

# Human Insecurity in South Africa and Zimbabwe: How the COVID-19 Pandemic Exposed the New Reality

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## ABSTRACT

The COVID-19 pandemic which started in China spread into the Southern African region when South Africa recorded its first case in March 2020. By mid-2023, when the pandemic finally subsided, the Southern African Development Community (SADC) region had become the most affected region in Africa after recording more than 4,5 million infections and more than 100,000 deaths. Focusing on the SADC region's two countries, this paper examines how lack of decent health facilities worsened the plight of less privileged citizens in the face of the deadly virus. The challenges faced by the less privileged and the impact of the pandemic demonstrated that it was not only the virus that killed people, but lack of access, poverty and inequalities. The paper further argues that the COVID-19 pandemic served as an exposé of several decades of policy misalignment, which conflates state security and human security. The paper posits that the COVID-19 pandemic should serve as a wake-up call not just at the national, regional, and global levels, but also to realign thinking and policy in line with the reality that non-military threats now pose more harm than ever before in the history of humanity.

**Keywords:** COVID-19 pandemic, human security, SADC, South Africa and Zimbabwe

## INTRODUCTION

'The problems we face did not come down from the heavens. They are made by bad human decisions, and good human decisions can change them' (Sanders, 2016).

In 1992, the then-United Nations (UN) Secretary-General Boutros Boutros-Ghali informed the world of the need for an 'integrated approach to human security' (UN, 2005: p. 8). This underscored the beginning of a shift in terms of our lenses and ultimately our views on the drivers of human insecurity from state-centric lenses to a human-centric security paradigm. Despite nearly three decades since the aforementioned paradigm shift from state security to human security thinking, there is very little evidence in terms of operationalising policy realignment among nation-states in response to the shift. At the global level, we have witnessed the public sector spending more on the military and less on addressing inequalities, social safety nets and basic health care. The private sector generally prefers to invest more in profit-making ventures. At times, the private sector is even prepared to invest in money-spinning elite and other lucrative sports like Formula One or Top-flight football leagues in Europe rather than in what can improve the livelihoods of the less privileged. In developing countries, there has been more focus on state and regime security than on human security. According to Harris, 46 countries in Sub-Saharan Africa witnessed an increase in their military spending by 42 per cent even when there has been a decline in military threats (Harris, 2010: p.77). In fact, in the last two decades, threats that manifest themselves as military threats, such as civil wars, violent extremism and civil unrest are largely driven by ordinary people resisting structural violence and its consequences (Mutasa and Muchemwa, 2021: p.11).

The COVID-19 pandemic which caught many nations and regions unprepared, unmasked the risks of policy misalignments. Using case studies of two countries in the SADC region, South Africa and Zimbabwe, this paper reveals that decades of poverty, weak public service infrastructure and inequality towards access to decent healthcare exacerbated the impact of the COVID-19 pandemic among the majority of the less privileged citizens. Thus, it was not the COVID-19 pandemic per se that killed people, but rather it was decades of poverty, inequalities and underinvestment in health care and the absence of social safety nets that created conditions that exposed the majority of the people in the two countries to the dangers of the deadly virus.

The paper is divided into four main sections. The first section of the paper looks at the conceptual and methodological issues. The second section analyses the regional interpretation of security in SADC. The third section focuses on the discussion of findings. The fourth and final section is a discussion of recommendations and the conclusion.

### **Human Security and a paradigm shift in threats to humanity**

The origins of the human security concept can be traced to the 1992 UN Agenda for Peace which was spearheaded by Boutros-Boutros Ghali’s clarion call for an ‘integrated approach to human security’ (UN 2005: p.9). This call came after the realization that the traditional approach to security was no longer adequate to the ever-changing dynamic world. Traditional security focused more on territorial integrity and invested resources in hard power such as having a strong army and cutting-edge weapons to outwit adversaries both real and imagined (Harris, 2010). This is not to say traditional security is now unimportant, but it has increasingly become clear that traditional security which tends to be state-centric is not adequate because it focuses more on macro issues while paying less attention to micro issues which have a bearing on human insecurity. The key drivers of security were now interconnected to economic, social and political issues. Traditional security had failed to guarantee people's security and freedom from fear and freedom from want and therefore only an integrated human-centred approach with a focus on people would go a long way in protecting people and complement the efforts of the traditional approach to security (UN, 2005).

The human security concept is largely a product of a multi-sectoral interpretation of what causes human insecurity. Human security is about protecting ‘the vital core of human lives in ways that enhance human freedoms and human fulfilment’ (UN, 2005: p.5). Human security is about ‘creating political, social, environmental, economic, military and cultural systems that together give people the building blocks of survival, livelihood and dignity’(UN 2005: p.5). Human security marks a departure from a state-centric interpretation of security to a human-centric interpretation of security using a single human being as a unit of analysis (UN, 2005). In other words, the departure is a manifestation of the fact that traditional insecurity is no longer the only biggest threat to humanity. Human security has the following characteristics;

- People-centred;
- Multi-sectoral;
- Comprehensive;
- Context-specific and
- Prevention specific (UN 2005: p. 6)

Given the human-centred nature of human security, the following main drivers have been identified: economic, food, health, environmental, personal, community and political security (UN 2005: p.6).

