



**A CRITIQUE OF THE SADC REGION'S REGULATORY RESPONSE MEASURES
TO THE COVID-19 PANDEMIC, PAYING SPECIAL ATTENTION TO TRAVEL
RESTRICTION MEASURES AND THEIR EFFECT ON FOOD SECURITY**

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DECLARATION

I, ENGLEBERT CHIKODZA, declare that '*A critique of the SADC region's regulatory response measures to the Covid-19 pandemic, paying special attention to travel restriction measures and their effect on food security*' is my work, that this work has not been submitted before for any degree, or is currently being considered for a degree at any other institution, and that all the sources I have used or quoted have been duly acknowledged as complete references.

ENGLEBERT CHIKODZA

Signed: *Englebert Chikodza*

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DEDICATION

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KEYWORDS

Southern African Development Community, food security, travel restrictions, lockdown, Covid-19, informal trade, European Union

LIST OF ACRONYMS

COVID-19	Coronavirus Disease 2019
DRC	Democratic Republic of the Congo
CCA	Civil Contingencies Agency (<i>Sweden</i>)
EU	European Union
GDP	Gross Domestic Product
ICBT	International Cross-Border Trading
IMF	International Monetary Fund
NBHW	National Board of Health and Welfare (<i>Sweden</i>)
PHA	Public Health Agency (<i>Sweden</i>)
UN	United Nations
SADC	Southern African Development Community
SDGs	Sustainable Development Goals
WHO	World Health Organization

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CHAPTER 1

INTRODUCTION AND BACKGROUND TO THE STUDY

1.1. Background to the study

The transition in the economy around the globe has led many countries to pursue integration at various levels. The importance of regional integration is highly noted in various parts of the world, with the most successful countries reaping the benefits of such cooperation.

Regional integration bodies such as the European Union (EU) are notable examples of successful integration efforts. Consequently, there has been much backing from the African community for regional assimilation since the attainment of independence from the European colonial powers.¹ Regional integration is seen as a rational response to challenges faced by a continent with many small national markets and non-coastal countries.²

This has led to the creation of many trading blocs across the continent and the world at large. The Southern African Development Community (SADC) has been one such regional integration bloc. Since its inception it has seen great success. However, it also witnessed its share of challenges. Paramount was the coronavirus (Covid-19) which began in 2019 and was declared an international pandemic by the World Health Organisation (WHO) on 11 March 2020.³

As of 20 April 2020, at least 2.4 million cases of Covid-19 had been recounted internationally, with more than 170,000 associated deaths.⁴ In Africa, 20,092 cases were recounted, with at least 909 deaths recorded in the same period. A total of 52 out of 54 countries in Africa reported cases of Covid-19. The two countries that had not reported cases are both in the SADC region, namely the Union of Comoros and Lesotho. This entails that of the 16 SADC member states, 14 countries reported cases of Covid-19.⁵ Shortly thereafter most African countries, including SADC members, started experiencing local transmission of the disease after the initial importation of the transmissions from Europe. Therefore, this raised the need for contact

¹ Hartzenberg, T, 'Regional Integration in Africa' (2011) Staff Working Paper ERSD-2011-14 (tralac) 2.

² Hartzenberg, T (2011)1.

³ Cucinotta D & Vanelli M. 'WHO Declares COVID-19 a Pandemic' (2020) 19; 91(1): *Acta Biomed* accessed at <https://pesquisa.bvsalud.org/global-literature-on-novel-coronavirus-2019ncov/resource/en/covida-who-10369> (accessed 5 January 2022).

⁴ Southern African Development Community Report (2020) - *SADC Regional Response to Covid-19 Pandemic: An analysis of the Regional Situation and Impact* (2020)2.

⁵ Southern African Development Community Report (2020)2.

tracing to contain and cut down on the subsequent spread of the virus within the region.⁶ The SADC regional epidemic response was driven mainly by South Africa, Mauritius, the Democratic Republic of the Congo (DRC), and Madagascar. The latter's caseload represented 93 per cent of all cases reported in the region.⁷ Consequently, the region was in serious peril and business could not just carry on 'as usual'.

To try and mitigate the consequences of the virus and its spread, countries assumed regulatory measures such as travel bans, lockdowns, border closures, and alcohol and cigarette bans, inter alia. These regulations had serious consequences for the socio-economic performance of the countries within the region. One area that was chiefly affected was food security.⁸

The restriction of movement and hard lockdowns meant that people were not going out to work to generate income. This presented dire challenges regarding food security because many people in the region survive on a monthly income, and many more on cross-border trading.⁹

The objective of this mini-thesis is to critically analyse the relationship between travel restrictions and lockdowns as measures employed by the SADC region to curb Covid-19 and address food security in the region.

1.2. Problem statement

The travel and movement regulations restricted people to staying indoors and away from their places of work. The problem this created was that in many instances no income was being generated, which contributed negatively to food security and the economic well-being of the citizenry within the region.¹⁰

This study seeks to investigate the challenges presented by the movement restriction measures employed by SADC member states in their flight to control and contain the spread of Covid-19. For this research study, South Africa and Zimbabwe were selected as representative member states. The reason these countries are chosen for this study is that South Africa is the

⁶ Southern African Development Community Report (2020)2.

