latter, a subject of this study, came in the form of a series of health and socio-economic measures aimed at curbing the spread of the pandemic, both nationally and internationally (collectively).

It is reasonable to assume that the BRICS' response to COVID-19 was informed by China's experience of fighting previous pandemics. This was detailed in a document titled "Fighting COVID-19: China in Action," released in June 2020. Their collective approach seems to echo the arguments of the social learning theory, which was selected to guide this study.

As mentioned in Chapter 2 above, the social control theory argues that most people's actions are learned observationally and are not influenced only by their own. From this point of view, it would seem that responses by individual BRICS member-states were informed or guided by the actions of one another and of other states as well.

6.2.3 BRICS' response to COVID-19 outbreak

BRICS' response to the pandemic took place at two (2) levels: nationally (domestic) and internationally (i.e., collectively). Although this was evidently the case, a common feature running through all of them is the social learning theory's assumption that nation-states learn from one another and from others. This was also in line with BRICS' determination to find a solution beneficial to as many nation-states as possible.

Although COVID-19 measures by individual nation-state were elaborated upon in Chapter 4 above, it could help to restate some of the most important themes here, namely.

- China informs WHO about the COVID-19 outbreak and shares its scientific information about the nature of the virus; and

- Individual BRICS member-states resolve to respond resolutely by way of national health regulations.

Collectively BRICS resolved.

- To collaborate in scientific information sharing;

- To collaborate in vaccine development, manufacturing and distribution; and

- Prioritise national vaccine rollout programmes for vulnerable groups and poor nations.

6.2.4 Socio-economic impacts of COVID-19 in South Africa

The COVID-19 pandemic had a significant socio-economic impact on South Africa, affecting various aspects of the lives of the population. Some of the key effects included:

Unemployment and livelihoods: The pandemic led to a surge in unemployment, with many businesses forced to close or downsize, resulting in job losses and reduced income for many individuals.

Poverty and inequality: The pandemic exacerbated existing poverty and inequality in South Africa, with the most vulnerable populations, including the Black majority, being disproportionately affected.

Food insecurity: Many individuals and households struggled to access basic necessities like food.

Economic Contraction: The pandemic resulted in a significant economic contraction, with South Africa's GDP declining by 7.9% in 2020.

Small and Medium Enterprises (SMMEs): The pandemic had a devastating impact on SMMEs, with many being forced to close due to the lockdown and restrictions.

Psychological impact: The pandemic also had a significant impact on the population, with many individuals experiencing anxiety, sadness, hopelessness, isolation and anger.

6.3 Policy Recommendations and Strategies

6.3.1 Policy Recommendations

One of the study objectives, as indicated in the Chapters above, was to suggest a number of policy recommendations, if adopted, that could better South Africa being one of the BRICS member-states to combat the COVID-19 pandemic. Here, the study suggests the following policy recommendations:

6.3.2 The importance of multilateral co-operation

When analysing the collected data, especially in Chapters 3 and 4 above, BRICS member-states realised that their collective efforts at curbing the pandemic would fail if they did not assist the most vulnerable groups and nations. As illustrated in Chapter 5, commendable steps have been taken in this regard. Such multilateral cooperation could take the form of funding and material aid.

Several vaccine manufacturers have managed to develop and avail a variety of COVID-19 vaccines, e.g., Pfizer, J&J etc. Plans were underway in South Africa to produce them locally as well. With this step, it is hoped that vaccine nationalism and costs would be overcome.

Vaccine nationalism is when certain nations, for their selfish interests perhaps, buy and stockpile all available vaccines in the market. When this happens, these nations lose sight of the fact that their actions may lead to shortages and that stockpiles may expire (i.e., reach sell/use-by-date). Scarcity may also lead to rising costs; thus these activities may lead to the poor and vulnerable groups not accessing vaccines. Having acted thus, vaccine nationalism may defeat the purpose for which anti-COVID-19 medications were developed in the first place.

Poor nations may not mount national vaccination programmes if medication (vaccines) is not affordable and beyond the reach of society's most vulnerable. For this reason, rich nations and philanthropists should assist through funding and donations worldwide.

Providing robust technical support and training for frontline workers was identified as an activity that could slow down the pandemic. Civil society organisations (CSOs) and other activists should collaborate at both local and global levels to identify best practices and develop associated helping programmes.