Table 1: Breakdown of Human Security

| <b>Type of Security</b> | <b>Examples of Main threats</b>  |
|-------------------------|--|
| Economic Security       | Persistent poverty, unemployment   |
| Food Security           | Hunger, famine   |
| Health Security         | Deadly infectious diseases, unsafe food, malnutrition, and lack of access to basic health care |
| Environmental Security  | Environmental degradation, resource depletion, natural disasters, pollution                    |
| Personal Security       | Physical violence, crime, terrorism, domestic violence, and child labour                       |
| Community Security      | Inter-ethnic, religious and other identity-based tensions                                      |
| Political Security      | Political repression, human rights abuses  |

Source: (UN 2005: p.6)

There is growing evidence that states now have a general understanding of the shift from traditional security to human security (NICC, 2025). However, the inability of modern states to operationalise policies that are sensitive to the main drivers of threats to humanity has led to increased structural violence (Okwayo, 2025). The concept of human security is closely related to the concept of structural violence which is defined as the existence of social structures or institutions that keep individuals from meeting basic needs for a healthy existence (Harris 2010: p. 79). Galtung prefers to describe structural violence as an ‘avoidable impairment of fundamental human needs’ (Galtung 1996: p.145). The avoidable inability to promote health security is what is of importance to this study because it has exposed people to a deadly virus like COVID-19. The grave situation of failure to meet health security is very much connected to the failure to also meet personal security and economic security.

## METHODOLOGY

Methodologically, this paper used an exploratory and descriptive approach. The paper is largely based on secondary data from peer-reviewed academic literature, public and private media publications. The research also used primary data in the form of key documents from government departments and civil society organisations that are directly involved in the health sector.

### Regional interpretation of peace and security in SADC

South Africa and Zimbabwe are members of the SADC regional bloc, and their interpretation and response to security tend to be influenced by the SADC approach to security and vice versa. SADC as a regional economic bloc was established in 1992 to enhance regional economic integration as a way of stimulating regional development. According to SADC ‘...the vision of SADC is one of a common future, a future within a regional community that will ensure economic well-being, improvement of the standards of living and quality of life, freedom and social justice and peace and security for the people of Southern Africa’ (SADC, 2015: p.1). The conceptual thinking behind SADC demonstrates that the regional body is in sync with the modern trends and thinking in security and this is further explained by its efforts to ‘...promote sustainable and equitable economic growth and socio-economic development that will ensure poverty alleviation with the ultimate objective of its eradication, enhance the standard and quality of life of the people of Southern Africa and support the socially disadvantaged through regional integration;’(SADC 2015: p.2).

However, the aforementioned policy statements and pronouncements, good as they may sound are at variance with the reality on the ground, because SADC remains a weak regional body that is yet to achieve much of its vision. When compared to other regional bodies like the Economic Community of West African States (ECOWAS) and the Intergovernmental Authority on Development (IGAD), SADC seems to be lagging in terms of efforts towards operationalising its vision and principles towards addressing non-military threats. There has been talk and investment towards establishing a SADC regional Brigade and this thinking is even supported by the SADC key Organ on Politics Defence and Security. The Organ on Politics, Defence and Security was established to:

- Protect against instability and intra- and interstate conflict and aggression;
- Develop a collective security capacity and
- Consider development of the Mutual Defence Pact (SADC, 2015: p. 3).

This demonstrates that SADC is still investing in traditional security and therefore battling to move away from the old thinking of peace and security which is concerned with military threats. Therefore, it is not surprising that SADC as a regional bloc has not invested much towards non-military threats despite what on paper appears like clarity in its vision. This probably emanates from the fact that the strength of a regional body is as good as that of its members. If individual members are struggling with compliance towards the new thinking in security at the national level then the respective regional body will also not achieve much. The following section takes a closer analysis of South Africa and Zimbabwe’s historical and current trends in security thinking and defence spending.

## DISCUSSION OF FINDINGS

The study found that South Africa used to view security in the traditional sense to a large extent, especially before the demise of the apartheid system in 1994. This was witnessed by an exponential increase of military expenditure (miles) to around 4,7 per cent of the country's Gross Domestic Product (GDP) in the 1970s and 1980s as the regime sought to defend its system both internally and externally (Roux, 1997: p.537). Internally, there was mounting pressure from African nationalist movements who were increasingly becoming more militant in their quest for majority rule and independence. Externally, the country was under mandatory United Nations sanctions and arms embargo and could not import military hardware and it resorted to producing its hardware through the establishment of a vibrant arms industry. The country was also involved in various regional conflicts in Angola, Mozambique, Namibia, Zimbabwe and this increased pressure on the miles (Roux 1997). However, miles in South Africa changed significantly after 1994 (SIPRI, 2021).