⁷ Southern African Development Community Report (2020)2.

⁸ Southern African Development Community Report (2020)3.

⁹ Southern African Development Community Report SADC Regional Response to Covid-19 Pandemic. An analysis to the Regional Situation and Impact Bullet No 2'available at https://reliefweb.int/sites/reliefweb.int/files/resources/BULLETIN_2-SADC_Response_to_COVID19_ENGLISH.pdf (accessed 25 August 2021).

¹⁰ Southern African Development Report (2020).

economic powerhouse within the region and the majority of its trade with Zimbabwe is highly dependent on road transport, given that Zimbabwe is a landlocked country. In addition, Zimbabwe relies chiefly on food supplies from South Africa.

The increase in the number of lockdown days and international travel restrictions imposed at the peak of the Covid-19 crisis significantly affected economic activities, education, tourism, aviation, major stock market indices, and other sectors of the economies globally.¹¹

The study will scrutinise the use of these regulatory measures in a bid to unearth their impact on food security within the region.

Most of the positive steps that were taken by the region regarding the containment and control of the virus have been funded by international financial institutions such as the International Monetary Fund (IMF) and the EU.¹² These financial aids come with a huge burden of interest, which then plunges the region into debt, straining the already choking economies and compounding food insecurity in the region.

1.3. Research question

How did the restrictions on the movement of people and regulatory measures impact food security in South Africa and Zimbabwe as members of the SADC region?

1.4. Research objectives

The aim of this research study is to analyse the impact that regulations restricting the movement of people had on food security in South Africa and Zimbabwe as countries which are members of SADC. The study has the following additional objectives:

- a. To establish the background of movement restriction measures within the SADC region, particularly in South Africa and Zimbabwe.
- b. To discuss the movement restriction regulatory measures implemented by South Africa and Zimbabwe in a bid to curb the spread and effects of Covid-19.

¹¹ Nicola M, Alsafi Z & Sohrabi et al. 'The Social-economic implications of the coronavirus pandemic (COVID-19): A review' (2020) *International Journal of Surgery* 186.

¹² The Southern African Development Community *The Impact of COVID-19 on SADC Economy* (2020).

- c. To discuss how food security was affected by the movement restriction measures employed by South Africa and Zimbabwe to control the spread and impact of the Covid-19 virus on the region.
- d. To compare the SADC region's movement restriction measures with those employed by selected EU member states concerning food security. Sweden and Norway were the chosen EU countries. They were chosen because they took two diverging approaches, despite their being similar in various aspects such as their health and political systems. They also both represent the two approaches adopted by the entire EU region, with the Swedish approach being unique and the Norwegian approach being the one taken by the rest of the EU countries.
- e. To discuss lessons that could be drawn by all the SADC member states from the EU's movement restriction measures to ensure food security within the region.
- f. To provide recommendations on what the SADC member states could pursue to deal with current and future food security challenges caused by regulatory measures to restrict movement in order to curb Covid-19.

1.5. Significance of the study

The study adds to pre-existing jurisprudence on the effect of Covid-19 on the region. The study will not only be of value to the SADC region, but also the African continent at large. It will shed light on what would have been an appropriate response by assessing whether a regional response was the best response or not.

1.6. Research methodology

This research study makes use of relevant primary sources of law such as the constitutions, legislation and case law of South Africa and Zimbabwe. South Africa is the economic powerhouse of the region. Zimbabwe is a country that relies greatly on South Africa for food supplies just like many countries within the region. It is for this reason that these countries' legal authorities will be discussed, particularly those dealing with the restriction of movement of people during the Covid-19 outbreak. Additionally, the regional protocols and agreements among countries of the region will be examined. As for secondary sources, this research study makes use of relevant journal articles, newspaper articles, as well as textbooks. Internet-based

publications, reports and other desktop materials have also been useful for this study. The countries that are the focus of this mini-thesis, as highlighted above, are Zimbabwe and South Africa. The EU will be used as the comparator, chiefly due to its leadership role in dealing with Covid-19.

1.7. Chapter outline

Chapter 1 will be an introduction to the research study; it will give the background to the study, the problem statement, the aims of the study, the literature review, and the significance of the study.

Chapter 2 will discuss the movement restriction measures employed by the SADC region member states intending to control and contain the effects of Covid-19. It will also discuss the way these measures were implemented, discussing how they impacted food security within the region.

Chapter 3 will look at the effect of the movement restriction measures on food security within the region.

Chapter 4 will compare the select EU member states' movement restriction measures with those employed by selected SADC member states.

Chapter 5 will give an overview of the research study in the form of a conclusion. It will also provide recommendations that the region may pursue to address current and future food security challenges caused by movement restriction measures implemented to curb Covid-19.

CHAPTER 2

THE MOVEMENT RESTRICTION REGULATORY MEASURES EMPLOYED BY SOUTH AFRICA AND ZIMBABWE TO CONTROL THE SPREAD OF COVID-19

2.1. Introduction

The coronavirus disease 2019 (Covid-19), triggered by the coronavirus SARS-CoV-2, emerged in the Chinese city of Wuhan in December 2019 and quickly spread around the globe.¹³ On 11 March 2020 it was declared a pandemic by the World Health Organization (WHO).¹⁴ This pandemic not only became a public health crisis leading to loss of life, but affected the global economy, with acute disruption to international travel, tourism and trade.¹⁵ The disruption to economic activities, travel and tourism consequently impacted on food security in countries around the globe, in particular low-income countries. The SADC member states were not an exception. Countries such as South Africa and Zimbabwe were among the affected countries.

