

‘A TICKING TIME-BOMB’: THE GLOBAL SOUTH IN THE TIME OF CORONAVIRUS¹

Alfredo Saad-Filho and Alison J. Ayers

At the time of writing, in May 2020, the spread of COVID-19 seems to have peaked in most Western countries; in contrast, the pandemic has been accelerating in the Global South,² home to 75% of the world’s states and 85% of its population (TNI, 2020), with dramatic outcomes in Algeria, Brazil, Ecuador, India, Iran, Mexico, the Philippines, Turkey and elsewhere.³ This article offers a political economy overview of the coronavirus pandemic in the South. Our starting point is that COVID-19 met a world already gripped by overlapping differences, divisions and crises (Boffo *et al.* 2018; Saad-Filho 2020), and these fragilities will intensify disproportionately the impact of the pandemic on the South. Yet, the Global South has not figured prominently in the booming literature (Davis 2020). Left debates have been similarly circumscribed, with attention focusing overwhelmingly on Europe and North America (Hanieh 2020). Our first thesis is that examination of the pandemic must be global, in order to capture its highly-differentiated and closely interrelated histories and dynamics.

¹ The title of this article draws upon Nordling (2020).

² We use ‘Global South’ as shorthand for what used to be called in development studies ‘the periphery’ or ‘the Third World’: roughly speaking, the world minus the US, Canada, Western Europe, Scandinavia, Japan, Australia and New Zealand, which we call either the ‘Global North’ or ‘the West’; debates over classification are beyond the scope of this article.

³ Unevenness in data collection and reporting may distort this picture; for an overview, see <https://ourworldindata.org/coronavirus>.

**Saad-Filho, A. and A.J. Ayers (2020)
“A Ticking Time-Bomb”:
The Global South in the Time of Coronavirus’
Journal of Australian Political Economy
No. 85, pp. 84-93.**

Secondly, the pandemic has affected social groups quite distinctly, worldwide, and in the same country, region, and city, depending on age, gender, income strata, ancestry, refugee status, co-morbidities, exposure to pollution and other triggers of ill-health. These (and other) social fractures already existed, and they created the crevices through which the coronavirus pushed its way into society. Consequently, understanding outcomes in the South requires careful examination of those tensions, differences and divisions.

Third, this public health crisis is not merely due to the chance arrival of a novel pathogen among a population not previously exposed to it: there is no such thing as a 'general' pandemic hitting an 'abstract' population. Instead, we stress that the course of the *actual* pandemic derives from the virus *in conjunction with* the social, economic and political circumstances in which it spreads, including the policy responses of local and national governments and international organisations, together with the collective efforts of masses of people, which, in turn, depend on history, economic and other strengths, modes of social reproduction, institutional capacities, national(ist) myths and ideologies, and so on.

SARS-CoV-2 evolved long ago, but it came into contact with humans in a specific historical context, including our encroachment into natural environments, busy animal markets, large-scale manufacturing, global production networks and cheap travel, as parts of a global(ised) neoliberal economy dependent upon the exploitation of the peoples and resources of the South; also influential were the patterns of difference and inequality within each country and region. In turn, the spread of the virus has been both aided and checked by historically-specific technologies and policies. Finally, although the South is likely to experience untold hardship in the coming months, the course of the coronavirus is not merely a tale of woes due to poverty, corruption or intractable destiny; the South also offers examples of good practice that would shame countries with much higher *per capita* income.

The pandemic: North and south

The trajectory of the pandemic in the South is largely explained by the structures and processes of accumulation under global neoliberalism. The illness emerged in the fast-growing manufacturing hub of the world, in South-Central China, and it tended to spread along two pathways: the

commercial routes laid out by the ‘globalisation’ of production, producing the early flashpoints in East Asia, Iran and Northern Italy (Moody 2020; Wallace *et al.* 2020); and the international circulation of high-income individuals, *e.g.* at ski resorts in Northern Italy, who took it to several Western European countries, while upper-middle class tourists flew it from Italy to better-off areas in Rio de Janeiro and São Paulo (Rudan 2020; Slattery *et al.* 2020; Walker and Smith 2020). The rest is history.