At the policy level, the post-apartheid government has made notable efforts towards moving away from the territorial interpretation of security to the human security perspective. The South African National Defence Forces (SANDF) as cited by Harris believes that '...the greatest threat to the people of South Africa at present are socio-economic problems such as poverty, unemployment, lack of education, lack of housing, high crime rate and violence' (Harris 2010: p. 78). This apt observation by SANDF is in sync with the reality on the ground and has also seen the military expenditure going down from 2015, as seen in figure 1 (SIPRI 2021). However, despite this, experts still believe that the current size of SANDF which consists of 74, 508 active personnel and reserve personnel of 15,000, and the budget which is 0,86 per cent of the country's GDP is still high and not in sync with the country's needs and the real security situation (SIPRI 2021).

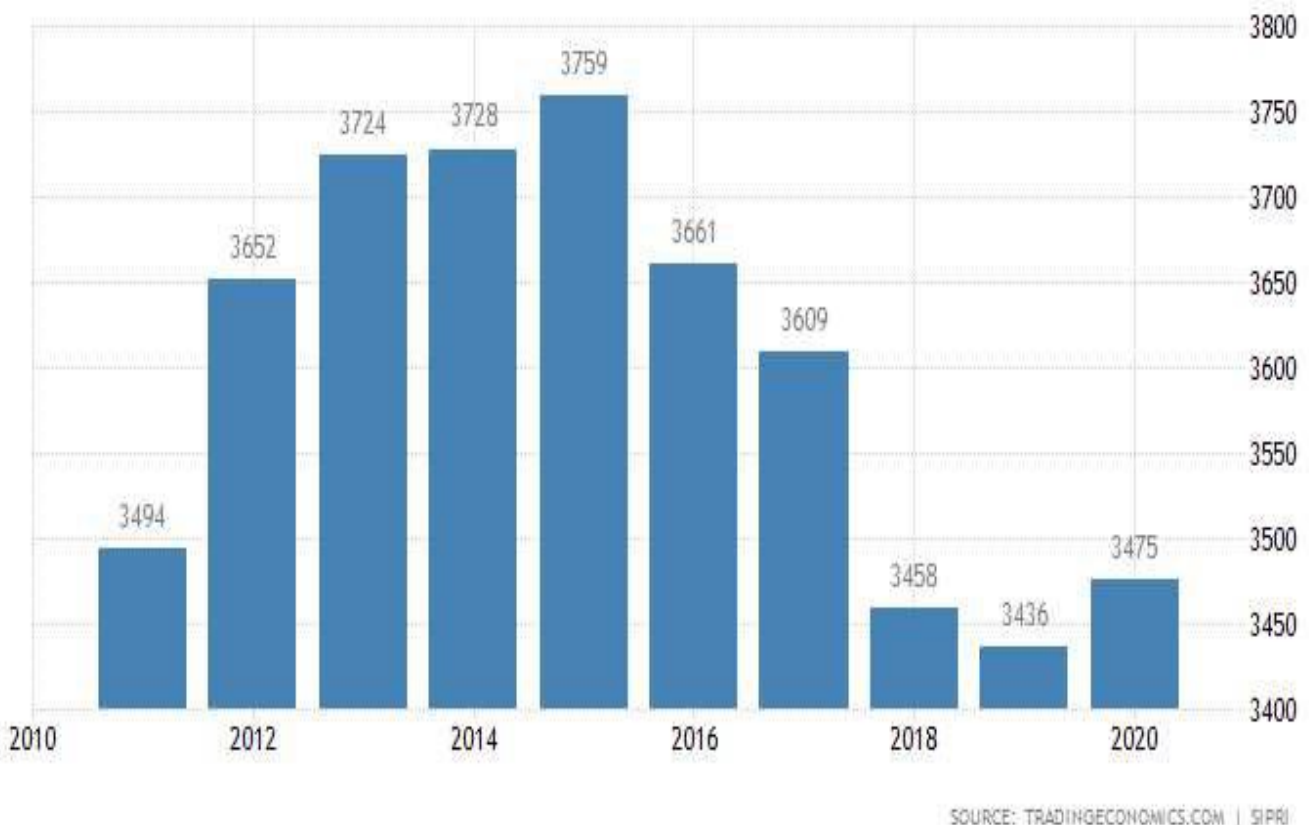


Figure 1: South Africa's military expenditure in USD Million in the past ten years

Source: (SIPRI 2021)

It seems that the SANDF policy thrust is still haunted by a past conception of security and also earlier efforts towards modernization endeavors which it attempted in 1999 through the infamous arms deal which gobbled R30 billion (USD4,8 billion) (Tambudzai 2011: p.9). At that stage, South Africa saw the necessity of

modernizing its security forces in preparation for possible active peacekeeping roles in the SADC region and beyond. Unfortunately, the acquired equipment did not serve much purpose (February 2019). More importantly, the amount spent towards the modernization efforts vis-à-vis the procured equipment and the actual country's needs. What also exacerbated the situation were the serious corruption allegations that characterized the whole procurement process; it remains an albatross to the ANC government and its senior officials (Crawford-Browne, 2004). Not only was the equipment substandard, but the money could also have been used to address pressing human security infrastructures which could have gone a long way towards enhancing the country's poverty and inequalities.

