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## 6 THE VIRUS FROM AFRICA? THE RELIGIONIZATION AND POLITICIZATION OF THE COVID-19 PANDEMIC: IMPLICATIONS FOR ZIMBABWE

### *Abstract*

COVID-19 has caused a lot of havoc since its inception in December 2019, first in China and some parts of the world and in 2020 in Zimbabwe in particular. Due to the outbreak of this pandemic, the government introduced vaccination response to mitigating the spread as well as effects of the virus. It is expected that every adult of 16 years and above was subject to voluntary vaccination. This voluntary vaccination only excluded those who are pregnant and those breastfeeding. The reasons for not vaccinating the pregnant were not clearly highlighted. Conspiracy theories pertaining the effects of vaccines were and continue to be circulated online. Hence, this study seeks to establish the perceived effects of vaccines on sexual reproductive health as well as how the subtle force on people getting vaccinated is an infringement on their sexual reproductive rights. The focus of the paper is on finding out the link between COVID-19 vaccine hesitancy in Zimbabwe and sexual reproductive health and rights. In doing this, the study grapples with the following questions: 1. What are the reasons for vaccine hesitancy in Zimbabwe? 2. Why were the pregnant and breastfeeding in particular not being vaccinated? 3. How are some Zimbabweans perceiving vaccination in relation to their sexual and reproductive health and rights? 4. What religio-cultural beliefs and practices inform these perceptions? This chapter makes use of purposive sampling interviews and secondary sources. The chapter concluded that there are many reasons for low uptake of COVID-19 vaccine which include religious, health and political.

**Keywords:** COVID-19, Sexual reproductive health and rights, vaccine hesitancy, Zimbabwe

## Introduction

Omicron seems to be a politically contentious variant of the COVID-19 virus. The emerging reactions from the Global North about the omicron variant targeted at Africa are not backed by scientific evidence (Dakuku, 2021). Instead, the Western countries who are neo-colonialist demonstrate the existing ideology that often depicts Africa badly. Western countries' fear of doom coming from Africa fuels their overreaction. Europe and its powerful allies acted as if they are the exact representations and sole source of knowledge forgetting that Africa from time immemorial had indigenous knowledge systems that produced results which the world can tap on for its survival strategies. It is surprising to note that the spread and impact of COVID-19 particularly the Omicron variant was regarded as a phenomenal task for Africa and African governments. It was even more challenging when Western countries and their allies deliberately conspired to allow politics and economic nationalism, instead of science, to define the global response to a virus that Africa knows little about. Scientifically the origin, transmission and severity of the coronavirus, in all its manifestations, are still matters of contention among experts (WHO, 2020). From the day South African medical scientists raised the alarm about discovering the Omicron variant of the coronavirus, the Western world came out in full force to display its racist diplomacy against Africa. Critical thinking and scientific inquiry were discarded, and the new variant was inappropriately dubbed the "African virus".

The COVID-19 pandemic that wreaked havoc in most parts of the world from 2020 demonstrated that it was no longer a health issue only but a political and religious pandemic that calls for scholarly attention. African scholars have expressed dismay at the move by the United States of America, the European Union, the United Kingdom and other countries to block flights from several African countries following the sequencing of a new, potentially more transmissible variant of COVID-19. This had various mutations, which the Western countries has termed the virus from Africa since these variants are first discovered in Africa. Using a religio-political analysis lens to view the implications of the new variant of the fourth wave called Omicron, this chapter examines the origins of this variant and how the issue of COVID-19 as a whole has been interpreted from Africa and Zimbabwe in particular following responses from both politically and various Christians/religious formations. Furthermore, it

traces the reasons for punitive action by European countries to block African countries to enter into their territory. The chapter concludes by looking at the implications for Zimbabwe and suggests a way forward.

## Definition of some concepts

It is prudent at this point to draw the readers to an understanding of this vicious virus code named COVID-19. WHO publicized that COVID-19 is the authorized name of the pandemic (WHO, 2019) WHO chief Tedros Adhanom Ghebreyesus further elucidated that,

CO stands for corona

VI stands for virus

D stands for disease,

While 19 is for when the outbreak was first identified  
on 31 December 2019 (WHO, 2019).

