

Full Length Research Paper

Globalisation and COVID-2019 pandemic: The nexus and impact on development in Africa

Monday E. Dickson

Department of Political Science, Faculty of Social Sciences, Akwa Ibom State University, Obio Akpa Campus, Akwa Ibom State, Nigeria.

Received 19 October, 2020; Accepted 25 January, 2021

Since the dawn of the 21st century, which coincides with the renewed forces of globalisation, the world has witnessed outbreak of major pandemics with coronavirus disease (COVID-19) as the most recent. This study therefore, examines the relationship between globalisation and COVID-19 pandemic as well as impact on development in Africa. The paper adopts the descriptive and analytical methods while purposive sampling technique, with twenty (20) countries (with the highest population growth) representing one third of African states were selected for the study. Five countries, one each from the five sub-regions of the continent with high incidences of coronavirus were analysed using the narrative analysis technique. Findings from the study revealed that: The spread of the pandemic has been very unusual as it takes the advantage of forces of contemporary globalisation. Consequently, several measures adopted by national governments to contain the transmission of the disease have created major economic shocks resulting to retardation in key economic sectors in many African countries. This has had far reaching consequences on Africa's growth as a dependent economy. While countries across the globe hasten to reinforce measures to contain the ailment, new measures for stimulating African economies and discouraging its reliance on external support must be adopted. Moreover, critical sectors of the economy must be reinvigorated.

Key words: Globalisation, global pandemics, Covid-19, lockdown, Africa, development.

INTRODUCTION

Throughout history, the world has experienced global and great pandemics, which have resulted in significant death tolls as well as major disruption in nearly all facets of life. In other words, there have been major influenza outbreaks that have led to relative incidence of diseases and death of persons in the past nine or ten decades (Sritharan and Sritharan, 2020). Example is the notorious "Spanish influenza pandemic" (also known as "Spanish flu") of 1918-19, which erupted at the close of World War

I and spread rapidly across the globe with explosive impact. Cited as one of the most devastating in recorded history, the pandemic, among other things, resulted in double-digit losses in businesses, decrease in revenue, increase in prices of specialised health care products, shortage of labour that resulted in higher wages for workers and overall severance of economic activities in many countries. This also led to the death of more than 40 to 50 million people worldwide (Arnold, 2018). So far,

E-mail: mondayedickson@aksu.edu.ng.

Author(s) agree that this article remain permanently open access under the terms of the [Creative Commons Attribution License 4.0 International License](https://creativecommons.org/licenses/by/4.0/)

the Spanish flu is generally believed to have been the most lethal outbreak of diseases in the history of the world (Gasparini et al., 2012).

Afterwards, two other known health crises - the "Asian flu" and the "Hong Kong flu," with increased illness, death and disruption in the countries took place (Kilbourne, 2006; Akin and Gözel, 2020). The *Asian influenza* which broke out in Yunan, China in early 1957 and later spread across many nations and regions of the globe attacked mostly school children, young adults, pregnant women and elderly with estimated four million deaths worldwide (Potter, 2001; WHO, 2009). Further report has it that by early 1958, people estimated not less than 9 million in Great Britain were already infected by the epidemic. Of these, more than five million five hundred thousand index cases were recorded and about fourteen thousand people died owing to the immediate effects of the attack. Curiously, not only was huge financial resources spent by the government of various nations to contain the sickness, but factories, offices and mines closed to the economy suffered the worst hit – with setback in production leading to recession (Jackson, 2009).

Similarly, the *influenza* recorded for the first time in early July, 1968 and lasted for a year infected more than five hundred thousand Hong Kong residents in the first six months and later spread globally (Starling, 2006; Jackson et al., 2010). Similarly, Baldwin and Mauro (2020:6) submitted that "the virus had spread swiftly through the United States, United Kingdom and countries in Western Europe leading to about thirty-three thousand eight hundred American deaths while over one million people most of them over sixty-five years old died worldwide." Of note, the *Asian* and *Hong Kong influenza*s also had strong global economic impacts and contributed to short-lived recessions (Capital Partners, 2020).

As the world enters the 21st century, the outbreak of several dreaded diseases became source of concern to the world. However, Acute Respiratory Syndrome (SARS) represented the first new viral pandemic that wreaked havoc on many countries in recent past. Beginning mysteriously in Southern China in November 2002, the pandemic spread across about thirty-three countries on five continents and infected over eight thousand people while seven hundred and seventy-four persons died. Obviously, SARS was brought under control in 2004 after creating global economic shock (Guan et al., 2003; Oldstone, 2010). In a similar vein, MERS, which was discovered for the first time in Saudi Arabia in 2012 had two thousand two hundred and seventy-nine confirmed cases of human infections in twenty-seven countries with eight hundred and six (35%) deaths as of early February, 2019 (Butler, 2012; Mubarak et al., 2019). Several studies revealed that SARS and MERS were caused by a member of the coronavirus family, hence, the virus's full abbreviations, SARS-CoV and MERS-CoV (Lai et al., 2007). Thus, the last one hundred years have been marked by successive and

unanticipated pandemics (Honigsbaum, 2019; Baldwin and Mauro, 2020), a development which has implications for African states.