During the peak of the pandemic the country made some commendable efforts in terms of becoming the only African country with a respectable vaccination programme through vaccine production and COVID-19 research. Unfortunately, this could not save the country from becoming the most affected country in Africa. The apartheid system's ghost of inequality is still haunting the nation more than two decades after its demise. According to Heywood;

- 'There are an estimated 300,000 cases of Tuberculosis and 80,000 TB-related deaths annually;
- 8,000 babies die each year during or shortly after birth due to preventable causes linked to health system failures;
- 30 per cent of children are malnourished and obesity in adolescence and adulthood is prevalent due to paths of deprivation cut by childhood hunger;
- There is an exploding cancer epidemic, with people dying because cancer medicines cost so much and there are extremely few oncologists in the public health system;
- There are 270,000 new HIV infections and 89,000 AIDS-related deaths annually;
- There is pervasive corruption in the procurement of health equipment and medical supplies; and
- Large numbers of publicly-trained doctors and nurses are leaving the public health system – migrating or practicing in the private sector' (2019).

The burden on South Africa's health service has also been exacerbated by corruption (Vanyoro, 2022). There is also increased pressure and competition on the already strained and declining public health facilities due to an increase in demand from economic migrants from different countries (NICC, 2025).

The study also noted that the government of Zimbabwe's interpretation of security is to a greater extent based on the traditional interpretation of security. This is probably a result of its history, which saw African nationalists taking up arms to fight for independence. During the post-independence period, the country's security forces have participated in various regional, continental and international initiatives. Thus, the country highly values its security forces because they are seen as a vital cog in the country's perspective of security. In terms of size, it comprises 33,000 active members and about 22,000 paramilitary personnel (IISS, 2019). The role of the Zimbabwe Defence Forces (ZDF) is to defend 'Zimbabwe's independence, sovereignty, territorial integrity and national interests' (ZDF 2011: p.1). This is derived from a traditional interpretation of security.

Figure 2 shows military expenditure in Zimbabwe over the last 10 years, in millions of dollars. The figure shows a gradual increase in terms of expenditure and it only began to fall in 2018 (SIPRI 2020). On average, its annual military budget is generally around 2,16 per cent of its GDP and this is higher than that of South Africa in percentage terms (SIPRI 2020). However, it must be noted that given the sensitive and confidential nature of the security sector, the actual expenditure is not a matter of public discourse. This is not only peculiar to Zimbabwe, but it is also common practice in other African countries like Nigeria, Kenya, Ghana, Mali, Ethiopia, Mozambique and Sierra Leone (Tambudzai 2011: p.7). Therefore, the publicly declared figures in terms of milex cannot be taken at face value (Tambudzai 2011: p.6). This is largely because for many years, across the continent, there has been a growing outcry by different stakeholders against high milex, which was eclipsing other vital sectors like health and education. To pacify such outcries, countries mask the actual figures of milex by presenting acceptable figures publicly, while supporting the milex with off-budget funding. Therefore, the actual milex may never be known with certainty for most African countries.