The name had been preferred to circumvent a direct mention to a particular geographical locality (e.g. China), mammal species or crowd of citizens, in line with global advices for naming meant to prevent stigmatization (Taylor-Coleman, 2020). According to WHO (2019), COVID-19 is a transmissible sickness caused by Severe Acute Respiratory Syndrome Coronavirus (SARS-CoV-2). This type of illness was first discovered in December 2019 in Wuhan, a city in China that is located in the Hubei region. This pandemic spread internationally without exception (Hui et al., 2020; WHO, 2019). Additionally; the known Common symptoms include fever, cough and shortness of breath. Other symptoms may include fatigue, muscle pain, diarrhea, sore throat, loss of smell and abdominal pain. These and other symptoms may appear between two to fourteen days after exposure based on the incubation period of MERS- 225 COV viruses (Centre for Disease Control and Prevention (CDC, 2020a; WHO, 2019).

The new variant first discovered in South Africa is called Omicron SARS-CoV-2 B.1.1.529 (Chantel, Martinez & Ives, 2021). Scientists in South Africa identified the new variant with mutations that marked a big jump in evolution. According to Tulio de Oliveira the director of the Kwa-zulu -Natal research and innovation sequencing platform the B1.1.529 variant had a very unusual collection of mutations with more than 30 mutations in the spike protein alone (New York Times, 2022). The new variant Omicron had 10 mutations in comparison with Beta variant that has three mutations, the Delta variant had two mutations. Furthermore, the new variant was largely detected among young people, the cohort that also

had the lowest vaccination rate in South Africa. Just over a quarter of those aged between 18 and 34 in South Africa had been vaccinated as reiterated by Dr. Joe Phaahla, the country's Minister of health. This pressed a panic button to the whole world and nations reacted in different ways that also raised more questions than answers and stimulated debate among scholars.

## Religion<sup>1</sup> and epidemics

Religious beliefs have always been a primary lens through which people have viewed and understood the experience of epidemic diseases. Religion entails the cultural practices and beliefs that have as their goal a relationship and communication between human beings and those (usually) unseen spiritual entities or forces that are believed to affect their lives (Westerlund, 2006). As anthropologists have noted, the dominant motif of a religion and its fundamental characteristics is often most clearly revealed in the ways in which it explains misfortune and sickness and by the steps recommended to avert them (Louise, 2008:597).

The most important role that religion plays in relation to epidemics is to explain what is happening in ways that make sense to a specific society and particular culture. Frequently, such explanations are in two dimensions which are firstly, looking upward to the supernatural realm and secondly, looking outward (or perhaps better, inward) to contemporary society (Bryne, 2008:596). Furthermore, epidemics are mostly understood as having been directed to the world by supernatural forces that are linked to one or many gods, demons, or spirits of the dead. In most cases, these heavenly beings are not seen as acting randomly, but as responding to particular human actions that offended them (Westerlund, 2006).

Pandemic diseases represent the world out of joint, a disastrous upset of the expected cosmic harmony. Religion aims to identify the causes, redress the problem, and restore good relations between heaven and earth. To do this, adherents draw on specially designated human intermediaries. These men and women be they priests, chanters, oracles, diviners, seers, prophets, soothsayers, exorcists, and other specialists are attributed with special skills and status that enable them to clarify the wishes of the supernatural powers and identify the human failings responsible. From

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<sup>1</sup> Although the word religion is a compound name representing different types of religions, however, the focus of this chapter is limited to the Judeo-Christian religion due to space and time to cover all religions.

these individuals, too, would often come specific recommendations for remedial devotional and ritual action.