While there is never a good time for a pandemic, the coronavirus arrived at an especially perilous juncture, as the global economy was already sliding into a perfect storm of financial, political, social, environmental, water and food crises (Roubini 2020; Roberts 2020). Given the lack of immunity of the population, the severity of the illness, the high rate of contagion, the limited capacity of all health systems, and the absence of effective treatments or a vaccine, widespread lockdowns became inevitable. However, such measures triggered an unprecedented economic collapse in the Global North. Production, trade and employment imploded, with devastating consequences for finance as debts could no longer be serviced. Stock markets nose-dived and, during March and April 2020, there was speculation that several economies would buckle under the strain (Ghosh 2020; Toussaint 2020). Slowly, and through different combinations of mass testing, social distancing, quarantines, movement controls, fiscal spending, financial transfers and quantitative easing, most East Asian and Western economies managed to contain their pandemics. By May, lockdowns were tentatively on the way out, and ‘normal’ life was resuming, in parallel with a frantic and well-endowed search for treatments and vaccines. By and large, health systems and social cohesion survived their biggest-ever challenge in peacetime.

The strategies that contained the virus in the West and in East Asia are, mostly, not available in the Global South. The West had to confront a health crisis and an economic crisis, but it could count on already-established (however insufficient) welfare states, as well as state capacity and large fiscal resources. This allowed those governments to provide healthcare, manage lockdowns (including the perilous exit from those lockdowns), while also subsidising (some) businesses and jobs, despite lingering uncertainty about the impact of a ‘second wave’ of the pandemic and the implications of a prolonged economic downturn.

In contrast, the South confronts an acute social crisis on top of its health and economic crises. With few exceptions, those states do not have the

financial, institutional or managerial capacity to subsidise business or provide secure incomes to households. Moreover, health systems in the South can be precarious in terms of capacity, staff, resilience and access. For example, 34 sub-Saharan African countries (out of 45) spend less than US\$200 *per capita* annually on healthcare, and five spend less than US\$50 *per capita* (World Bank 2016). Malawi has 25 ICU beds for a population of 17 million, South Sudan has 24 ICU beds and 4 ventilators for 11 million people, and Sierra Leone has 13 ventilators for 8 million people (Burke and Okiror 2020; Cliffe 2020). Across South Asia, there are less than 2.8 critical care beds per 100,000 people, and Bangladesh has 1100 ICU beds for 157 million people (Hanieh 2020). Brazil is relatively well-served, with 7.6 public ICU beds per 100,000 inhabitants, but these are distributed very unevenly (Salluh and Lisboa 2016).

The lack of basic resources, including clean water, food, electricity, sanitation and primary health care, is compounded by the prevalence of severe co-morbidities, especially tuberculosis, malaria and HIV/AIDS, as well as malnutrition and weakened immune systems (Cliffe 2020; Hanieh 2020). For reasons such as these, the UN estimated that, in the worst case-scenario, the coronavirus could infect 1.2 billion people in Africa alone (out of a population of 1.3 billion), potentially leading to between 300,000 and 3.3 million deaths directly from COVID-19 (UNECA 2020). To-date, confirmed cases and fatalities are lower than such predictions, but the pandemic remains 'a major threat to the continent's health systems' and concerns abound that the virus may 'smoulder' in transmission hotspots indefinitely (WHO 2020a, 2020b). Meanwhile, the WHO has declared that Latin America is a new epicentre of the pandemic, with a particularly alarming situation in Brazil (Berti 2020).