As the year 2019 drew to a close, the world experienced a new infectious disease known as COVID-19 currently spreading speedily through the world. Although the hub of the outbreak was initially Wuhan, high numbers of index cases have been reported in many other countries and regions of the world with Africa as the most affected continent. It has been argued that the spread of COVID-19 throughout the global population is, primarily due to the movement of people across countries of the world (Sritharan and Sritharan, 2020). Pertinent questions, therefore, are: What is the relationship between globalisation and the spread of coronavirus disease? What are the impacts of the pandemic on Africa's development? How may the torrent and exceptionally high effect of COVID-19 be checked?

CONCEPTUAL AND THEORETICAL ISSUES

Conceptual framework

The name *corona* comes from the Latin word, meaning "crown," owing to the spiky fringe which encircle these viruses (Osler, 2020). Therefore, *corona* refers to "the crown like appearance of coronavirus, a circular core with spike-like projections of the surrounding glycol-proteins" (Oldstone, 2010:227).

In the view of Sauer (2020), coronaviruses are important human and animal pathogens that have caused a worldwide disease and affect an exceptionally high proportion of the population with COVID-19 as prominent examples. Consequently, Sauer (2020) and Maragaski (2020), among other authorities, have identified dried cough, fever, shortness of breath or difficulty in breathing, nausea or vomiting and congestion or runny nose as symptoms of the sickness.

Similarly, it has a zoonotic origin, meaning that coronaviruses are normally transmitted between animals and people (Ye et al., 2020). As such, two main routes of the infection are: direct contact with object that has the virus on it, and indirect contact - by inhaling droplets emitted through sneezes and cough (Ningthoujam, 2020). For that reason, researchers are of the opinion that COVID-19 is transmitted through droplets released into the air when an infected person coughs or sneezes (Dhan and Li, 2020). The droplets generally do not travel more than a few feet, and they fall to the ground (or onto surfaces) in a few seconds (Holdeman, 2020; Sauer, 2020; Lanese, 2020).

Theoretical building blocks

The spread of global pandemics such as COVID-19 as

well as its impact on Africa could be explained within the prism of globalism. Accordingly, globalisation theories provide the frames for analysing the phenomena under study. It is quite apposite to state from the outset that globalisation is a complex and multi-faceted set of processes having diverse meaning as well as broad influence on human societies, natural environments etc. (Saker et al., 2004; Anumba, 2014). These complexities notwithstanding, contemporary globalisation, have to do largely with the forces or processes that involve the entire world and result in making something (in this case, the outbreak and spread of COVID-19) worldwide in scope. Being the latest wave of globalisation, it is characterised by growing interconnectedness of different parts of the world through common processes of economic, environmental, political and cultural integration driven by technological development (UK Essays, 2018).

Consequently, four fundamental pillars of contemporary globalisation have been identified by Wattimena (2018). The first pillar is internationalisation, which can be seen and measured empirically through the intensive cross border interactions between nations and the global movement of people, goods and services. The second pillar is interdependence, which actually is the nature of natural and social reality. Interdependence is a principle that explains the inherent relation of everything that exists in reality. The third pillar is westernisation, namely the tendency of contemporary globalisation to spread American and European values to the various parts of the world at the expense of existing local cultures. The fourth pillar is the rise of global consciousness that creates the world society. It brings the feeling of global solidarity through communication, as well as awareness of the existing global challenges, such as environmental problems, disease and global inequality. Therefore, globalisation changes the nature of human interaction across a wide range of spheres, thereby undermining boundaries of various kinds (Lee, 2003). This has manifested in three dimensions: spatial, temporal and cognitive. The *spatial dimension* is perhaps the most readily acknowledged aspect of globalisation through its redefining of the geographical boundaries that circumscribe peoples' interactions with one another (Lee, 2003).

Undoubtedly, as Scholte (1997) notes, the vision of 'global village' increasingly brought people together by commonalities of experience, lifestyle, values and aspirations. Thus, global village implies a shared fate from forces that readily cross territorial space to affect lives. That is, trans-border flows of people, goods and services, knowledge and ideas, environmental change and so on (Lee, 2003). Environmentally, the world has become an interdependent and internationalised system where a mal-function of one part can lead to disasters throughout the system. For instance, the outbreak of SARS in China in 2002, spread rapidly around the world and became a worldwide health threat (Huang, 2004).

Besides, the *temporal dimension* concerns how people perceive and experience time. The changing time frame of many types of social interaction are therefore, closely linked to the spatial dimension. In many ways, speed at which people live their lives is accelerating. Acceleration of a wide range of social processes constitutes primary mode of experience in contemporary society (Rosa, 2013). Therefore, these global changes and speed at which people live their lives has far-reaching implications for human health, particularly during outbreak and spread of pandemics.