The history of humanity has always been characterized by pandemics. In the Old Testament, we learn that the deliverance of the Israelites from Egypt was possible after a series of pandemics and disasters that rocked Egypt (Exodus 7:20-10:13). While the term ‘pandemic’ is modern and was never used in the Scriptures, Hebrew and Greek words for pestilence and plagues are recorded at least 127 times in the Bible (Rosenberg, 2020). Gusha (2020) argues that since 165AD to 2015, pandemics have been killing people with the worst death caused by the Plague of Justinian (Byzantine) Empire around 541-542 CE that claimed ten percent of the world’s population, followed by HIV and AIDS, a global pandemic that claimed over thirty-five million people, third was the American Plague of the sixteenth century that claimed ninety percent of the indigenous population (Gusha, 2020). From the arguments raised by Rosenberg (2020) and Gusha (2020), COVID-19 is one of the pandemics that humanity has experienced leading to the closure of the chapels, mosques, sanctuaries, shrines and temples across the world that fundamentally changed the way of being ecclesia, from being a Centre of healing to a platform of contamination and infection (Masvotore, 2021).

Pandemics, epidemics, and infectious diseases have long been the fatal challenges to human survival, greatly surpassing wars, accidents, and chronic diseases as a cause of mortality. They have been recorded in history books and have been knit into the fabric of religious cultures: examples include the Pharaonic “plagues” of the Old Testament and the many later “plagues” of ancient Greece and Rome (Louise, 2008:594). Be that as it may, much about viral diseases has transformed in the modern era, with the accessibility of vaccines, disinfectant therapy and other interventions; however, much remains unearthed and needs researchers to continue digging deeper for answers especially in the case of COVID-19. We still face the unpredictable appearance of new diseases such as COVID-19 appearing in different variants that goes through stages of mutations. The case in point was the new variant Omicron that invited different reactions and interpretation from both health and political practitioners.

Foucault (1977:166) identified what he called politics of health, where medical fraternity is infiltrated and draws its support from structures of power to downplay other forms of healing that are not scientifically proven (Masvotore, 2020:229). Furthermore,

There is also the growth of a medical market in the form of private clientele, the leeway of a network of personnel offering qualified medical attention, the development of individual and family demand for health care, the emergence of a clinical medicine strongly centered on individual examination, diagnosis and therapy, the explicitly moral and scientific (Foucault, 1977:167).

In this case, universal bodies such as WHO are seen to control the operations and sidelining faith healers whom they see as dump, but surprisingly people flock to them in numbers. From an analytical point of view, one can deduce that there is an issue of contested truth where there is imposition of Western knowledge and rules about evidence that is scientific.

This leads us to the Foucault's idea of the care of the identity where scientific practitioners are unconvinced of customary medicinal approaches centered on sciences of the personality, the psy-sciences, as Rose and Miller (1992) explained them, as well as their allied qualified specialists. Furthermore, Randal and Munro said:

A joint journey led by the sufferer, where the self and other accept the account of suffering and the challenge of finding a way out of social isolation. Both the doctor and patient are seen as equals. In this case the idea of healing or care is rooted in a relation of mutual equality rather than of expert authority, and it is grounded upon willingness to share and accept the narrative of the other (Randal & Munro, 2010:26-27).

It is apparent that a major fraction of African sick people go for faith healing as a first preference in diverse cultures as well as believing in its efficacy (Puckree, 2002:247). Patients in sub-Saharan Africa, Zimbabwe in particular hunt for the cure of faith healers for every type of diseases including societal and psychosomatic matters. On the other hand, Masiwa, Moyo, and Mujuru (2018) state that some prophets focus on handling particular health challenges and in case of emergency, they advise patients to seek formal health care facilities for treatment.

Critically the question being asked today is: has the COVID-19 pandemic created the ending of faith healing traditions in the globe, specifically in Africa and Zimbabwe in particular? This question has become necessary among scholars because a few days, weeks, months and years ago traditional and Christian faith healing declarations have been widespread. These claims included curing persons who suffer from different kinds of sickness, the sightless, lame or those with HIV and AIDS. Shockingly, subsequent to the COVID-19 catastrophe, practitioners and organizations that allege to have power over faith healing have retreated back to

the trenches (Masvotore, 2020:229). Some practitioners such as a Nigerian faith healer (Kungleo) said that he wanted to go to China to tear down the disease. According to Kungleo in a video that went viral, he declared that, “the critics, who are questioning God’s power and ability to heal coronavirus, should bring patients of said disease for healing as proof that God is still the greatest physician.” This was after the prophet had vowed to go to China to destroy Coronavirus personally using prophetic means (Kingleo, 2020).