Lacking the resources and institutional capacity to implement extended lockdowns, and given the urgency and complexity of the problem, there is likely to be a growing tendency to resort to violence in order to clear the streets, manage population movements, distribute emergency supplies, ration services, and contain mass despair at the inevitable collapse of public health systems. In the background are the fiscal, financial and balance of payments limitations and the lack of institutional capacity, which delimit public policy in poor countries and make it impossible to support aggregate demand through quantitative easing or large-scale purchases of public and private papers in the secondary markets. Southern countries are also unable to send aircraft to procure PPE abroad, and they depend heavily on aid in order to keep their (highly import-dependent)

health systems running. Given their own crises, many Western countries are unlikely to give priority to such requests. Compounding the drama is the global recession, which is likely to crush commodity prices (starting with oil in April), reduce foreign direct investment (FDI), severely curtail international travel and tourism, dramatically restrict workers' remittances, and reverse capital flows (Ghosh 2020). By April 2020, 85 countries had already approached the IMF for emergency assistance (Elliott 2020). Unprecedented humanitarian disasters are likely to follow.

Economies, societies and politics down south

The impending disaster is a direct consequence of repeated rounds of neoliberal 'structural adjustment' in numerous countries of the South since the 1980s, which have systematically dismantled state capacities and institutional resilience, undermined job stability, reduced incomes and eliminated much of these countries' manufacturing capacity, leaving them heavily exposed to disruptions in global trade, production and finance (Ghosh 2020; Gonzalez 2020; Hanieh 2020). These weaknesses have undermined the reduction of poverty and contributed to widespread hunger and malnutrition, poor housing and simmering public health crises. These circumstances suggest that, under pressure from COVID-19, 'deaths from secondary impacts – poverty, hunger, diseases, and violence exacerbated by the pandemic – may dwarf the number of those who die of the novel coronavirus itself' (Turse 2020). The economic fallout from the pandemics could increase global poverty by 500m people (8% of the world's population) and push 265m people to the brink of starvation (Sumner *et al.* 2020).

The pandemic may cut 25 million jobs in the South, and increase by nearly 20 million the number of people earning less than US\$3.20 per day (ILO 2020). Even worse, around 70% of workers in the South live hand to mouth in the informal sector; it is impossible to guarantee either their employment or the economic survival of their employers, and most would find it difficult to abide by extended lockdowns. In addition, workers tend to live in cramped accommodation, often lacking hand-washing facilities, not to speak of regular electricity and working laptops. For example, the average Indian family has five members and 40% of all homes have only one room (Pandey 2020). One-sixth of India's urban population (74 million people) are slum-dwellers, for whom social distancing is

impossible (Sur and Mitra 2020). Reportedly, some Indians have self-isolated in trees to protect their relatives (Stubley 2020). Similarly, informal settlements are part of the physical infrastructure of many African cities and most lacked services even before this health crisis. Africa's big cities also pose a conundrum to people who must commute to work, since it is impossible to maintain social distancing in over-crowded public transport (Noko 2020). These circumstances create conditions favouring the explosive spread of the coronavirus.

Externally, most economies in the South are also more vulnerable than those in the North, primarily because of their limited productive capacity and debt-servicing obligations. They tend to run large current account deficits, while also being heavily dependent on (currently declining) commodity prices, (volatile) external demand, and (faltering) supply chains for key goods and services. Consequently, most Southern states tend to rely on aid, workers' transfers and loans to close the balance of payments, but all these have been disrupted, risking imports, the ability to service external commitments, and (distributionally-regressive) inflationary spikes. Finally, and in contrast with wealthy economies, poor countries have limited fiscal, financial and institutional capacities, and agreements with international financial institutions prevent them from running large fiscal deficits.

At the political level, states in the South have very limited capacity to deliver public health, sustain incomes and enforce technology-based strategies of social control. It is plausible that, if the pandemic is followed by the residual circulation of the coronavirus, especially before a vaccine and affordable treatments become available, this could further worsen economic performance in the medium-term, deepening poverty and deprivation and potentially triggering a politics of despair feeding on those economic and health insecurities. This might lead to flares of destructive anger that would inevitably be contained brutally, leaving limited opportunities for constructive lessons or mass organisation, as well as facilitating the rise of 'strong' leaders promising to keep order (ICG 2020). It is possible, then, that COVID-19 may lead to the greater centralisation of power, the militarisation of society, curtailments of civil rights and growing controls of information and movements, without necessarily improving health provision or outcomes.