Despite the fact that globalisation affects health in myriad of ways, the *cognitive dimension* focuses specifically on how globalisation influences the way people imagine, which is equally relevant for understanding health impacts. In other words, people thinking about the alarming rate of people who have passed away globally due to the virus and the number of people losing jobs or income during the lockdown. Thus, what people think, and hence what they and others do to affect their health, has been continually shaped by the environment around them. As the nature of environment becomes increasingly global, so too are the influences on people's thought processes.

Corroborating these viewpoints, Saker et al. (2004: 1) assert that processes of globalisation impact directly or indirectly on health at a number of different levels. Thus, globalisation, which made free movement of people from different cities, countries, and continents possible, is the main enabler of the spread of COVID-19 around the world (Kitenge, 2020). Globalisation has made it easier for people to travel by land, sea, and air from one part of the world to another.

METHODOLOGY

The researcher adopts the descriptive and analytical methods for the study. The descriptive approach explores and undertakes a vivid description of the outbreak, expansion and the state of COVID-19 as it exists at present; while the analytical method utilizes facts or information already available for the critical evaluation of the impact of the pandemics. Thus, data for the study were gathered largely from the documentary evidence. Purposive sampling technique was deployed to select twenty countries (with the highest population growth) representing one-third of African states for the study while five countries, one each from the five regions or sub-regions of the continent with high incidences of coronavirus were analysed. Moreover, useful information on the relationship between globalisation and the unprecedented spread of COVID-19 epidemic was extracted from responses and other research materials to determine the impact on Africa.

The evolution and spread of COVID-19 pandemic

Although the evolution, expansion and effects of health pandemic spanned over a century, coronavirus first appeared in 1931 with the first HCoV-229E isolated from human in 1965 (Vassilara et al., 2018; Korsman et al., 2012). However, SARS-CoV and MERS-CoV, which occurred in late 2002 and 2012 respectively, are the two major communicable and pathogenic viruses that came up in

Table 1. Cases of COVID-19 in African Countries with the biggest population as of October 2, 2020.

Country	Estimated population (in million)	Number of confirmed cases	Percentage of cumulated cases in the region	Number of death	Recoveries	Number of active cases
Nigeria	206 140	59, 001	4.99	1, 112	48, 569	7, 439
Ethiopia	114 964	76,098	6.43	1,204	28,314	43,517
Egypt	102 334	103,317	8.75	5,946	96,855	12, 932
DR Congo	89 561	10,685	0.9	272	9,930	247
South Africa	59 309	676,084	57.12	16,866	590.071	49,364
Kenya	53 771	38,713	3.27	718	23,887	12,972
Uganda	45 741	8,287	0.7	75	2,616	3,739
Algeria	43 851	51,690	4.37	1,741	35,047	13,667
Sudan	43 849	10,992	0.9	836	5,700	1,191
Morocco	36 911	128,565.	9.7	2,263	106,044	20,258
Angola	32 866	5,144	0.43	185	1,445	2,847
Mozambique	31 225	8,888	0.75	62	3,622	3,253
Ghana	31 073	46,656	3.74	301	45,153	413
Madagascar	27 691	16,454	1.39	232	14,646	792
Cameroon	26 546	26,838	1.76	418	19,385	901
<i>Côte d'Ivoire</i>	26 378	19,793	1.2	120	19,320	5,088
Niger	24 207	1,197	0.1	69	1.104	14
Burkina Faso	20 903	2,056	0.17	58	1,176	663
Mali	20 251	3,131	0.26	131	2,372	540
Senegal	16 743	15,019	1.27	311	11,260	2,170

Source: Varrella (2020); Figure on COVID-19 is compiled by the author.

humans in recent years (Cui et al., 2019). In early December 2019, an outbreak of unexplained or unknown *aetiology pneumonia*, with cases clustered around Wuhan's Huanan Seafood Market, China was reported. The cases were observed a week after and the cluster was first identified on December 31st, 2019 (World Health Organization, 2020). Consequently, the outbreak of suspected pandemic was first alerted to World Health Organization by the Chinese authorities. As a result, the market was immediately shut down while coronavirus disease was officially detected by the government (Osler, 2020).

Over the past months, the novel COVID-19 has continued to spread across many countries and continents of the world with millions of confirmed cases and deaths (Huang et al., 2020). Advancing reasons for the unprecedented expansion and cataclysmic effects of the pandemic, Osler (2020: 5) posits that, "the virus spread rapidly because it began in an emerging business and transport hub of China." According to Osler, Wuhan is a hard place and has approximately eleven million people, more than the City of New York with about three thousand five hundred passengers taking direct flights from it to many cities in other countries per day. As a result, those cities were among the first to experience COVID-19 outbreak. Furthermore, the movement of large number of migrant workers from China to Africa where Belt and Road Initiative is making a huge infrastructure drive has become veritable tool for spreading COVID-19 (Serrano-Moreno et al., 2020).