Nevertheless, from the time when the disease was recognized in Nigeria, no one has heard from the seer of God including other highly praised faith practitioners in Zimbabwe and across Africa. Furthermore, they have been so silent and have declined to make any further claim to heal any infected human being. The questions to ask are; why? What has gone wrong? Could the reason be that faith healing is not effective anymore? Or else that faith healing is not applicable to coronavirus? As already indicated elsewhere in this chapter these and other questions can be answered by viewing the silence of faith healers not as a surprise but as issues embedded in politics of knowledge as demonstrated by Foucault (1977). The same developments where religious organizations were silenced giving priority to scientific medicine that took place during the nineteenth century are repeating. This is substantiated by Foucault when he indicated that:

The progressive emplacement of what was to become the great medical edifice of the nineteenth century, cannot be divorced from the concurrent organization of a politics of health, the consideration of disease as a political and economic problem for social collectivizes which they must seek to resolve as a matter of overall policy (1977:166).

He further observes that:

Medicine, as a general technique of health even more than as a service to the sick or an art of cures, assumes an increasingly important place in the administrative system and the machinery of power, a role which is constantly widened and strengthened throughout since the beginning of COVID-19. The doctor wins a footing within the different instances of social power (Foucault, 1977:176).

In Zimbabwe prophets such as Makandiwa divided Zimbabweans after contradicting himself on COVID-19 by backtracking on COVID-19 vaccines as he urges loyalists to get vaccinated. Throughout the COVID-19 pandemic, some conspiracy theorists in Christendom have interpreted

masks and vaccines as the mark of the beast. According to the Staff reporter of the Zimbabwean mail (2021) Makandiwa climbed down from his cautionary message that discouraged the inoculation. This was done after the call by the Zimbabwean President, Emmerson Munangagwa for religious leaders to support the vaccination programme. This indicates the political muscle that downplays religion. At the advent of COVID-19, all religious leaders were not considered to be front-line workers by most governments. It was only until the time the government hit a brick wall in calling for vaccination, that governments particularly in Zimbabwe realized that they need religious leaders to be at the forefront. This is because religion plays a crucial role in community development especially in Africa where most communities give spiritual or religious explanation to almost every natural disaster. Religious leaders command a greater following sometimes more than politicians or government and are found almost everywhere.

## **Race and epidemics**

Race is among the most contentious factor used for understanding and tracking diseases in human populations. The classification of human groups under racial labels is largely a cultural creation and does not strictly correspond with biology (Byrne, 2008:588). For Alchon (2003) epidemic disease factors previously thought to be related to race are now known to be caused by cultural behaviors, socio-economic conditions, and environmental factors. However, race has been, and continues to be, used for scientific, political, religious, social, and cultural classification of human populations (LaVeist, 2002).

In other historical cases, the assignment of particular diseases to particular human groups, as defined by their “race,” does not correlate with any biological explanation (Byrne, 2008:599). For instance, when the Black Death struck Europe in the fourteenth century, terrified Christians used ethnicity and religion to explain the origin of the disease (Humphreys, 2007). Further to that:

Though defended by royal and religious authorities, Jews in many parts of Europe were accused of “poisoning” “Christian” water supplies to initiate the waves of pestilence over European cities. Because of these claims, mobs murdered hundreds of Jews, while local magistrates imprisoned and exiled others during the plague epidemics of the fourteenth centuries. In Spain the concept of “purity of blood” (*limpieza de sangre*) reinforced the



intolerance for Jews that led to their expulsion in the late fifteenth century (Byrne, 2008:599).

The association of race with epidemics has a long history. However, it was not until the nineteenth century, with the work of the German naturalist J. F. Blumenbach (1752-1840), that race achieved its current status in the categorization of human groups (Hogan, 2001). Nevertheless, a nuanced scrutiny of the history of epidemic diseases demonstrates that rather than being conclusive, race is a temporal and unsolidified category, one that is not objective and does not relate to biological characteristics that determine susceptibility to disease (Byrne, 2008). Although it is undeniable that differences in immune responses have been responsible for the behavior of epidemic diseases around the globe, such differences are the result of cultural patterns or geographical location and not racial characteristics. This shows that Western countries made an error to dub the Omicron variant an African virus without scientific proof. Rather it became more politically generated as a biological weapon of war.