In contrast, a more desirable response based on social solidarity and public trust would require the expansion of democracy, transparency, and

accountability of the state. Unfortunately, much of the Global South does not seem to be heading in that direction.

Conclusion

Despite multiple tensions and fragilities, the South has much greater first-hand experience confronting infectious diseases and epidemics than the North, for example Chikungunya, Ebola, Nipah, SARS and Zika. These health emergencies have created not only the physical infrastructure for control, but also a deep bank of technical know-how as well as social norms of behaviour facilitating the management of pandemics (Cliffe 2020; Milan and Treré 2020). Correspondingly, there have been several remarkable successes against COVID-19 in the South, for example in Argentina, Costa Rica, Cuba, Senegal, South Africa and Vietnam, as well as at the sub-national level, for example Kerala state in India.

These experiences contrast sharply with the staggering failures in the USA and the UK, for example, which show that, although high income levels allow greater scope to buy ventilators, support wages and businesses and subsidise economic activity, planning and decisions about the best use of funds depend on state capacity, which is only weakly related to income *per capita*. This is to suggest that, although the challenge is difficult, good outcomes are possible in the South as well as the North. As always, the future remains open, and political intervention can make a significant difference to outcomes.

The Global North has been almost completely absorbed in its own coronavirus drama, and insufficient attention has been paid to the far more serious implications of COVID-19 in the South, across the domains of public health, economics, politics and society. Instead of merely witnessing a destructive slide towards authoritarian responses to the pandemic (especially given the economic weaknesses in the South), it is incumbent upon the left to articulate a progressive internationalist response, based on medical and financial solidarity, the dissemination of knowledge, and the provision of healthcare for all according to need, in order to save lives everywhere. Without this global orientation, 'we risk reinforcing the ways that the virus has seamlessly fed into the discursive political rhetoric of nativist and xenophobic movements – a politics deeply seeped in authoritarianism, an obsession with border controls, and a 'my-country first' national patriotism' (Hanieh 2020). This argument is backed

up by the reality of ‘mutual assured vulnerability’, since the circulation of the coronavirus in the South will drastically limit the scope for controlling it in the North (Singh 2020).⁴ In this sense, we are ‘in it together’, and only global solutions can be effective.

Alfredo Saad-Filho is Professor of Political Economy and International Development in the Department of International Development, Kings College, London.

alfredo.saad-filho@kcl.ac.uk

Alison J. Ayers is Research Associate in the Centre for Global Political Economy, University of Sussex.

aja22@sussex.ac.uk

The authors are grateful to Julian Saurin and Andy Sumner for their helpful comments on an earlier draft of this paper.

References

- Berti, L. (2020), ‘WHO Declares South America as New Covid-19 Epicentre.’ *The Brazilian Report*, May 22. <https://brazilian.report/coronavirus-brazil-live-blog/2020/05/22/who-declares-south-america-as-new-covid-19-epicenter/>
- Boffo, M., Saad-Filho, A. and Fine, B. (2019), ‘Neoliberal Capitalism: The Authoritarian Turn.’ *Socialist Register*, 55: 247-70.
- Burke, J. and Okiror, S. (2020), ‘Africa’s Fragile Health Systems Rush to Contain Coronavirus.’ *The Guardian*, March 20, <https://www.theguardian.com/world/2020/mar/20/africas-fragile-health-systems-rush-to-contain-coronavirus>.
- Cliffe, J. (2020), ‘Coronavirus Hits the Global South.’ *New Statesman*, April 22, <https://www.newstatesman.com/world/south-america/2020/04/coronavirus-hits-global-south>.
- Davis, M. (2020), ‘The Monster is Finally at the Door.’ *Monthly Review*, March 19, <https://mronline.org/2020/03/19/mike-davis-on-covid-19-the-monster-is-finally-at-the-door/>.
- Elliott, L. (2020), ‘Dozens of Poorer Nations Seek IMF Help amid Coronavirus Crisis.’ *The Guardian*, March 27, <https://www.theguardian.com/world/2020/mar/27/dozens-poorer-nations-seek-imf-help-coronavirus-crisis>.