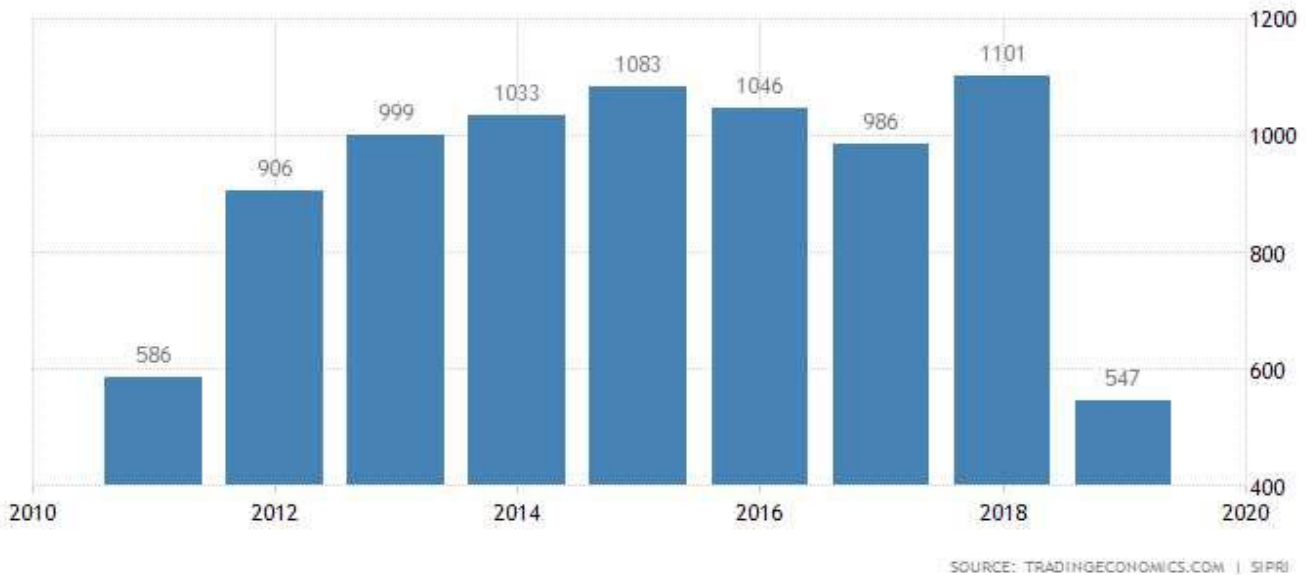


Figure 2: Zimbabwe’s military expenditure in USD Million in the past ten years

Source: (SIPRI 2020)

For Zimbabwe, claims of off-budget funding towards millex have been raised following the military's unclear involvement in precious minerals mining like diamond mining (Tambudzai 2011: p.7). The income generated through such investments can never be made a matter of public consumption for obvious reasons. What is worth noting is that granting such special mining rights and concessions to the military is evidence to demonstrate that the sector is highly valued because of the country’s traditional interpretation of security. Figure 3 shows the government spending towards key sectors such as health, social protection, food security and education and the funding gaps that are now being funded by donors and other international partners. Critical social services sectors like health and social protection are now being financed by donors.

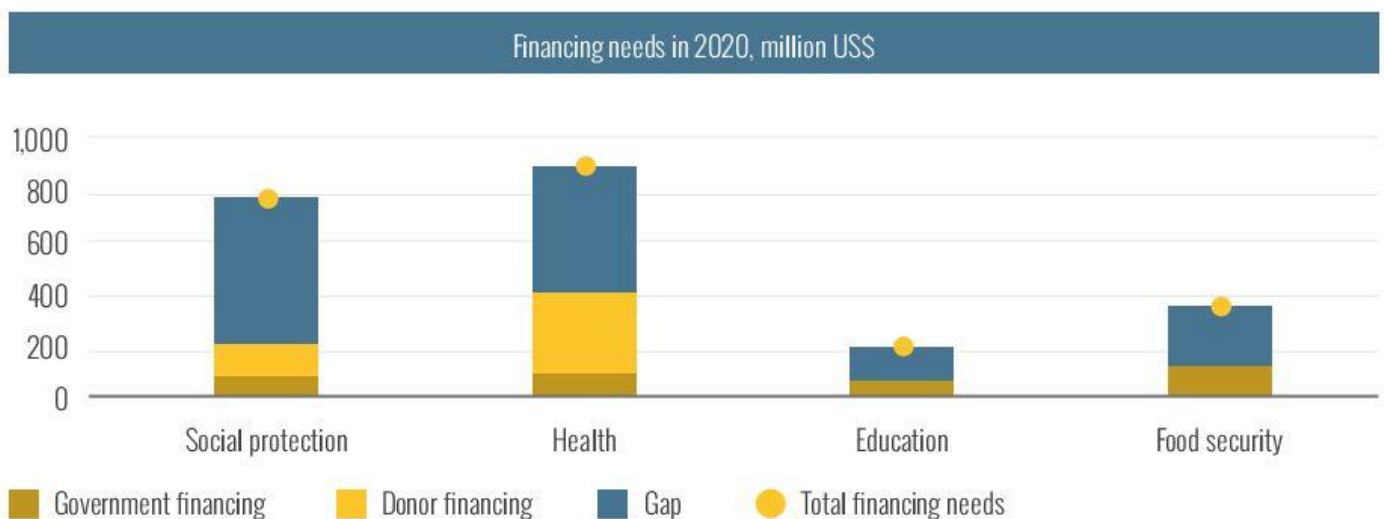


Figure 3: Government spending towards key sectors and the unmet needs

Source: (World Bank, 2021)

This has made the country more fragile, and its highly informalized economy has seen more than 90 per cent of its citizens relying on the informal sector for survival, directly and indirectly (New Zimbabwe.com 2021). The informal sector suffered severe shocks from incessant COVID-19 induced lockdowns. However, the country made reasonable efforts in rolling up its COVID-19 vaccination programme during the peak of the infections.

But it has also been a matter of public concern that prioritising traditional security through off-budget military funding signifies that the country's interpretation of security is not in sync with the reality on the ground. If only such innovative ways of funding could be extended to other key sectors such as health and social protection, the state of human security would have greatly improved and reduced donor dependence. The worrying donor dependence was well captured by the Health Ministry Finance Director who pointed out,

'The ministry continues to receive partner funding in various programs such as HIV and Aids, Malaria, Tuberculosis, Maternal health and many others. 85 per cent of our external funding came from Global Funding (40 per cent) and U.S. President's Emergency Plan for AIDS Relief (PEPFAR) partners (45 per cent), making it more necessary for the government to look for more financing methods for health and decrease partner dependency' (New Zimbabwe.com, 2021).