## **Politicization of COVID-19 and its implications to Zimbabwe**

History is key to any suspicious development or allegation levelled against any country. According to Byrne (2008:53) South Africa's minority white government [was] historically known of having a modest programme to develop biological and chemical weapons for non-battlefield use, such as assassination and special forces use. Although this was voluntarily ended when the black majority government came to power in 1994, the scientific discovery of Omicron variant could have raised memories of Western countries about the ability of South Africa to develop biological weapons. Leitenburg (2004) avers that:

Several other countries are suspected by Western intelligence agencies of trying to develop biological weapons, but the available evidence is quite weak, and it remains to be seen if any of these suspicions are true. In addition to suspicions that some countries may be trying to develop biological weapons, there have been periodic accusations that some countries have actually used them.

Politics indeed plays a role in health affairs, but it should not define the response to an epidemic requiring an evidence-based mechanism of con-

tainment. Viruses do not know colour, creed, nationality, or race. As revealed by COVID-19, humans across all strata and genealogies are exposed to this deadly disease. As such, drawing out a continent or group to target and discriminate against it is a folly taken too far (Dakuku, 2021).

On November 26 2021, the WHO labelled Omicron a “variant of concern”, the fifth version (Alpha, Beta, Gamma, and Delta having come before it) of the virus to be thus marked out (WHO, 2021). Omicron generated quite a stir globally and put Southern Africa in the middle of it all. There were earlier predictions that the coronavirus would continue to mutate, and so this did not come to public health experts as a surprise. What may have caused the uproar was the West’s response to the new variant. When South Africa broadcasted this new variant, the West recoiled back to its isolationist and xenophobic mode, and Southern Africa became a target of condemnation and judgement. The description and actions of Western countries directly labelled Africa’s dominant historical ‘story’ as unsafe place with exotic diseases that threaten other parts of the world (Dakuku, 2021). Generally, one could have expected that the Global North community should praise South Africa for its timeous openness and scientific prowess for working hard to identify this new variant. Instead, the West was quick to close down the world on South Africa and Southern African countries, an action fueled by self-destructive nationalism.

This reaction can be interpreted as being instigated by political motives that are aimed at isolating Africa from the world and furthering the suffering of Africans economically. Thus, some African leaders the likes of South African President, Cyril Ramaphosa and Senegalese president, Macky Sall, did not hide their unhappiness at the opening of the 7<sup>th</sup> edition of the Dakar International Forum on Peace and Security in Africa to the actions of the West by saying:

When South Africa scientists discovered, as President Macky Sall was saying, Omicron, the new variant they immediately took on the responsibility of informing the world, ... that a new variant has come through. And what is the result? The Northern countries impose a ban to punish the excellence that comes from Africa... They basically said we will not allow you to travel around but lo and behold, Omicron is spreading all over the world (Redaction Africa news, 2021).

Macky Sall further called for unity amongst world leaders at a time like this, in order to fight the pandemic by saying:

We must continue to work together in solidarity. This pandemic, which is affecting all our countries, must bring us together on the side of solidarity

in our response instead of adding a new divide between rich and poor countries (Redaction Africa news, 2021).

The two leaders accused the Western countries of giving only the crumbs to poor nations in their distribution of the vaccines. The fact that the comments are uttered at a forum of peace and security for African leaders demonstrates that the reaction by Western countries to bar South Africa and other African countries needed a political solution and African governments needed to come together and rebuke actions of the West.

Reacting to the same aspect of the variant, WHO's Executive Director posited that:

It is really important that there are no knee jerk responses here, especially with relation to South Africa. South Africa is picking up interesting and important information for which we are doing the proper risk assessment and risk management. We have seen in the past that when there is any mention of a variant then everyone is closing borders and restricting travel. It is really important that we remain open and focused on characterizing the problem, not punishing countries for doing outstanding scientific work and being open and transparent about what they are seeing in Africa and what they are finding (Dakuku, 2021).