⁴ ‘Let us remember that we are only as strong as the weakest health system in our interconnected world’ (António Guterres, cited in Singh 2020).

- Ghosh, J. (2020), 'The Pandemic and the Global Economy.' *Dissent Magazine*, April 20. https://www.dissentmagazine.org/online_articles/the-pandemic-and-the-global-economy.
- Gonzalez, M. (2020), 'Coronavirus in Latin America.' *RS21*, May 2. <https://www.rs21.org.uk/2020/05/02/coronavirus-in-latin-america/>
- Hanieh, A. (2020) 'This is a Global Pandemic – Let's Treat it as Such.' *Verso - Blog*, March 27, <https://www.versobooks.com/blogs/4623-this-is-a-global-pandemic-let-s-treat-it-as-such>.
- ICG (2020), 'COVID-19 and Conflict: Seven Trends to Watch.' *Crisis Group Special Briefing No.4*. March 24. <https://d2071andvip0wj.cloudfront.net/B004-covid-19-seven-trends.pdf>.
- ILO (2020), 'Covid-19 and the World of Work: Impact and Policy Responses.' *ILO Monitor*, 1st edition, March 18 https://www.ilo.org/wcmsp5/groups/public/---dgreports/---dcomm/documents/briefingnote/wcms_738753.pdf.
- Milan, S. and Treré, E. (2020), 'A Widening Data Divide: COVID-19 and the Global South.' *Open Democracy*, April 3, <https://www.opendemocracy.net/en/openmovements/widening-data-divide-covid-19-and-global-south/>.
- Moody, K. (2020), 'How "Just in Time" Capitalism Spread Covid-19.' *Spectre*, April 8. <https://spectrejournal.com/how-just-in-time-capitalism-spread-covid-19/>.
- Noko, K. (2020), 'In Africa, Social Distancing is a Privilege Few Can Afford.' *Al Jazeera*, March 22, <https://www.aljazeera.com/indepth/opinion/africa-social-distancing-privilege-afford-200318151958670.html>.
- Nordling, L. (2020), 'A Ticking Time Bomb: Scientists Worry about Coronavirus Spread in Africa.' *Science*, March 15. <https://www.sciencemag.org/news/2020/03/ticking-time-bomb-scientists-worry-about-coronavirus-spread-africa>.
- Pandey, G. (2020), 'Coronavirus: Is Social Distancing an Oxymoron in India?' *BBC News*, April 24, <https://www.bbc.co.uk/news/world-asia-india-52393382>.
- Roberts, M. (2020), 'The Virus, Capitalism, and the Long Depression. Interviewed by Ashley Smith.' *Spectre*, March 24, <https://spectrejournal.com/the-virus-capitalism-and-the-long-depression/>.
- Roubini, N. (2020), 'Ten Reasons Why a "Greater Depression" for the 2020s is Inevitable.' *The Guardian*, April 29. <https://www.theguardian.com/business/2020/apr/29/ten-reasons-why-greater-depression-for-the-2020s-is-inevitable-covid>.
- Rudan, I. (2020), 'A Cascade of Causes that Led to the COVID-19 Tragedy in Italy and in other European Union Countries.' *Journal of Global Health*, June, 10(1) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7125421/>.
- Saad-Filho, A. (2020), 'Coronavirus, Crisis, and the End of Neoliberalism.' *Socialist Project - The Bulletin*, April 17, <https://socialistproject.ca/2020/04/coronavirus-crisis-and-the-end-of-neoliberalism/#more>.
- Salluh, J.I.F. and Lisboa, T. (2016), 'Critical Care in Brazil' *ICU Management and Practice*, 16(3), <https://healthmanagement.org/c/icu/issuearticle/critical-care-in-brazil-1>.
- Singh, N. (2020), 'Cholera and Coronavirus: Why We Must Not Repeat the Same Mistakes.' *The Guardian*, May 1, <https://www.theguardian.com/society/2020/may/01/cholera-and-coronavirus-why-we-must-not-repeat-the-same-mistakes>.