The abovementioned statement came against the backdrop of a reduction in terms of the budget for health in the last five years. The health budget expressed as a percentage of the national budget, has been marginally going down as follows:

| Year | Allocation     |
|------|----------------|
| 2021 | 12,87 per cent |
| 2022 | 12,16 per cent |
| 2023 | 11,2 per cent  |
| 2024 | 10,6 per cent  |
| 2025 | 10,2 per cent  |

Table 2

Source: Primary data compiled by authors from Community Working Group on Health Reports (CWGH, 2021-2025)

The reduction in funding has been happening at a time when there is also a notable increase in non-communicable diseases like cancer as well as other waterborne communicable diseases like drug-resistant cholera and typhoid in urban areas (Think Global Health, 2023). The budget allocations also demonstrated the non-adherence to the Abuja declaration, where under the auspices of the African Union, African countries agreed to allocate at least a minimum of 15 per cent of the country's budget toward health (CWGH, 2024).

### **Effects of the pandemic on human security in communities**

The first COVID-19 case in the SADC region was discovered on 5 March 2020 in South Africa and Zimbabwe discovered its first case on 20 March 2020. The region witnessed an exponential increase in terms of cases and it became the most affected region in Africa. The region had to endure four waves of the pandemic and the third wave which was driven by the delta variant, left thousands of people dead. The response by the international community was to ban travellers from the following seven Southern African countries; South Africa, Zimbabwe, Lesotho, Eswatini, Botswana, Mozambique, and Malawi. The entire region was considered a red zone, with travellers from these countries effectively banned from travelling to Europe, the USA, Canada, and Australia. The fourth wave also witnessed new lockdown measures being introduced amidst fears that the Omicron variant was more contagious and the existing vaccines were not as effective as expected.

The COVID-19 pandemic seriously affected communities across the two countries largely due to the tough lockdown measures which effectively reduced most of the normal economic activities. Lockdown measures targeted closing the so-called non-essential activities, but which were sources of livelihood for some members of society especially the poor who rely on the informal sector and other small business entities. Lockdown measures by their very nature were meant to slow down the rate of infection to avoid overwhelming the existing health facilities. The lockdown move was sensible and was also in line with the internationally recommended best practices, enabling health institutions that were struggling even before the pandemic to endure the worst moments.

The economic consequences of the pandemic were severe. In the case of Zimbabwe, the economy contracted by 4,3 per cent in 2020 (World Bank, 2021). This saw the levels of both poverty and inequality increasing. According to the World Bank 7,9 million out of a population of 15 million people were thrown into extreme poverty (World Bank, 2021: p.21). Under these circumstances, it is, however, very difficult to quantify the number of people who may lose their lives due to the structural violence induced by these lockdown conditions. For Zimbabwe, this was expected given the country's over-reliance on the informal sector which does not have job security and social protection for its members. Zimbabwe is the second most informal economy in the world after Bolivia (IMF, 2018). However, most informal sector activities were categorized as non-essential and were therefore affected by the COVID-19 induced lockdowns, in a situation that meant subjecting the majority of the country to abject poverty. To make the already bad situation worse is the fact that the country did not have sound social protection to cater to the poor during such difficult times. Informal sector workers were simply asked to close their shops and go home. Therefore, it was not surprising due to worsening poverty, more cases of domestic and gender-based violence were recorded during the lockdown periods (RFI, 2020).

By the time the COVID-19 pandemic subsided, Zimbabwe had registered 246, 870 cases and 5,455 deaths (Jaravaza et al, 2023: p.2). The biggest challenge in Zimbabwe was the dilapidated and ill-equipped public healthcare facilities which lacked basics like ventilators, oxygen and beds. According to one medical practitioner who was quoted during the peak of the pandemic;

'The current situation is that cases [of COVID] continue to increase, isolation centres are full, health workers have no adequate personal protective equipment (PPE) and are poorly paid. SARS-COV2 testing capacity is unacceptably low and people are scrambling for hospital beds and oxygen. The ordinary man in Zimbabwe is generally unable to enjoy their constitutional right to access healthcare' (Matsengarwodzi, 2021).

The situation was further worsened by brain drain in recent years which has caused a serious shortage of key healthcare practitioners like nurses, doctors, radiographers, pharmacists and other specialists. There was also limited access to healthcare for the majority of citizens, and this is evidenced by the fact that only 7 per cent of the population is covered by health care insurance (CWGH, 2022). The COVID-19 pandemic created a dire situation in a country that already had a struggling health care system. The congestion in public health care facilities due to the pandemic disrupted other important health care services like maternal health, sexual, reproductive, HIV, TB, malaria, childcare and cancer treatment (Midzi et al, 2025).