To fight the spread of Covid-19 and buy time to develop and implement a long-term response the member states assumed varying regulatory measures, ranging from the purely advisory to the complete lockdown of households and non-essential producers.¹⁶ The travel restriction regulations confined people to staying indoors and away from their places of work. In the absence of vaccines and pharmaceutical remedies to treat the virus, the only tool available to mitigate its demographic effects was some measure of physical distancing in order to reduce the contagion by breaking social and economic contact. However, this created a host of problems, in particular that of food security. For instance, no income was being generated for many poor families and this contributed negatively to food security and the economic well-being of the citizenry within the region.¹⁷

This chapter will discuss, first, the rationale behind the movement restriction measures employed within the SADC region. Secondly, it will investigate the actual movement

¹³ Gayawan E Awe O Oseni B et al. 'The spatio-temporal epidemic dynamics of COVID-19 outbreak in Africa.' (2020) 148 *Epidemiology and Infection* 1.

¹⁴ Gayawan E Awe O Oseni BM et al. (2020)1.

¹⁵ Pak A Adegboye OA Adegkunle AI et al. (2020) 'Economic consequences of the COVID-19 outbreak: the need for epidemic preparedness.' (2020) 8: 241. *Frontiers in Public Health* 1.

¹⁶ Arndt C Davies R Gabriel S et al. 'Covid-19 lockdowns, income distribution, and food security: An analysis for South Africa.' (2020) 26: 100410 *Global Food Security* 1.

¹⁷ Southern African Development Community Report (2020)-*SADC Regional Response to Covid-19 Pandemic. An analysis to the Regional Situation and Impact* (2020)2.

restriction measures employed by the SADC region member states. It will also examine how these measures were adopted within the region. For this research study the terms ‘movement restrictions’ and ‘lockdowns’ will be used interchangeably. This is despite the fact that, in its expansive interpretation, the term ‘movement restrictions’ covers many related matters.

Additionally, for this study, South Africa and Zimbabwe will be considered as the representatives of the SADC region. This is mainly because South Africa is a major economic role-player within the SADC region and many countries, including Zimbabwe, rely on it economically.¹⁸ Zimbabwe, on the other hand, represents many of the landlocked countries in the region such as Zambia, Malawi, and the DRC. These countries rely chiefly on road transport for their trade with South Africa and one another.¹⁹

The movement of people and goods from one place to another is key to the social and economic performance of the countries and critical for food security. Additionally, these two countries took similar approaches to the implementation of lockdown measures.

2.2. The rationale for the application of restriction of movement regulatory measures amid the Covid-19 pandemic in South Africa and Zimbabwe

One of the primary functions of any government is to protect the health and safety of its population.²⁰ This mandate is conferred upon the government primarily in terms of the law of the respective countries; for instance, the Disaster Management Act²¹ in South Africa. In Zimbabwe, examples include the Civil Protection (Declaration of State of Disaster: Rural and Urban Areas of Zimbabwe: Covid-19) Notice 2020,²² which declared the coronavirus an infectious disease and a state of disaster.

In instances where such protection of society becomes a priority, it may come into conflict with the human rights guarantees contained in the constitution or other laws of the affected countries, such as the right to freedom of movement contained in section 21 of the South

¹⁸ Southern African Development Community Report (2020) *SADC Regional Response to Covid-19 Pandemic. An analysis to the Regional Situation and Impact Bullet No 2* available at https://reliefweb.int/sites/reliefweb.int/files/resources/BULLETIN_2-SADC_Response_to_COVID19_ENGLISH.pdf (accessed 25 August 2021).

¹⁹ Southern African Development Community Report (2020).

²⁰ Frieden R T ‘Government’s Role in Protecting Health and Safety’ (2013) 368:20 *N Engl J Med* 1857.

²¹ The Disaster Management Act 57 of 2002.

²² Statutory Instrument 76 of 2020.

African Constitution.²³ In Zimbabwe, the same guarantee is contained in section 66. Other rights that may be limited are the right to gather and the right to employment, among others.

The main legal principle relied upon by governments to warrant the limitation of the justiciability of these constitutional rights in disaster times is the principle of *Salus Populi Suprema Lex*.²⁴ This principle is interpreted to mean: ‘let the welfare of the people be the supreme (or highest) law’.²⁵ During the Covid-19 pandemic this principle took precedence because many countries around the world executed drastic measures to ensure the welfare of their citizens.