The land transportation and air travels which aided movement of people, goods, and services pose high risk in African states. It has helped in spreading of epidemic to countries such as Nigeria, South Africa, Algeria, Central African Republic, DR Congo, Egypt, Ethiopia, Ivory Coast, Madagascar and Zimbabwe and so on. As of August 30, 2020 the region officially has about six million and two hundred thousand confirmed cases and two hundred and one

thousand deaths, surpassing the United States with about six million cases and one hundred and eighty-six thousand deaths. Statistics show that Brazil, the continent's largest and most populous country has the largest outbreak with more than three million nine hundred thousand confirmed cases and over one hundred and twenty-one thousand deaths as of September 1, 2020 (Andreoni, 2020). As of September 7, 2020 Peru, the region's second-most affected country recorded a total six hundred and eighty-nine thousand nine hundred and seventy-seven cases, with twenty-nine thousand eight hundred and thirty-eight deaths and five hundred and fifteen thousand and thirty-nine recoveries. As a result, many of the nation's poorest residents are forced to violate government-imposed quarantine measures and curfews in order to buy food for the day or access government stimulus benefits (Ward, 2020; Worldometer, 2020). The spread of COVID-19 is accelerating across the world. In all continents and regions of the world, most countries have confirmed cases, recoveries and the number of fatalities is rising astronomically. As the pandemic continue to spread, as shown in Table 1, the impact on African countries, its citizens and economies are becoming substantial.

RESULTS AND DISCUSSION

Thirty-six (36) weeks after its outbreak, the pandemic has turned into a major disease affecting millions of people around the world regardless of their geographical location. The high rate of spread has been attributed to technological application and initiatives which are the main forces of globalization. This has made it easier for people to travel by land, sea and even air with goods

from one part to the other without facing any obstacles, thereby spreading the deadliest disease. Figures published by Coronavirus Resource Centre, Johns Hopkins University as of October 2, 2020 recorded a total of 34,582,924 confirmed cases, 1,027,823 deaths and 20,344,383 recoveries globally. Similarly, updates from WHO Regional Office for Africa show that 1,183,552 confirmed cases; 993, 260 recoveries, 26, 090 deaths and 164,201 active cases have been recorded within the African continent. Table 1 is the highlight of index cases of the pandemic among selected African countries.

From the above, it is obvious that Nigeria has the largest population in Africa followed by Ethiopia, Egypt, DR Congo, South Africa, Kenya, and Uganda. However, South Africa recorded the highest number of confirmed cases representing 57.12% of the number of cumulated cases in the African region within the period under review. The country also tops the chart in the number of death, recoveries and active cases. This is followed by Morocco (9.7%), Egypt (8.75%), Ethiopia (6.43%) and Nigeria (4.99%) of cumulated cases. Mwai and Giles (2020) maintained that Morocco has been experiencing a sustained increase in new cases and has had the highest number of infected persons over the past period.

High incidences of coronavirus in Africa have been attributed to a number of factors including the continent's top trading relationship with Beijing the country where COVID-19 originated (Vaughan, 2020). The country is currently Africa's largest trading partner with significant investments in manufacturing, construction, energy, mining, and telecommunications railways, ports, airports, hospitals, schools, and stadiums and service sectors in the Africa. As a result of these, there is expanded market for Chinese consumer goods and services through importation. Affirming the above scenario, Gilbert et al. (2020) point out that while some Southern and Northern Africa countries were at highest importation risk from China, countries at moderate risk, particularly those in Western region have variable capacity and high vulnerability. In other words, the near-term driver of COVID-19 risk in Africa is owing to the flow of consumer goods services and travellers from Western Europe to the continent.

The second reason is that in an attempt to fight COVID-19, many African countries have adopted some international policy trends such as border closures, travel restrictions, strict migration measures, imposition of quarantines, and enforcement of stay-at-home orders (Nantulya and Mavhinga, 2020). Furthermore, measures such as national lockdown and many strict mitigation actions taken by governments within and outside Africa to limit gatherings and the mobility of people as a way to curb the spread of the virus have had severe consequences on economic activities. This has led to shocks with resultant retardation in key economic sectors such as tourism, air transportation, manufacturing industries, and trade (Kitenge, 2020). Consequently,

most countries across the continent have been economically affected by the paralysis of essential economic sectors.

For instance, Nigeria's economy has virtually collapsed owing to its dependence on oil exports. The oil markets have been on a downward trend as COVID-19 has crippled demand. Fuel prices fell and recorded 18-year low trading at less than 22 dollars per barrel (Omilana, 2020). Apparently, the Nigerian government can no longer meet the targeted demand of crude oil benchmark of \$57 per barrel to fund the 2020 budget as the fall in crude price has made it to reduce the benchmark to \$30, a gap of 27 Naira, which is a deficit, aside from slashing 1.5 trillion Naira in order to make the budget realistic (Ayoade, 2020).