The ramifications of these disruptions have been devastating especially to the poor citizens and the country is yet to fully recover from the shocks of the pandemic. Efforts towards recovery have been hampered by the climate change induced drought which affected the 2023 and 2024 farming seasons. As if that is not enough, in 2025 the country was affected by the sudden withdrawal of the donor programmes under United States Agency for International Development (USAID) and PEPFAR, which were covering 85 per cent of its HIV Aids, Malaria, Tuberculosis and Maternal Health (New Zimbabwe.com, 2021). The effects of these changes are yet to be fully known since this is a recent development, but it is likely the ordinary citizens who cannot afford private healthcare and were benefiting from such donor programmes who will be affected. The immediate effect has already been witnessed following the closure of donor funded clinics that were providing free Anti-Retroviral drugs to the poor (UNAIDS, 2025). The government has, however, made a promise to cover the funding deficit left by donor withdrawal, but it remains to be seen in terms of how these efforts will go (The Herald, 2025). The effects of the pandemic on Zimbabwe were more direct and indirect. However, it seems that in Zimbabwe, people suffered more from the economic effects of lockdowns than from the disease itself.

In the case of South Africa, among some of the effects of the lockdown were the unemployment rate rising to 34,9 per cent and the economy contracting by 6,4 per cent (Business Tech, 2021). Poverty and inequalities also increased and this was bad for a country that has been labelled as a highly unequal country even before the advent of the COVID-19 pandemic (NICC, 2025: p.3). Although the government offers social protection for some of its weaker members, the capacity and sustainability of the current model hang in the balance against the backdrop of a weakening economy and an increasing number of citizens needing such assistance. Under these circumstances of growing poverty and hopelessness among citizens, it came as no surprise when South Africa faced its worst post-apartheid civil unrest and massive looting from 9 to 18 July 2021 (The Conversation, 2021).

Although the civil unrest and looting were believed to have been sparked by the incarceration of the country's embattled former president Jacob Zuma, it seems the unrest merely took advantage of the situation which was presented by Zuma's incarceration. The unrest had all the hallmarks of people responding to poverty and inequalities. Had the billions that were spent in 1999 towards procuring arms that were not so much needed as well and the current miles been invested in addressing poverty and inequalities over the years, this could have placed the country in a better state of preparedness in terms of handling some of the effects of COVID-19. By the time the pandemic finally subsided and was declared a non-emergency by the World Health Organisation (WHO) in 2023, the country had recorded 4,076,463 infections and 102,595 deaths (Worldometer, 2024). South Africa became the most affected country in Africa and suffered both directly and indirectly.

The implementation of lockdowns in South Africa, just like in other countries in the SADC region witnessed an increase in domestic violence cases, especially violence against women. In South Africa, the police recorded an increase of 37 per cent in gender-based violence in the first week of lockdown in April 2021 (Warah, 2021). Teenage pregnancies increased in South Africa's premier province of Gauteng by 60 per cent (Reliefweb, 2021). As poverty and pressure of lockdown mounted there was also a spike in cases of substance abuse during the lockdown especially after banning the sale of alcohol. The implications of this were not just an increase in poverty in communities, but this also affected communities even after the end of the pandemic (HSRC, 2024). In Zimbabwe, similar patterns were noted as well and the country witnessed an increase of domestic violence cases by 38,5 per cent within the first month of lockdown (RFI, 2020). Emotional violence also increased by 80 per cent during the same period. In terms of teenage pregnancies, 4,959 cases were recorded between January and February 2021 and 1,774 cases of child marriages were recorded during the same period (Xinhua, 2021). Drug and substance abuse also increased, especially the use of crystal methamphetamine by young and unemployed people who struggled to cope with COVID-19 induced poverty (Africa News, 2021).

Although South Africa was later capacitated to produce vaccines, initially, both countries suffered due to dependence on overseas countries to procure vaccines. South Africa was better positioned in terms of resources for the procurement of vaccines. Zimbabwe initially struggled to get vaccines and the country had to rely on a combination of using its resources and also donations from China, Russia and India (Maketo and Mutizwa, 2021). The procurement of vaccines became a nightmare due to vaccine nationalism and hoarding by some vaccine producing countries (The Guardian, 2021). Vaccine producing countries naturally prioritized their citizens, therefore, making it very difficult for countries like Zimbabwe and South Africa to get access. The two countries also suffered from considerable vaccine uptake hesitancy due to misinformation and disinformation (Dzinamarira, Nachipo, Phiri and Musuka, 2021). While some of the challenges like vaccine nationalism and hoarding were beyond the control of the two countries or SADC as a regional bloc, at the regional level there seems to be a lack of unity and coordination towards research and developing local vaccines. This demonstrates that SADC as a regional bloc is largely concerned with investing in political issues and not much in terms of investing in socio-economic issues which have an impact on human security as stipulated in its mandate. This failure witnessed its citizens suffering from both the direct and indirect effects of the pandemic. However, it seems the indirect impacts affected livelihoods and post pandemic recovery efforts.