In the case of *D. Viswanatha Reddy and Company & Others v Government of Andhra Pradesh & Others*²⁶, in a judgment delivered on April 29 2002, the Court stated as follows:

It must be remembered that the public interest should prevail over the private interest, be it at ownership or be it at possessory ownership because of a lease. There is nothing wrong to apply the legal maxim *Salus Populi Suprema Lex* concerning public welfare and the Court is bound to follow the same when almost a million residents ... are suffering [from] the shortage of drinking water and the after effects.²⁷

The Constitution of Zimbabwe affirmed this position, compounding the fact that in times of emergencies it is justified for constitutional rights to be limited to foster the communal welfare of the citizens.²⁸ This position was held in the case of *Rodger Dean Stringer v Minister of Health and Child Care & Sakunda Holdings HH259/20*.²⁹ In the judgment, delivered on 1 April 2020, it was held, on page 8 in paragraph 3, that individual rights cannot override communal rights.³⁰ However, it is key to note that the action to save the public interest, public health, welfare, good, or interest must be right, just and fair.

²³ Section 21 of the Constitution of the Republic of South Africa 1996.

²⁴ Devereux S Bé ne C & Hoddinott. J ‘Conceptualising COVID-19’s impacts on household food security.’ (2020) 12 *Food Security* 3.

²⁵ Fott D ‘*Marcus Tullius cicero, on the law.*’ (2014) New York, Cornell University Press.

²⁶ *D. Viswanatha Reddy and Company & Others v Government of Andhra Pradesh & Others* [2002] (4) ALD 161, paragraph 19.

²⁷ *D. Viswanatha Reddy and Company & Others v Government of Andhra Pradesh & Others* [2002], paragraph 19.

²⁸ Devereux S, Bé ne C, Hoddinott J et al. ‘Conceptualising COVID-19’s impacts on household food security.’ (2020) 12 *Food Security* 4.

²⁹ *Rodger Dean Stringer v Minister of Health and Child Care & Sakunda Holdings* (HH259 of 2020, HC 2154 of 2020[2020] ZWHHC 259 paragraph 3.

³⁰ *Rodger Dean Stringer v Minister of Health and Child Care & Sakunda Holdings* [2020] paragraph 3.

The law has been deemed as a powerful vehicle through which the safeguarding and promotion of public health and safety, both at international and national levels, can be attained.³¹ The law allows for a fair, transparent and efficient operation of government institutions, particularly in times of disaster, through good governance that includes setting priorities, monitoring outcomes, transparency, civil society participation, anti-corruption and accountability.³² To this effect, it is paramount for countries to have sound legal frameworks to ensure that the government's mandate is carried out as efficiently and effectively as possible. This being said, it is evident that, due to the nature of Covid-19, such need was imminent in South Africa and Zimbabwe.

2.3. Specific movement restriction measures applied by South Africa and Zimbabwe

By its nature, Covid-19 virus is highly contagious, which meant that the disease can be easily transmitted from one person to another.³³ To curb the transmission of the virus within SADC, countries adopted a variety of movement restriction measures such as border closures, lockdowns, prohibition of gatherings, and staying at home, among others.³⁴ To fully understand the extent to which these measures impacted food security in the region, it is vital to establish the actual measures that were put in place.

Considering the widespread use of the term, 'lockdown' has been defined using a two-by-two matrix based on whether measures are compulsory or voluntary, and whether they are targeted at individuals or applied to a general population.³⁵ This definition's criteria is more descriptive of what the action of 'lockdown' entails than of what it is in essence. It has been defined as a set of measures aimed at reducing transmission of the Covid-19 virus that are mandatory, applied indiscriminately to a general population, and involve restrictions on the established pattern of social and economic life.³⁶ The lockdown restrictions were applied to three main criteria: geographical containment, home confinement, prohibition of gatherings and the closure of certain establishments and premises.³⁷

³¹ Devereux S et al. (2020) 4.

³² Devereux S et al. (2020) 3.

³³ Haider N, Osman A, Gadzekpo A et al. 'Lockdown measures in response to COVID-19 in nine sub-Saharan African countries.' (2020) 5(10 *BMJ Global health* 2.

³⁴ Haider N et al. (2020) 2.

³⁵ Haider N et al. (2020) 2.

³⁶ Haider N et al. (2020)2.

³⁷ Haider N et al. (2020)2.

Geographical containment was designed to prevent epidemic hotspots from contaminating other parts of a country or region.³⁸ There were exceptions to the movement of people in, or out of, the quarantined area, the main determinants being the services triggering their movement.³⁹ If it was for the provision of essential services such as food and medical supplies, then such movements were permissible.⁴⁰

Home confinement, also referred to as ‘curfew’, entailed a situation whereby the population was required to stay at home for prescribed periods of time.⁴¹ Under this form of lockdown, exceptions were also made available for people considered to be essential services providers.

Moreover, the prohibition of gatherings and the closure of certain establishments and premises constituted another form of lockdown.⁴² This form of lockdown involved the closure of shops, businesses, schools, universities, restaurants, cinemas, theatres, churches, mosques and sporting venues, as well as the prohibition or restriction of gatherings of people.⁴³

Exceptions also existed depending on the relevance of the gathering in question. For example, gatherings such as funerals and churches were allowed to take place with a limited number of people permissible. These lockdown measures were implemented differently within South Africa and Zimbabwe.

2.3.1. South Africa

In South Africa, the implementation of lockdown measures dawned with a nationwide lockdown order that was issued by President Cyril Ramaphosa.⁴⁴ The lockdown measures were implemented in phases which ranged from ‘Alert Level 5’ to ‘Alert Level 1’.⁴⁵ ‘Alert Level 5’ indicated a high Covid-19 spread with a low health-system readiness.⁴⁶ In contrast, ‘Alert Level 1’ indicated a low Covid-19 spread with a high health-system readiness.⁴⁷ The levels in

³⁸ Haider N et al. (2020)2.