Similarly, the pandemic has affected the economy of South Africa in significant ways. Before outbreak, South African economic growth had been an engine of hope in sub-region. Results based on panel data estimation for forty-seven African countries over four decades suggest that the country's economic growth has had substantial positive impacts on the rest of Africa countries (Arora and Vamvakidis, 2005). However, the outbreak of the pandemic and lockdown measures adopted by the government has profound implications on its economy. Specifically, the demand for South Africa's export has reduced drastically resulting in a GDP decline (Arndt et al., 2020).

Thus, the effect on GDP has been significant – with a projected recession and severe contraction of the economy, accompanied by big job losses, firm closures and high levels of social hardship. Internally, market sectors most disadvantaged by the COVID-19 outbreak include textiles, tourism, beverages, tobacco, glass products, and footwear. Small and medium enterprises are most negatively impacted (UNDP Report, 2020). Ethiopia was struggling with a large-scale desert locust invasion affecting close to one million people before the sickness struck. There were equally reports of scant rant disrupting the agricultural sector and leading to high levels of food insecurity, outbreaks of cholera, measles, and yellow fever - straining a health service which readiness to deliver routine health services was rated very high in 2018 (UN Assessment Report, 2020). Therefore, the outbreak of COVID-19 pandemic poses threats to Ethiopia's reforms and relatively strong economic growth, with "wide-ranging and serious" consequences across the nation.

As Alemayehou (2020) puts it, Ethiopian debt burden, foreign exchange woes stemming from poor sector performance and a decline in remittances constitute major challenge. She observed further that owing to the pandemic, the country's foreign exchange is weak and poses a significant near-term challenge to its economy. Already, the exchange rate has fallen due largely to poor-performing sectors, particularly its national airline, agricultural exports, hospitality sector, and production

targets. Thus, the economic consequences of the pandemic in Ethiopia appear to be more protracted than health-related repercussions.

In recent years, Egypt has been a rising nation among emerging economies. Its vital socio-economic sectors had experienced economic growth and increased stability with the tourism sector recording highest revenues. Expectedly, efforts aimed at improving the countries business climate through several reforms were to ensure stronger private sector growth and economic diversification in 2020 and beyond (Breisinger et al., 2020). However, these attempts have been interrupted by the measures adopted to contain the spread of COVID-19. For instance, since international flights were suspended and travel restrictions imposed, tourism sector which is one of the important sources of revenue and employment opportunities for its citizens has halted almost completely (Suleiman, 2020). Furthermore, the slowdown in global economic activity has reduced drastically.

Tourism, Suez Canal, and remittances, which are important sources of employment, household income, foreign currency and government revenue have been halted. Disruptions to these foreign revenue sources are already having far-reaching implications for Egypt's economy and population. In the Central African sub-region, Morocco that had achieved significant social and economic progress due to large public investments, structural reforms, along with measures to ensure macroeconomic stability has been devastated by the outbreak of the pandemic and containment measures to deal with it. Notably, tourism which generates around five hundred thousand direct jobs (or two million five hundred thousand including indirect jobs), air transport and some exporting sectors (especially the textile and automotive sectors) have been impacted by shocks to both the demand and supply sides. In the tourism sector, restaurants and hotels are hit the hardest, with a drop of at least 25%. The number of arriving visitors dropped by hundreds of thousands while the port of TangerMed continues to experience 80% drop in revenues (OECD, 2020). The shock has, however, pushed the economy into a severe recession, the first one since 1995 (World Bank, 2020).

Altogether, African continent has suffered harmful effects of COVID-19 owing to its openness to foreign trade and migration. The continent's interconnectedness or direct trade links with China as well as the rapid spread of the virus in many African countries has led to a disruption in socio-economic activities. The measures used in the process of containing the transmission of the disease has created major economic shocks with retardation of key economic sectors such as tourism, air transportation, manufacturing industries and trade in many African countries. These have caused a decrease in domestic demand in tax revenue due to the loss of oil and commodity prices and an increased in public

expenditure to safeguard human health and support economic activities.

Furthermore, the interruption in agricultural activities owing to the pandemic has led to losses of jobs by those involved in the sector. The unmanaged farms have produced fewer crops than usual leading to the decline in the GDP of countries whose economy is mostly agrarian. These repercussions in key economic sectors in Africa have had severe damage to the prosperity of its people and hinder the efforts to achieve the continental development blueprint. As from these critical areas, the educational sector appears to have been most greatly affected. The disease has resulted in total shutting of schools in about two hundred and fifteen countries globally with 91.4% of the total number of enrolled learners in these countries momentarily mandatory out of school (UNESCO, 2020).