Furthermore, Guardian News reported that Dutch health authorities had announced that they had found the new Omicron variant of coronavirus in cases dating back eleven days before South Africa's announcement, indicating that it was already spreading in Western Europe before the first cases in Southern Africa were identified. Also, in many European, North American, and Asian countries, Omicron was seen in numbers sizeable enough to be of concern, but the reaction that followed did not target these countries but only African countries (Dall and Davies, 2021).

While the Western countries referred to the Omicron variant as the African virus, Zimbabwe's defense minister described the coronavirus as God's way of punishing the United States of America and other Western countries for imposing sanctions on Zimbabwe. Oppah Muchinguri, the defense minister, appeared to mock Western nations while addressing a group of ruling party supporters in Chinhoyi (a town in Zimbabwe's Mashonaland West province, when she said:

This coronavirus that has come are sanctions against the countries that have imposed sanctions on us. God is punishing them now and they are staying indoors now while their economy is screaming like what they did to ours by imposing sanctions on us. Donald Trump should know that he

is not God. They must face the consequences of coronavirus so that they also feel the pain (Mutsaka, 2021).

She also accused China of creating the virus. However, public health experts in Zimbabwe condemned these remarks which accused China of botched "experiments" as responsible for the outbreak of the coronavirus pandemic ravaging the world. President Emmerson Mnangagwa's government distanced itself from the accusations made in a tearful interview as the defense minister mourned a fellow minister lost to COVID-19. The move to distance itself from the utterances could have been done out of fear of direct political challenge to a sovereign state and China being one of the economic stable giants in the world, Zimbabwe could be isolated from foreign trade and partnership with its ally.

More so, the defense minister Muchinguri also said she would only take a COVID-19 vaccine if it is developed in Zimbabwe (Mutsaka, 2021). This agitated the deputy ambassador to Zimbabwe, Zhao Baogang who said:

The embassy would only comment on the accusations by Defense Minister Oppah Muchinguri in the coming week after reaching Beijing as it was a "sensitive issue" (Mutsaka, 2021).

The reference to the matter being a sensitive issue proves that it was no longer a health matter but had degenerated into a political accusation that could avert a potential diplomatic fallout of Zimbabwe with China. Nevertheless, Zimbabwe's ministry of foreign affairs, distanced Harare from Muchinguri's remarks on the origins of the coronavirus disease. Constance Chemwayi, foreign affairs spokeswoman, said:

Muchinguri's sentiments did not reflect the position of the government of Zimbabwe. Zimbabwe and China enjoy excellent relations. The government does not hold the Chinese government responsible for the emergence and spread of the coronavirus that has affected every global citizen. The government appreciates that China has exercised global leadership in efforts to find both the cause and a solution to the pandemic (Mutsaka, 2021).

As one ponders upon the developments that took place around the accusations and counter labeling on COVID-19 between the Western countries and Africa, one can conclude that, the statements, so far, from the West have all the trappings of intellectual and scientific incoherence. Once Africa is involved, the West suspends logical reasoning backed by scientific evidence and wears the cap of self-protectionism, discrimination, and fearmongering to paint Africa in a bad light (Dakuku, 2021). The

West acts as if when a variant is linked to a place it is detected first in, it must create many stigmas, and they (a healthy privileged population) have the right to blame someone. It is imperative to highlight that when a new variant is detected in a specific place, it does not mean it originated there; it may simply imply that professionals in the health area there did a good job and noticed it before anybody else. This knee jerk response of clamping down on some countries where omicron was found (many countries outside of Africa where scientists found it had not received the same level of punishment that African countries did) and shutting down flights from these countries were only justified due to the idea of stopping or delaying Omicron from reaching these countries.