³⁹ Haider N et al. (2020)2.

⁴⁰ Haider N et al. (2020)2.

⁴¹ Haider N et al. (2020)2.

⁴² Haider N et al. (2020)2.

⁴³ Haider N et al. (2020)2.

⁴⁴ Section 1 of Regulation 3(3) of the Regulations made under section 27(2) of the Disaster Management Act 57 of 2002.

⁴⁵ Section 2(1) of Regulation 3(3) Disaster Management Act (2002).

⁴⁶ Section 2(1) (e) of Regulation 3(3) of the Regulations made under section 27(2) (2002).

⁴⁷ Section 2(1) (a) of Regulation 3(3) of the Regulations made under section 27(2) (2002).

between indicated a moderate Covid-19 spread with either high, moderate, or low health-system readiness, depending on where it lay in the Covid-19 phases.⁴⁸

Under ‘Alert Level 5’ in South Africa, the lockdown measures entailed strict home confinement of people to their places of residence, unless they were to move from one place to another for reasons considered essential.⁴⁹ All gatherings as defined in terms of regulation one were prohibited, unless they were conducted for funerals observing Covid-19 protocols as provided for by the law.⁵⁰

Additionally, movement between provinces and between metropolitan and district areas was prohibited, except those done to render essential services.⁵¹ All borders of the Republic were closed during the period of lockdown, except for ports of entry designated by the responsible Cabinet member for the transportation of fuel, cargo and goods.⁵² Moreover, all commuter transport services were prohibited, including rail services, bus services, taxi services, e-hailing services, and maritime and air passenger transport – except those bus services, taxi services, and e-hailing services considered vital for conveying essential services.⁵³

The lockdown measures were adjusted progressively, according to the variations in the risk posed by the pandemic, from ‘Alert Level 5’ to ‘Alert Level 1’. The latter level entailed a situation in which there were no restrictions imposed on the movement of people.⁵⁴

2.3.2. Zimbabwe

Zimbabwe took various steps in its bid to combat the virus. Most of these measures mirrored those of South Africa, with the main difference being the timing of the implementation of the measures. Lockdowns in Zimbabwe were introduced with the promulgation of the Statutory Instrument 83 of 2020.⁵⁵ This legislation laid down the lockdown measures and the manner in which they were to be implemented, starting with stay-at-home restrictions and extending to border closures.

⁴⁸ Section 2(1) (b) -(c) of Regulation 3(3) of the Regulations made under section 27(2) (2002).

⁴⁹ Section 11B (1) (a) (i) of the Disaster Management Act 57 of 2002: Amendment made in terms of s27 (2).

⁵⁰ Section 11B (1) (a) (ii) of the Disaster Management Act 57 of 2002: Amendment made in terms of s27 (2).

⁵¹ Section 11B (1) (a) (iii) of the Disaster Management Act 57 of 2002: Amendment made in terms of s27 (2).

⁵² Section 11(6) (a) of the Disaster Management Act 57 of 2002: Amendment made in terms of s27 (2).

⁵³ Section 11C (1) of the Disaster Management Act 57 of 2002: Amendment made in terms of s27 (2).

⁵⁴ Section 66 of the Disaster Management Act 57 of 2002: Amendment made in terms of s27 (2). No. 45253.

⁵⁵ Statutory Instrument 83 of 2020.

The lockdown started on 30 March 2020 and ran for 21 days until 19 April 2020.⁵⁶ Individuals were forbidden to leave their homes except if they were to access services considered essential within the period of the lockdown.⁵⁷ The services considered to be essential are contained in Chapter 4(1)(a)(i)-(vii).⁵⁸

Among others, movement was only permitted if the citizenry needed to buy necessities at a supermarket or food retail store, or fuel or gas at a fuel or gas retail outlet, within a radius not exceeding five kilometres from their homes, unless there was no such shop or outlet within that radius.⁵⁹ Additionally, movement to purchase medicine within a five-kilometre radius, as well as travelling for employment for people considered to be in the essential services, was also exempted from the movement restriction imposed by this instrument.⁶⁰

Both mobile and stationary restaurants were closed, except for those restaurants attached to a hotel serving the residents.⁶¹ However, a caveat was attached to the exemption, namely that alcohol was not sold.⁶² Every other business establishment was closed except for those providing essential services or services in support of such a service.⁶³ The requirement for operations for businesses was that manufacturing business establishments, or other businesses whose operations require continuous processes, may operate with the minimum staff required for the care and maintenance of its operations. The main reasons for the limitation and closure were to restrict the overall movement of people from one place to another.

All intercity transport was prohibited except for the operation of intercity transport services engaged in the carriage of staff for essential services.⁶⁴ The carriage of sick persons to hospitals and other health-care providers and the carriage of persons referred to in section 4(1)(a)(vi) or (vii) was deemed to be essential.⁶⁵ Additionally, the transportation of water, food, fuel, basic goods and medical supplies needed to combat Covid-19 and other medical supplies, and the

⁵⁶ Section 4(1) of the Statutory Instrument 83 of 2020.