In Africa, educational systems have been typically affected by the deadly disease as more than 98% of teaching and learning activities could not be carried out owing to the lockdown measures and implementation of social distancing which led to closure of schools across the continent. The pandemic has equally created political crisis in many countries. For instance, politicisation of the COVID-19 figures in some African countries in the hope of extorting financial resources either from international donor agencies or individual national governments by members of the management committees has impacted negatively on countries' progress. The implication is that in the process of managing the pandemic, the capabilities of the government and international donors are pushed to the extreme. Thus, the pressure to respond quickly to urgent demand has created opportunities for health research, development, procurement and delivery, particularly among African countries (Naval and MacLachlan, 2020).

CONCLUSION AND POLICY RECOMMENDATIONS

Currently, COVID-19 pandemic is an unprecedented health crisis distinct from any since World War II. It has created a ramifying public health, economic, and political crisis in many countries of the world. Outbreak and rapidity of spread of the virus is the most significant indication of what happens when there is uncontrolled expansion in movements and interactions of human beings, as well as exchange of goods and services. As a result, the pandemic has brought considerable suffering - unemployment, poverty, food insecurity etc. to vulnerable population across countries, regions and continents of the world. Several international and national measures adopted to contain the virus have led to rupture in relations between countries as well as deceleration in key sectors of the economy. Beyond health emergency, the COVID-19 crisis has created a historic global recession that primarily affects most countries of the globe. The

impact is greater on developing countries because of larger shocks and the relocation of international capital flows to major European and American countries.

In a globally connected society, coronavirus and its economic and social fallout has become everyone's problem. Therefore, increased government spending must first be directed at the health sector, supporting all necessary spending on prevention, containment and mitigation of the virus. New strategies for diversifying African economies and limiting its dependence on foreign goods and services as well as external patronage must be adopted. For instance, private-sector-driven diversification must be encouraged. Key steps include reviewing trade policies to remove bias against exporting, and ensuring effective competition in product markets and in key services such as transportation, energy and communications. Africa is endowed with abundant natural resources, including minerals, and revenues from their export constitute a major source of income for many countries. Therefore, diversification would lay a more solid foundation for accelerated development as economies weakened by lack of diversification are susceptible to global crises such as recession in times of pandemic.

Moreover, while countries hasten to reinforce measures to contain the spread of COVID-19, critical sectors of economy (such as agriculture, infrastructure, tourism and oil sector) must be stimulated in a more regionalised (continental) or autochthonous form. Coordinated approaches at regional integrations would strengthen the continents' capacity to act as globalisation agents through political and economic interactions among African countries – a key factor in overcoming dependence. Regional integration, especially in economic and health projects would help African countries jointly meet the challenges of COVID-19.

CONFLICT OF INTERESTS

The author has not declared any conflict of interests.