6.3.3 Comprehensive National Vaccination Programmes

Implementation of nation-wide vaccination programmes was identified by BRICS nation-states as an effective strategy for curbing the spread of the virus. Such programmes not only give jabs to as many people as possible but help overcome individual vaccine hesitancy. The latter is when individuals, for a variety of reasons, are reluctant to vaccinate for COVID-19. To be even more successful, individual national programmes should be free, that is, people should not pay for COVID-19 jabs. Additionally, both testing and vaccination sites should be as close and accessible to the people as possible.

6.3.4 Continue the COVID-19 education campaigns.

It is a considered view of this researcher that without continuous information and educational campaigns, many people in SA and around the world cannot understand the danger and how deadly the virus is. Education thus becomes vital. All communication platforms should thus be used to reach as many people as possible.

6.3.5 Strengthen the public health system

South Africa needs to invest in and strengthen its respective public health services. Strong public health systems ensure that countries are not too vulnerable. Such systems enable all levels of the national health system to coordinate preventative and curative responses timeously should there be a pandemic outbreak.

Furthermore, public health system needs to ensure that public emergency measures are accountable and proportionate. These should also be time restriction which is clearly communicated in a transparent manner, well-grounded in law and able to serve their legitimate purpose and proportionate to the threat.

6.4 Strategies for Containing COVID-19 in South Africa: A Policy Roadmap for Mitigating the Pandemic

6.4.1 National State of Disaster

On the 15th of March 2020, when the number of infected people was around 61, South Africa declared a national state of disaster under the 2002 Disaster Management Act. This was done primarily by President Ramaphosa to enable the government to have an integrated and coordinated disaster management plan mechanism that will focus on preventing and reducing the outbreak of the pandemic/virus. The declaration

enabled the government to issue a slew of regulations, directions and guidelines to contain and mitigate the impact of the pandemic. During the state of disaster, the Disaster Management Act allowed the government to issue regulations to restrict, inter alia movement of persons and goods, within the disaster-stricken or threatened area, the following measures may be implemented, suspension or limitation of sales, dispensing, or transportation of beverages. Implement additional measures as necessary to prevent further disaster escalation, mitigate, contain, or minimise the adverse effects of the disaster. These measures aim to ensure public safety and mitigate the impact of the pandemic. Similarly, the 2004 Disaster Management Regulations state that any minister may issue and give directions as required within his or her mandate to address, prevent and combat the spread of COVID-19 from time to time as much as it may be required, including ways or steps that may be necessary to prevent an escalation of the national state of disaster.

6.4.2 Lockdown

The government instituted a lockdown from 26 March to 16 April, but on the 9th of April President Ramaphosa extended the lockdown through the end of April. During this period, each and every person remained confined in his or her place of resident and were not allowed to leave “unless for strictly purposes of performing an essential service, obtaining an essential good or service, collecting social grants, pension, living saving, chronic medication attention or seeking emergency. All gatherings were prohibited except for purposes of attending funerals where only a maximum of 50 people were allowed to attend. All businesses remained closed for this duration except those that were engaged in manufacturing, supply or provision of essential goods or services. Retail stores were only permitted to stay open and sell essentials items, and were banned from selling any other goods. Also, traveling between provinces and metropolitan/district areas was restricted, only permitting essential travel for specified individuals and circumstances.

South African borders remained closed except designated parts of entry for the purpose of transportation of fuel, cargo and goods. During the lockdown, all commuter transport services were suspended except for buses, taxis, ehailing services, and private vehicles (only for essential activities and authorised vehicles). Additional restrictions applied. For instance, public transport was only allowed to carry 50% of

their permitted capacity while minibuses and mid buses may only carry up to 70% of their permitted capacity.

6.4.3 Travel Ban

On the 26 of March, the Minister of Home Affairs issued temporary directions prescribing measures relating to entering and exiting the country. The directions withdrew temporary residence visas issued to foreigners residing in high-risk countries (Germany, South Korea, USA and France) unless the person has arrived in South Africa on or before 15th of March 2020. The directions also withdrew visa exceptions allowing visa free movement exceptions allowing visa free movement for nationals of high-risk countries since the 15th of February. People from high-risk countries who were in South Africa prior to February 15th but are unable to depart for reasons related to the disaster were entitled to a visa extension. Lastly, the directions also suspended all visas for foreigners for the duration of the lockdown, stating that “during the period of National Lockdown, as declared, no foreigners may be issued a visa for the purposes of traveling into the Republic and no person will be allowed entry or transit through or departure from the Republic.