⁵⁷ Section 4(1) (a) of the Statutory Instrument 83 of 2020.

⁵⁸ Section 4(1) (a) (i) - (vii) of the Statutory Instrument 83 of 2020.

⁵⁹ Section 4 (1) (a) (i) of the Statutory Instrument 83 of 2020.

⁶⁰ Section 4 (1) (a) (ii) - (iii) of the Statutory Instrument 83 of 2020.

⁶¹ Section 4 (1) (b) (i) of the Statutory Instrument 83 of 2020.

⁶² Section 4 (1) (b) (ii) of the Statutory Instrument 83 of 2020.

⁶³ Section 4 (1) (c) of the Statutory Instrument 83 of 2020.

⁶⁴ Section 4(1) (f) of the Statutory Instrument 83 of 2020.

⁶⁵ Section 4(1) (a) (vi) or (vii) of Statutory Instrument 83 of 2020.

carriage of police and defence force personnel and other enforcement officers, were also among the exemptions.⁶⁶

Moreover, in terms of section 5, no public gatherings of more than two people were permitted during the lockdown period.⁶⁷ The prohibition was effective, except for gatherings such as in those places where people would be waiting for public transport to funerals, provided that Covid-19 protocols were observed.⁶⁸

Regarding international travel, for 21 days from 30 March 2020 to 19 April 2020, all airports and aerodromes were closed except for the three main international airports.⁶⁹ The three international airports open were the Robert Gabriel Mugabe International Airport (Harare), the Joshua Mqabuko Nkomo International Airport (Bulawayo), and the Victoria Falls International Airport.⁷⁰

Compounding the closure of international travel, regional travel also faced the limitation of travel, with regional crossing permitted only by essential services providers and repatriation services. Additionally, all cross-border terrestrial or waterborne transport services had to abide by the health-screening protocols prescribed by the authorities of the neighbouring states or other states of destination.⁷¹ This also involved quarantining in specified places, which meant detouring travellers to places other than their intended destinations for the time of the quarantine period.⁷²

It is the objective of every state to ensure the health and well-being of its citizens. The process of ensuring the health integrity of the citizenry of many countries was put to the test by the Covid-19 pandemic. South Africa and Zimbabwe, like every other country in the world, adopted some form of measures to curb the spread of the Covid-19 virus.

Chief among these measures were lockdown movement restriction measures. These measures, among others, aided the countries in taming the spread of the virus both nationally and

⁶⁶ Section 4(1) (f) of the Statutory Instrument 83 of 2020.

⁶⁷ Section 5(1) of the Statutory Instrument 83 of 2020.

⁶⁸ Section 5(1) (a) – (b) of the Statutory Instrument 83 Of 2020.

⁶⁹ Section 7(1) of the Statutory Instrument 83 of 2020.

⁷⁰ Section 7(1) (a)-(c) of the Statutory Instrument 83 of 2020.

⁷¹ Section 8(1) of the Statutory Instrument 83 of 2020.

⁷² Section 8(2) of the Statutory Instrument 83 of 2020.

regionally. The implementation of the lockdown measures in South Africa and Zimbabwe was similar in approach, with the only difference being the specific times of implementation.

2.4. Conclusion

This chapter highlighted the movement restriction regulatory measures employed by South Africa and Zimbabwe to control the spread of Covid-19 pandemic. To do this, the chapter explored the rationale behind movement restriction measures employed by the two countries.

The research brought to the fore the fact that in times of disaster such as the Covid-19 pandemic, governments are faced with decisions of balancing between rights. In the case of the Covid-19 pandemic, many rights were affected; one such right was the right to freedom of movement. The inhibition of people to move freely had a ripple effect and led to a negative impact on other rights such as the right to food.

Furthermore, the research highlighted the fact that the limitation of rights amid the Covid-19 pandemic was conducted as per the laws of both countries. In both countries the constitutions provide for the limitation of rights when the need arises, such as was the case with the Covid-19 pandemic.

Additionally, the constitutional provisions' legislation was also effective in restricting the movement of people during the pandemic. In South Africa, the Disaster Management Act was the 'go-to' legislation. In Zimbabwe, Statutory Instrument 83 of 2020 was the main piece of legislation giving effect to the constitutional provisions.

CHAPTER 3

COVID-19 CONTAINMENT MEASURES AND THEIR IMPACT ON FOOD SECURITY IN SOUTH AFRICA AND ZIMBABWE

3.1. Introduction

As the Covid-19 pandemic spread rapidly around the world, it had profound implications for food security and nutrition.⁷³ Consequently, the crisis affected food systems and threatened people's means of accessing food in various forms.⁷⁴ The pandemic led not only to the disruption of food supply chains in the wake of lockdowns triggered by the global health crisis, but also to a major global economic slowdown.⁷⁵ In the SADC region, the pandemic impacted on food systems and exposed the poor state of food security and lack of food-system infrastructure.⁷⁶

The main cause of the challenges witnessed was the lockdown measures put in place to curb the spread of the disease, given that they disrupted food systems and income-generation structures within the region.⁷⁷ The food security risks posed by the Covid-19 pandemic were dire. In the SADC region, food security was a challenge for many of the countries and was compounded by the emergence of the Covid-19 pandemic, threatening the attainment of Sustainable Development Goal 2: 'Zero Hunger'.⁷⁸

The main goal of this study is to highlight how the movement restrictions implemented by South Africa and Zimbabwe to control the spread of the Covid-19 virus affected food security.