REFERENCES

- Akin L, Gözel, MG (2020). Understanding dynamics of pandemics. *Turkish Journal of Medical Sciences* 50(SI-1):515-519.
- Alemayehou M (2020). Ethiopia battles the pandemic and its economic consequences. Centre for Strategic and International Studies. Available at: <https://www.csis.org/analysis/ethiopia-battles-pandemic-and-its-economic-consequences>.
- Andreoni M (2020). Coronavirus in Brazil: what you need to know. *The New York Times*. Available at: <https://www.nytimes.com/article/brazil-coronavirus-cases.html>.
- Anumba J (2014). The impact of globalization on public health and infectious diseases. Available at: <https://www.researchgate.net/publication/326175556>
- Arndt C, Davies R, Gabriel S, Harris L, Makrelou K, Modise B, Robinson S, Simbanegavi W, van Seventer D, Anderson L (2020). Impact of Covid-19 on the South African economy: an initial analysis. SA-TIED Working Paper 111. Available at: <https://sa-tied.wider.unu.edu/sites/default/files/pdf/SA-TIED-WP-111.pdf>.
- Arnold C (2018). *Pandemic 1918: Eyewitness Accounts from the Greatest Medical Holocaust in Modern History*. New York: St. Martin's Press.
- Arora V, Vamvakidis A (2005). The Implications of South African economic growth for the rest of Africa. IMF Working Paper No. 05/58. Available at: <https://ssrn.com/abstract=1503160>.
- Ayoade O (2020). The economic repercussion of coronavirus pandemic on Nigerians. Pulitzer Centre. Available at: <https://pulitzercenter.org/reporting/economic-repercussion-coronavirus-pandemic-nigerians>
- Baldwin R, Mauro B (Eds), *Economics in the Time of COVID-19*. CEPR Press.
- Breisinger C, Abdelatif A, Raouf M, Wiebelt M (2020). COVID-19 and the Egyptian economy: Estimating the impacts of expected reductions in tourism, Suez Canal revenues, and remittances. *Regional Program Policy Note* 04.
- Butler D (2012). Clusters of coronavirus cases put scientists on alert. *Nature: International Weekly Journal of Science* 492 (7428):166-167.
- Capital Partners (2020). The impact of pandemics on global financial markets. <https://capital-partners.com.au/pandemics-and-global-financial-markets/>.
- Cui J, Li F, Shi Z (2019). Origin and evolution of pathogenic coronaviruses. *Nature Reviews Microbiology* 17:181-192.
- Dhan R, Li J (2020). Coughs and Sneezes: Their Role in Transmission of Respiratory Viral Infections, Including SARS-CoV-2. *American Journal of Respiratory and Critical Care Medicine* 202(5):651-659. Available at: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7462404/>
- Gasparini R, Amicizia D, Lai PL, Panatto D (2012) Clinical and socioeconomic impact of seasonal and pandemic influenza in adults and the elderly. *Human Vaccines and Immunotherapeutics* 8(1):21-28.
- Gilbert M, Pullano G, Pinotti F, Valdano E, Poletto C, Boëlle PY, D'Ortenzio E, Yazdanpanah Y, Eholie SP, Altmann M, Gutierrez B, Kraemer MUG, Colizza V (2020). Preparedness and vulnerability of African countries against importations of COVID-19: A modelling study. *Lancet* 395(10227):871-877.
- Guan Y, Zheng BJ, He YQ, Liu XL, Zhuang ZX, Cheung CL, Luo SW, Li PH, Zhang LJ, Guan YJ, Butt KM, Wong KL, Chan KW, Lim W, Shorridge KF, Yuen KY, Peiris JSM, Poon LLM (2003). Isolation and characterization of viruses related to the SARS coronavirus from animals in Southern China. *Science* 302:276.
- Holdeman E (2020). COVID-19: Transmission scenarios explained. *Gt. government technology*. Available at: <https://www.govtech.com/em/emergency-blogs/disaster-zone/covid-19-transmission->.
- Honigsbaum M (2019). *The Pandemic Century: One Hundred Years of Panic, Hysteria, and New York*: Hubris. W. W. Norton Company.
- Huang Y (2004). The SARS epidemic and its aftermath in China: a political perspective." *Learning from SARS: Preparing for the next disease outbreak* (2004):116-36.
- Huang Y, Yang C, Xu X, Xu W, Liu S (2020). Structural and functional properties of SARS-CoV-2 spike protein: potential antivirus drug development for COVID-19. *Acta Pharmacologica Sinica* 3:1-9.
- Jackson C (2009). History lessons: The Asian Flu pandemic. *British Journal of General Practice* 59(565):622–623.
- Jackson C, Vynnycky E, Mangtani P (2010). Estimates of the transmissibility of the 1968 (Hong Kong) Influenza pandemic: Evidence of increased transmissibility between successive waves. *American Journal of Epidemiology* 171(4):465-478.
- Kilbourne ED (2006). Influenza pandemics of the 20th century. *Emerging Infectious Diseases* 12(1):9-14.
- Kitenge SY (2020). Globalisation linkage to COVID-19: How Africa's economy is impacted? *Africa Renewal*. Available at: <https://www.un.org/africarenewal/news/coronavirus/globalisation-linkage-covid-19-how-africa%E2%80%99s-economy-impacted>
- Korsman SN, Zyl GU, Nutt L, Andersson MI, Preiser W (2012). Human coronaviruses. *Virology* 94-95. Churchill Livingstone.
- Lai MC, Perlman S, Anderson LJ (2007). *Coronaviridae*. In: Knipe D et al. (eds.) *Fields' Virology*, 5th Edition. Philadelphia.
- Lanese N (2020). COVID-19 may spread through breathing and talking - but we don't know how much. ProfMoosa.