The pertinent question at this point is, why is Africa targeted? Why are Africans enraged about the barrage of bans from the West? We must note with great emphasis that in 2020 when COVID-19 left Wuhan, it first infected many people in the U.S. and Europe before it reached Africa. However, African countries did not discriminate against those Western countries, nor did they ban flights from them in a knee jerk reaction, as these countries were doing now. Africans saw thousands of people infected in the West who died from COVID-19, but they did not discriminate or target the West for ridicule. Why is the West doing this to Africa now? This is only an extension of the dialogue of the imbalance between Africa and the West. Unfortunately, what ought to be a scientific debate has been overwhelmed by racist diplomacy and economic nationalism.

The response of the West in this issue of Omicron is indirectly related to how they have handled vaccination in poorer countries. They are yet to show real commitment to the vaccination in Africa and other developing countries generally. This has resulted in a threatening disparity. This wide gap between vaccination rates in the West, put at 70 per cent of the population, against the less than 7 per cent for Africa, is a reason for unchecked isolationism (Dakuku, 2021). Part of the protectionist policies was in shutting out Africa from the rest of the world, starting with air travel. Some countries banned flights from Southern Africa from coming to Europe, and other African countries were added later. The case of Zimbabwe being on the list, with its insignificant number of omicron cases, is unjustified. The Western countries have now rushed for a booster jab to prevent effects of Omicron variant and neglecting millions of Africans who have not yet received the first jab. This disparity between the haves and have not has been widening.

One can only imagine, given this approach, that had the first COVID-19 virus first identified in China last year originated in Africa, it is now clear that ‘the world would have locked Africa up and thrown the keys away’. There would have been no urgency to develop vaccines because Africa would have been nonessential. This virus was already in three continents, and nobody locked away Belgium, Denmark or Israel. Why is the West locking away Africa? Politics played the major matrix than health concerns, hence, the need for academic introspection.

## **The Implication for Zimbabwe and Conclusion**

The implications of this locking of Africa and Zimbabwe in particular were huge. There were psychological implications related to the emotional impact of Africans in general and Zimbabweans especially feeling discriminated against. There were also economic and social consequences due to the travel ban. The loss in productivity and revenue to businesses in the aviation and allied industries in Africa and specifically Zimbabwe within the period of the ban affected the economy. Given the timing of this ban, many Zimbabwean families abroad that had planned to travel back to the country to celebrate Christmas with their families had to call off their travel plans.

Perhaps, if the government had been challenging this hatred, as it did during the Mugabe era Zimbabwe would have gotten more respect. Dakuku (2021) avers that, nothing stops developing countries from engaging with the West more challengingly, if they act mockingly towards them. There is a need for mutual respect from all countries and continents, devoid of patriarchal sentiments and tendencies bordering on ideological apartheid and unnecessary supremacy inclinations that reflects a big brother syndrome. Omicron appears to have been a politically divisive variant of the COVID-19 virus. As indicated elsewhere in the chapter, the negative reactions about the Omicron variant targeted at Africa were not backed by scientific evidence. Instead, they reify the existing ideology that often depicts Africa badly. Western countries’ fear of doom coming from Africa fuels their overreaction. Europe and its powerful allies acted as if they are the exact representations of overbearing patriarchy, they exploit, and use Africa as a resource base, whilst condemning it as a hell on earth (Dakuku, 2021).

The COVID-19 crisis is not about to end. There may be other mutations with even stranger names in the near future. Yet, one thing is clear:

The gains of globalization may be eroded by the history of this virus. Both the West and Africa stand to lose. China's interests will advance, as it keeps dealing with the virus as a scientific and economic challenge with hidden benefits. Africa must rise and seek collaborations and cooperation, instead of looking up to the West for salvation.

**In conclusion**, the discriminatory treatment of Africa should spur a renewed sense of Pan-Africanism and bring all African countries together to work for their collective good. Reliance on the West to solve Africa's problems reifies Africa's perception as a problem continent and the affiliated fear that goes with those negative sentiments about Africa that persists in the West. Africa has allowed the West to tell its story for too long, and it is time Africa takes back control of its narrative and engage with the world on better terms. Sometimes, it is difficult to blame the West for their knee jerk reactions to African issues. It comes from their existing perceptions of Africa as a corrupt haven, where poverty and disease are ravaging the continent that cannot help itself. Although this perception is not entirely accurate, Africa still engages from weak and needy positions with the world.

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