This chapter will first look at the concept of food security. Secondly, it highlights how food security was affected by lockdown measures. The discussion will look specifically at the factors affecting the dimensions of food security. These factors include disruptions to the flow of food through trade routes, disruptions of the tourism sector, closure of the informal sector,

⁷³ Clapp J & Moseley WG 'Impacts of COVID-19 on food security and nutrition: developing effective policy responses to address the hunger and malnutrition pandemic.' (2020). *Committee on World Food Security High Level Panel of Experts on Food Security and Nutrition* 1.

⁷⁴ Clapp J & Moseley WG (2020)1.

⁷⁵ Clapp J & Moseley WG (2020)1.

⁷⁶ Ezirigwe J, Ojike C, Amechi E et al. COVID-19/Food Insecurity Syndemic': Navigating the Realities of Food Security Imperatives of Sustainable Development Goals in Africa.' (2021)14: 1 *Law and Development Review* 129.

⁷⁷ Clapp J & Moseley WG (2020)1.

⁷⁸ Clapp J & Moseley WG (2020)1.

and the overall increase in the price of food. But, first, it is imperative to explore the concept of food security within the international framework.

3.2. The concept of food security within the international framework

Attaining food security is one of the most important priorities for countries around the world, as highlighted by its placement on the Sustainable Development Goals (SDGs) ‘to-do’ list. The World Food Summit (1996) defined food security to exist when all people, always, have physical, social, and economic access to enough safe and nutritious food that meets their dietary needs and food preferences for an active and healthy life.⁷⁹ This definition implies four critical dimensions of food security: availability, access, utilisation and sustainability.⁸⁰

To be able to understand how the lockdown measures affected food security, it is imperative to zoom in on the food security dimensions. Availability speaks to the availability of food procured both on local and foreign markets for consumption within a jurisdiction.⁸¹ Accessibility entails the ability of food to reach consumers from the producer.⁸² It also encompasses the ability of the consumers to afford the food and the acceptability of the food within the community of the consumers.

Utilisation, *inter alia*, means that individuals must be able to consume adequate amounts in both quantity and quality to live a healthy and meaningful life.⁸³ Moreover, the individual must be healthy enough to consume and process the food.⁸⁴ Sustainability, on the other hand, looks at the ability of a nation or community to withstand shocks to the food systems imposed by natural disasters such as Covid-19, or man-made disasters such as wars or economic crises.⁸⁵

Food security is an integral part of societies around the globe and has been considered a human right in all parts of the world. Therefore, allowing hunger to take root in societies by any means is a violation of human rights.

⁷⁹ Skinner C & Haysom G ‘The informal sector’s role in food security: A missing link in policy debates?’ (2016) Working Paper 44. *Cape Town: PLAAS, UWC and Centre of Excellence on Food Security*. 1.

⁸⁰ Skinner C & Haysom G (2016)1.

⁸¹ Wen P & Elliot B ‘*The Concept of Food Security*.’ vol. 2 (2018)2.

⁸² Wen P & Elliot B (2018)2.

⁸³ Wen P & Elliot B (2018)2.

⁸⁴ Wen P & Elliot B (2018)2.

⁸⁵ Wen P & Elliot B (2018)3.

The right to food is a socio-economic right that is protected under several international laws and ordinances. Article 25 of the Universal Declaration of Human Rights provides that everyone has the right to a minimum standard of living that is sufficient for their health and the well-being of their family, including access to food, clothing, housing, medical care, and other essential social services.⁸⁶

Additionally, all people also have the right to security in the event of unemployment, illness, disability, widowhood, old age, or other forms of loss of livelihood due to events beyond their control.⁸⁷ This provision highlights the recognition of food security as an essential element of the livelihoods of people around the world. It also provides for the protection of the right to food of the people in such circumstances, among others, including those beyond their own control.

The Covid-19 pandemic compounded the problem of food insecurity around the world and in the SADC region. South Africa is considered a food self-sufficient country but not food secure.⁸⁸ Food self-sufficiency (FSS) is described as a household or region's ability to meet its own food needs, which can be tested at different periods.⁸⁹

Zimbabwe, on the other hand, is considered food-insecure, with projections suggesting that the situation might worsen.⁹⁰ The main factors leading to this predicament are, among others, prolonged drought conditions that have gripped the country over the years.⁹¹ This situation was exacerbated by the Covid-19 lockdown restrictions.⁹²

Considering the centrality of the right to food, states are mandated to take positive commitments to its realisation. Article 11 of the International Covenant on Economic, Social, and Cultural Rights, states that State Parties to the Covenant acknowledge that everyone has the right to an acceptable standard of living for himself and his family, including enough food,

⁸⁶ Article 25 (1) of the Universal Declaration of Human Rights adopted by the United Nations General Assembly Resolution 217A on 10 December 1948 and entered into force on 10 December 1948.

⁸⁷ Article 25(1) of the Universal Declaration of Human Rights (1948).