- <https://www.livescience.com/covid19-coronavirus-transmission-through-speech.html>.
- Lee K (2003). *Globalization and Health: An Introduction*. New York: Palgrave Macmillan.
- Maragaski LL (2020). Coronavirus symptoms: Frequently asked questions. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus/>.
- Mubarak A, Alturaiki W, Hemida MG (2019). Middle East Respiratory Syndrome Coronavirus (MERS-CoV): Infection, immunological response, and vaccine development. *Journal of Immunology Research*. <https://doi.org/10.1155/2019/6491738>.
- Mwai P, Giles C (2020). Coronavirus: is the rate of growth in Africa slowing down? *BBC News*. <https://www.bbc.com/news/world-africa-53181555>.
- Nantuly CK, Mavhinga D (2020). Africa's COVID-19 response should focus on people's needs. *Human Rights Watch*. <https://www.hrw.org/news/2020/04/16/africas-COVID-19-response-should-focus->
- Naval AM, MacLachlan K (2020). Defence sector corruption, an underestimated foe in times of crisis. *Rusi*. Available at: <https://www.transparency.org.uk/defence-sector-corruption-underestimated-foe-crisis/>
- Ningthoujam R (2020). COVID 19 can spread through breathing, talking, study estimates. *Curr Med Res Pract*, 10(3), 132–133. Available at: <https://pubmed.ncbi.nlm.nih.gov/32391407/>
- OECD (2020). *The Covid-19 crisis in Morocco*. Organisation for Economic Co-operation and Development. www.oecd.org.
- Oldstone MB (2010). *Viruses, Plagues, and History: Past, Present, and Future*. Oxford: Oxford University Press.
- Omilana T (2020). Nigeria's revenue drops by almost 60% due to coronavirus, says Buhari. *The Guardian Nigeria*. <https://guardian.ng/news/nigerias-revenue-drops-by-almost-60-due-to-coronavirus-says-buhari/>
- Osler S (2020). *Coronavirus Outbreak: All the secrets revealed about the Covid-19 pandemic. A complete rational guide of its Evolution, Expansion, Symptoms and First Defense*. A. B. Lawal Publishers
- Potter CW (2001). A history of influenza. *Journal of Applied Microbiology* 91(4):572-579.
- Rosa H (2013). *Social Acceleration: A New Theory of Modernity*. Columbia: Columbia University Press.
- Saker L, Lee K, Cannito B, Gilmore A, Campbell-Lendrum D (2004). *Globalization and infectious diseases: A review of the linkages*. UNICEF/UNDP/World Bank/WHO. Special Topics No.3.
- Sauer (2020). *What is Coronavirus?* John Hopkins Medicine. <https://www.hopkinsmedicine.org/health/conditions-and-diseases/coronavirus>.
- Scholte JA (1997). The globalization of world politics. In: Baylis J, Smith S (eds.) *The Globalization of World Politics: An Introduction to International Relations*. (pp. 13– 30). Oxford: Oxford University Press.
- Serrano-Moreno JE, Telias D, Urdinez F (2020). Deconstructing the Belt and Road Initiative in Latin America. *Asian Education and Development Studies*. <https://doi.org/10.1108/AEDS-01-2020-0021>
- Sriharan J, Sriharan A (2020). Emerging mental health issues from the novel coronavirus (COVID-19) pandemic. *Journal of Health and Medical Sciences* 2(2):157-162.
- Starling AE (2006). *Plague, SARS and the Story of Medicine in Hong Kong*. Hong Kong University Press.
- Suleiman HM (2020). Economic impact of COVID-19: Powerful shock to post-reform Egypt. <https://www.euromesco.net/publication/economic-impact-of->
- UK Essays (2018). Impact of contemporary globalisation on Thailand. Available at: <https://www.ukessays.com/essays/cultural-studies/what-is-contemporary-globalization-cultural-studies-essay.php?vref=1>.
- UN Assessment Report (2020). Socio-Economic impact of COVID-19 in Ethiopia. Reliefweb. <https://reliefweb.int/report/ethiopia/socio-economic-impact-covid-19-ethiopia>.
- UNDP Report (2020). Socio-economic impact of COVID-19 in South Africa. United Nations Development Commission. https://www.za.undp.org/content/south_africa/en/home/library/
- UNESCO (2020). COVID-19: a global crisis for teaching and learning. <https://en.unesco.org/news/startling-digital-divides-distance-learning-emerge>
- Varrella S (2020). Population in Africa 2020, by country. *Statista*. <https://www.statista.com/statistics/1121246/population-in-africa-by-country/>.
- Vassilara F, Spyridaki A, Pothitos G, Deliveliotou , & Papadopoulos A (2018). A rare case of human coronavirus 229E associated with acute respiratory distress syndrome in a healthy adult. <https://www.hindawi.com/journals/criid/2018/6796839/>.
- Vaughan A (2020). We don't know why so few covid-19 cases have been reported in Africa. *NewScientist*. www.newscientist.com/article/2236760-
- Ward A (2020). How South America became a coronavirus epicenter: Brazil, Peru, and Chile have made South America one of the world's worst Covid-19 hot spots. <https://www.vox.com/2020/5/26/21270376/south-america-covid-19-coronavirus-brazil-peru-chile>
- Wattimena ZA (2018). What are the fundamental pillars of contemporary globalisation? *Ary Suta Centre Series on Strategic Management* 42:1-18.
- WHO Global Influenza Programme and World Health Organization. (2009) . *Pandemic influenza preparedness and response: A WHO guidance document*. <https://apps.who.int/iris/handle/10665/44123>.
- World Bank (2020). Morocco economic monitor – Morocco's economic prospects and the COVID-19 crisis impact. <https://www.worldbank.org/en/region/mena/publication/>.
- Worldometer (2020). Peru: Coronavirus cases. <https://www.worldometers.info/coronavirus/country/peru/>.
- World Health Organization (2020) Archived: WHO Timeline - COVID-19. <https://www.who.int/news/item/27-04-2020-who-timeline---covid-19>
- Ye Z, Yuan S, Yuen K, Fung S, Chan C, and Jin D (2020). Zoonotic origins of human coronaviruses. *International Journal of Biological Sciences* 16(10):1686-1697.