## RECOMMENDATIONS

The prevailing human insecurity in Zimbabwe and South Africa has demonstrated that communities have been left on their own to face threats emanating from structural violence. To a greater extent, governments are increasingly failing to live up to expectations. Conversely, this demonstrates that communities must do more on their own to bring about the much-needed relief to their communities. Communities can pull resources together in collaboration with local civil society organizations to refurbish their public infrastructures. The notion of waiting for government or external donors may not work under the current circumstances. Governments are still facing reduced revenue inflows due to the long-term shocks of the COVID-19 pandemic. Foreign donors who used to cover the huge gap left by government funding have reduced their budgets because they are now equally facing problems in their own countries.

The US government, which was an important benefactor of international aid, has drastically changed its approach to aid. This is evidenced by Donald Trump's dissolution of USAID and the emphasis on the America First

mantra. Thus, communities must do something about their situation in the communities. While it is notable that the pool of resources may not be sufficient, the most important thing is to instill new thinking and a culture of assuming responsibility and self-reliance at a community level. A new thinking that acknowledges the reality that communities have now been left on their own, and rescue is not likely to come anytime soon. Such community action will go a long way in dealing with the dependency syndrome. The evidence of such capacity already exists in South Africa and Zimbabwe if one looks at the concepts of stokvels/mikando.<sup>1</sup> According to Matuku and Kaseke who researched the concept known as stokvel in South Africa and popularly known as mikando Zimbabwe, 'stokvels are self-help initiatives designed to respond to the problems of poverty and income insecurity in communities' (2014: p.504). The initiatives follow the pattern of 'rotating savings and credit associations' (ROSCAs), where members contribute fixed amounts to a common pool and depending on the members this could be on a weekly, fortnightly and monthly basis (Matuku and Kaseke, 2014: p.504). Cumulatively, members can raise a lot of money that can be used for different purposes, including starting small businesses or any other purposes based on members' arrangements.<sup>2</sup> The initiatives such as that of stokvel/mikando may require modernization and upscaling so that they can cover a broader spectrum of human/social security.

Closely related to the idea of community-driven initiatives is the notion of fostering linkages between communities and their members in the diaspora. Zimbabwe and South Africa have a sizeable number of professionals who are now part of the international diaspora community scattered across the world. Some of these members in the diaspora have become successful global citizens who are equipped with ideas, international experience, strategic connections, and resources to help their communities. What is needed are greater efforts and platforms to enable diaspora based community members to play a role in their communities back home. This has produced some positive results in Malawi, where diaspora community members raised resources to help their communities (Malawi High Commission, 2021). The funds were used to build clinics and also to procure Personal Protective Equipment (PPE) during the peak of the COVID-19 pandemic (DW, 2021). This act of active citizenship demonstrated responsibility and participation at the community level rather than waiting for either the government or foreign donors. Whatever support that may later come into communities from any other sources will complement the local initiatives that are being driven and owned by the local people through active citizenship.

Communities must also demand greater autonomy in terms of administering their communities. Increased autonomy in terms of decision making and also the decentralization of resource allocation and utilization can improve efficiency in resource prioritization and optimisation. Red tape has been blamed for the slow turnaround in terms of central government projects. Hence, there is a need to empower communities so that they can assume greater responsibility in their communities with resources. The decentralization should also entail greater control of resources and revenues generated within the communities.

## CONCLUSION

The COVID-19 global pandemic exposed the long-known reality that structural violence and non-military threats are increasingly becoming more lethal. While the pandemic killed thousands in South Africa, Zimbabwe, and the SADC region at large, millions suffered from the indirect impacts and will continue to suffer in silence from these indirect consequences of the disease. The biggest challenge like elsewhere in the world was the inadequate state of preparedness in both countries which was largely driven by decades of misaligned policies that prioritised the old concept of security. Therefore, the pandemic unmasked the known, yet the ignored reality. The COVID-19 pandemic measures and costs induced economic recessions which catalysed high unemployment, increased poverty, reduced state revenue, increased competition for survival and deepened inequalities. These effects caused more deaths and human suffering, and left long-term post-pandemic effects. Thus, what killed people and worsened human suffering was probably not the virus itself, but structural violence. Attempts and efforts to address human security are slowly taking shape, but there is still a huge gap between the plans and action. Given this fragile state of affairs, communities have been left to fend for themselves; therefore, only community-driven initiatives and active citizenship can help cushion the prevailing human insecurity.

## Competing interests

The authors have no competing interests to declare.

## Notes

1. Stokvels/ Mikando have been black people's way of responding to the socio-economic challenges of the colonial system which left them with very little social protection. By pulling resources together in small groups blacks were able to use funds to address necessities such as household groceries and funeral expenses.
2. Stokvels/Mikando continued in post-colonial times as members used them to respond to challenges like poverty, which continued to be a problem for many. However, the concept has since evolved from merely addressing basics like groceries, funeral expenses and savings. There is an emerging dynamic with stokvels/mikando focusing on high-value investments like unit trusts, shares on the stock exchange and properties.

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