6.4.4 Price Gouging

The Disaster Management Response (DMR) authorised the Minister of Trade and Industry to issue out directions to protect consumers from excessive, unfair, unreasonable or unjust pricing of goods and services during the national disaster. On the 19th of March 2020, the Minister issued Consumer and Customer Protection and National Disaster Management Regulations and Directions. These regulations and directions were aimed at preventing, among others, excessive price increase from certain essential items. They also stated that a material price increase during the period of the pandemic/ disaster of a basic food, consumer item, emergency products and services is a relevant and critical factor for determining whether the price is excessive or unfair according to the bar dominant firms as defined in section 7 of the Competition Act from charging excessively to the detriment of customers.

The regulations and directions indicated prima facie that the price is excessive or unfair if such increase does not correspond to an increase in the cost of production of the provision of the goods or services or increased the mark-up on the good or service relative to the price for the same good or service in the three months preceding the

1st of March 2020. According to the regulations, such practices are unfair, unreasonable, unjust and unconscionable, and subject to the applied penalties under the Act, a person or firm who contravenes these restrictions is subjected to a fine not exceeding ZAR1 million. In addition, the Regulations and Directions mandate that suppliers of goods implement reasonable measures to ensure the equitable distribution of the listed essential goods as well as items such as toilet papers, hand sanitisers, facial masks and surgical gloves.

6.4.5 Special Unemployment Insurance Benefit

The Minister of employment and labour issued a directive to create a temporary special benefit under the Unemployed Insurance Fund for contributors who have lost income due to the pandemic and lockdown. The directive stated that “should an employer as a result of the COVID-19 pandemic close its operations, for a period of 3 months or the period affected employees shall qualify for a COVID-19 benefit’’. Although employees were to be paid in terms of the income replacement rate sliding scale (38%-60%), the fund will pay or will be paid a minimum of ZAR3, 500, or about US. $195.

6.5 Conclusion

In conclusion, the COVID-19 pandemic has exposed and exacerbated deep seated socio-economic vulnerabilities in South Africa, necessitating a comprehensive and collaborative response. The BRICS nations have demonstrated solidarity and support, providing critical economic, medical and technical assistance to help South Africa navigate the crisis. While significant challenges persist, the BRICS partnership has played a vital role in mitigating economic contraction, enhancing healthcare capacity, and protecting vulnerable populations.

As South Africa moves towards recovery and rebuilding, sustained BRICS cooperation will be essential in addressing lingering socio-economic disparities, fostering inclusive growth, and promoting regional resilience. By leveraging the strengths of the BRICS alliance, South Africa can unlock new opportunities for sustainable development, industrialisation, and social transformation, ultimately emerging stronger and more united in the face of future challenges.

Also, it is crucial that policymakers continue to prioritise public health initiatives and community engagement efforts aimed at reducing transmission rates while promoting

safe practices within communities. Mitigating COVID-19 requires collective action from everyone involved - government officials, healthcare professionals and ordinary citizens alike - if we are going to successfully overcome this global challenge together as a nation. Let us remain vigilant and work towards a healthier future for all South Africans by implementing effective policies that prioritise prevention over cure.

The following chapter summaries the study findings, gives recommendations and future implications of the study.

CHAPTER 7: CONCLUSIONS AND RECOMMENDATIONS

The BRICS' response to the COVID-19 pandemic was marked by both cooperation and fragmentation, highlighting the complexities of global governance in the face of crisis. BRICS countries, including South Africa, took significant steps to address the health and socio-economic impacts of the pandemic. However, their efforts were often hindered by limited coordination, inadequate resource mobilisation, and competing national interests. South Africa, as a key player in BRICS, played a critical role in shaping the grouping's response to the pandemic, particularly in the areas of diplomacy and economic support. However, the country's own struggles with the pandemic highlighted the need for more effective cooperation and resource mobilisation within BRICS. By strengthening their cooperation mechanisms, leveraging their collective resources and expertise, and prioritising the needs of vulnerable populations, BRICS countries, including South Africa can enhance their response to future global crises and sustainable development outcomes. Finally, this study underscores the need for more effective global governance and cooperation in the face of increasingly complex and interconnected global challenges. By analysing BRICS' response to the COVID-19 socio-economic impacts in South Africa, this study aimed at informing more effective crisis response strategies and promote more just and resilient global order.

To enhance future crisis responses, South Africa should prioritise strengthening its healthcare system, and leveraging BRICS partnership to access medical expertise and resources. Additionally, South Africa should diversify its economy, reduce dependence on vulnerable industries and promote intra-BRICS trade to mitigate economic shocks. BRICS member-states, including South Africa should establish a unified crisis response framework, and facilitate coordinated policy responses and resource sharing. This framework can enable more effective regional responses to global crises such as pandemics, economic downturns, and climate related disasters. South Africa, as a key BRICS player, should advocate for more equitable global governance structures, thereby promoting inclusive decision-making and resource allocation. By doing so, South Africa can help ensure that global crisis responses prioritise the needs of emerging economies and vulnerable populations, ultimately enhancing regional and global resilience.