- Slattery, G., Eisenhammer, S. and Perobelli, A. (2020), 'Imported by the Rich, Coronavirus Now Devastating Brazil's Poor.' *Reuters*, May 1, <https://www.reuters.com/article/us-health-coronavirus-brazil-poor/imported-by-the-rich-coronavirus-now-devastating-brazils-poor-idUSKBN22D549>.
- Stubley, P. (2020), 'Coronavirus: Indians Self-Isolate in Trees to Protect Relatives.' *The Independent*, March 30, <https://www.independent.co.uk/news/world/asia/coronavirus-india-trees-quarantine-lockdown-vangidi-purulia-bengal-modi-a9434966.html>.
- Sumner, A., Ortiz-Juarez, E. and Hoy, C. (2020), 'Estimates of the Impact of COVID-19 on Global Poverty.' *WIDER Working Paper 2020/43*, April, <https://www.wider.unu.edu/sites/default/files/Publications/Working-paper/PDF/wp2020-43.pdf>.
- Sur, P. and Mitra, E. (2020), 'Social Distancing is a Privilege of the Middle Class: For India's Slum Dwellers it will be Impossible.' *CNN*, March 31, <https://edition.cnn.com/2020/03/30/india/india-coronavirus-social-distancing-intl-hnk/index.html>.
- TNI (2020), 'Coronavirus: The Need for a Progressive Internationalist Response.' March 26, <https://www.tni.org/en/article/coronavirus-the-need-for-a-progressive-internationalist-response>.
- Toussaint, E. (2020), 'The Capitalist Pandemic, Coronavirus and the Economic Crisis.' *International Viewpoint IV542*, March 20, <http://internationalviewpoint.org/spip.php?article6458>
- Turse, N. (2020), "'Exceptionally Dire": Secondary Impacts of Covid-19 Could Increase Global Poverty and Hunger.' *The Intercept*, May 3, <https://theintercept.com/2020/05/03/exceptionally-dire-secondary-impacts-of-covid-19-could-increase-global-poverty-and-hunger/>.
- UNECA (2020), *COVID-19 in Africa: Protecting Lives and Economies*. Addis Ababa: Economic Commission for Africa. https://www.uneca.org/sites/default/files/PublicationFiles/eca_covid_report_en_24apr_web1.pdf.
- Walker, S. and Smith, H. (2020), 'Why Has Eastern Europe Suffered Less from the Coronavirus than the West?' *The Guardian*, May 5, <https://www.theguardian.com/world/2020/may/05/why-has-eastern-europe-suffered-less-from-coronavirus-than-the-west>.
- Wallace, R., Liebman, A., Chaves, L.F., and Wallace, R. (2020), 'COVID-19 and the Circuits of Capital.' *Monthly Review*, April 1. <https://monthlyreview.org/2020/05/01/covid-19-and-circuits-of-capital/>.
- WHO (2020a), 'New WHO Estimates: Up to 190,000 Could Die of COVID-19 in Africa if not Controlled.' May 7, <https://www.afro.who.int/news/new-who-estimates-190-000-people-could-die-covid-19-africa-if-not-controlled>.
- WHO (2020b), 'Africa COVID-19 Cases Top 100,000.' May 22, <https://www.afro.who.int/news/africa-covid-19-cases-top-100-000>.