7.1 Summary of findings

The study about BRICS' response to the socio-economic impact of COVID-19 in South Africa revealed a mixed picture of cooperation and self-interest, with limited effectiveness in mitigating the crisis. Despite some notable initiatives, BRICS' health diplomacy was hindered by poor coordination and resource constraints, while economic support measures had a limited impact in addressing the socio-economic fallout. Furthermore, a social protection and humanitarian assistance was inadequate, particularly for vulnerable populations. The study highlighted the need for BRICS to strengthen its cooperation, coordination and resource mobilisation to effectively address global crises and understand the importance of contextualising cooperation within the complex dynamics of emerging economies like South Africa.

7.1.1 The positive and negative aspects of the BRICS' response to socio-economic impacts in South Africa

The BRICS nations' response to the socio-economic impact of COVID-19 in South Africa has been marked by a mix of cooperation, solidarity and limited tangible support. While BRICS countries have offered some financial assistance, medical aid, and diplomatic support, the overall response has been criticised for being inadequate, slow, and insufficient to address the scale of the crisis. Despite the establishment of the BRICS New Development Bank's (NDB) COVID-19 Emergency Loan Program, the funding allocated to South Africa has been limited compared to the country's needs. Furthermore, the response has been characterised by a lack of coordination, duplication of efforts, and insufficient engagement with local stakeholders.

However, the crisis has also highlighted opportunities for enhanced cooperation and solidarity among BRICS nations, particularly in areas such as vaccine development, trade and investment. To effectively address the socio-economic impact of COVID-19 in South Africa, BRICS countries must scale up their support, improve coordination, and prioritise local needs and perspectives.

7.2 Study limitations

It is the researcher's view that had sufficient financial and other enabling resources been available, this study could have been more detailed and comprehensive. However, it was limited to the review of secondary data sources without any field work.

Lastly, although it is stated in several instances in the study, the aforementioned factors did not allow for a comprehensive examination of the role of indigenous knowledge systems (IKS) in both the prevention and cure of COVID-19. This is perhaps another research area that should be explored.

7.3 Implications for future studies

Future academic researchers should delve deeper into the socio-economic impact of the pandemic, thereby exploring its intersectionality, long term consequences and structural factors. A nuanced understanding of vulnerable populations and targeted policy interventions is crucial. The implications of the pandemic for global economic governance and the role of emerging economies in promoting a more equitable global order warrant further exploration. By examining the health, economy and society intersections, the researchers can inform more policy decisions and contribute to more effective crisis responses.

Moreover, for future research on the socio-economic impacts of COVID-19, the BRICS plus can provide a rich area of study in terms of exploration into how collaborative efforts between these nations can foster economic resilience and equitable growth. Future academic researchers may focus on how BRICS countries have navigated challenges such as healthcare infrastructure, economic recovery policies and social welfare programmes, which are all crucial in shaping their post-pandemic trajectories.

The BRICS plus also suggests the possibility of new alignments in global governance, trade and financial cooperation. Analysing how these relationships evolve will be crucial for understanding both the immediate and long-term socio-economic shifts triggered by the pandemic. Additionally, the disparities in COVID-19 recovery between BRICS nation could offer critical information into the role of political governance, international partnerships, and innovation in overcoming global crises.

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9. Annexure A: TREC Certificate

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TURFLOOP RESEARCH ETHICS COMMITTEE

ETHICS CLEARANCE CERTIFICATE

MEETING: 31 OCTOBER 2023

PROJECT NUMBER: TREC/1593/2023: PG

PROJECT:

Title:	Analysis of BRICS' response to the socio-economic impact of the COVID-19 pandemic in South Africa.
Researcher:	OI Leoto
Supervisor:	Dr LT Legodi
Co-Supervisor/s:	Dr SL Vuma
School:	Social Sciences
Degree:	Master of Arts in International Politics

PROF D MAPOSA
CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: **REC-0310111-031**

Note:

i) **This Ethics Clearance Certificate will be valid for one (1) year, as from the abovementioned date. Application for annual renewal (or annual review) need to be received by TREC one month before lapse of this period.**

ii) **Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee, together with the Application for Amendment form.**

iii) **PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.**

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