⁸⁸ Alemu ZG 'Developing a Food (in) Security Map for South Africa.' (2015) 220 *African Development Bank* 20.

⁸⁹ Enriquez JP 'Food Self- Sufficiency: Opportunities and Challenges for the Current Food System.' (2020) 31(2) *Biomed Journal of Scientific & Technical Research* 23984.

⁹⁰ Zimbabwe Food Security Outlook Update, December 2021 available at <https://reliefweb.int/report/zimbabwe/zimbabwe-food-security-outlook-update-december-2021> (accessed 15 August 2022).

⁹¹ Zimbabwe Food Security Outlook (2021)

⁹² Zimbabwe Food Security Outlook Update (2021).

clothing, and housing, as well as to the ongoing improvement of living conditions.⁹³ The States Parties will take the necessary actions to ensure the fulfilment of this right, acknowledging the critical significance of free consent-based international cooperation in doing so.⁹⁴ South Africa and Zimbabwe both ratified the Covenant.

Therefore, they are bound by its provisions. It is no secret that there were a lot of balancing acts to be considered, given that due to the circumstances prevailing under the Covid-19 pandemic certain rights had to be limited to protect the lives of the citizenry against the virus. However, the limitation of some of these rights simmered down into ripple effects leading to the limitation of other rights.

3.2.1. Domestic framework of South Africa

As highlighted above, each country is mandated to make the realisation of the food security imperative a reality. Countries have done so by considering access to food and food security as constitutionally protected rights. Section 27(1)(b) of the South African Constitution states that ‘everyone has the right to have access to sufficient food’.⁹⁵ This obligation is extended in section 27(2), according to which ‘the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights’.⁹⁶

Additionally, South Africa has ratified many international ordinances in which it promises to respect, fulfil and protect its obligations regarding the right to adequate and quality food to its citizenry. This means that the government must provide an enabling environment in which people can produce or procure adequate food for themselves and their families.⁹⁷ To purchase food, a person must have access to an income and the government must ensure access to social security for those people and families that do not.⁹⁸

⁹³ Article 11(1) of the International Covenant on Economic, Social and Cultural Rights adopted by the United Nations General Assembly Resolution 2200A(XXI) on 16 December 1996 and entered into force on 3 January 1976.

⁹⁴ Article 11(1) of the International Covenant on Economic, Social and Cultural Rights (1976).

⁹⁵ Section 27(1) (b) of the Constitution of the Republic of South Africa 1996.

⁹⁶ Section 27(2) of the Constitution of the Republic of South Africa 1996.

⁹⁷ South African Human Rights Commission *Right to food fact sheet* available at https://www.sahrc.org.za/home/21/files/brochure_A3_English.pdf (accessed 9 November 2022).

⁹⁸ South African Human Rights Commission (2020).

Having examined the South African constitutional stand-point regarding the right to food, the study will next discuss the Zimbabwean position.

3.2.2. Domestic framework of Zimbabwe

The Constitution of Zimbabwe provides expressly for the right to sufficient food. It must be noted that various sections of the Zimbabwean Constitution highlight the importance of the right to food security. Section 15 provides that in order to achieve food security, the state must encourage people to grow and store adequate food and secure the establishment of adequate food reserves.⁹⁹ Section 77 provides every person the right to potable water and sufficient food.¹⁰⁰ The other provisions of the Constitution – section 81(f) and section 21 – are directed to specific vulnerable groups of society such as children and the elderly.

The Social Welfare Help Act (Chapter 17:06) legislatively outlines the conditions under which those in need and those who depend on them may receive social welfare assistance.¹⁰¹ Under sections 5(a) and (b) of the Social Welfare Act, social welfare assistance may be given in the form of money or by way of the provision of food, clothing, and any other aid required to alleviate destitution.¹⁰² According to section 8's additional provisions, government funding must be utilised.¹⁰³

In addition, Zimbabwe has made several international commitments to ensure food security for its citizens. One such commitment is its commitment to implementing the SDGs, in particular SDG 2 which is to 'end hunger, achieve food security and improve nutrition and promote sustainable agriculture'.¹⁰⁴

As discussed above, South Africa legally must both provide food to their citizenry, as well as create an environment that allows individuals to enjoy food security. This obligation was put under stress by the Covid-19 pandemic, especially due to the lockdown measures put in place to control the spread of the virus.

⁹⁹ Section 15(a)-(b) of the Constitution of Zimbabwe 2013.

¹⁰⁰ Section 77 of the Constitution of Zimbabwe 2013.

¹⁰¹ Chapter (17:06) of the Social Welfare Act.

¹⁰² Section 5(a) - (b) of the Social Welfare Act.

¹⁰³ Section 8 of the Social Welfare Act.

¹⁰⁴ The right to food and food security. *Socio-economic rights. A situation analysis 1980-2018* available at <https://socioeconomicrights.co.zw/food-and-food-security/> (accessed 10 August 2022).

Next, the study will examine how the lockdown measures affected the dimensions of food security.

3.3. The impact of lockdown measures on food security dimensions

Food insecurity has been at the centre of global attention for some time now, given that it exists in many countries.¹⁰⁵ Global food security and nutrition were significantly impacted by the Covid-19 pandemic.¹⁰⁶ The four main dimensions of food security – availability, access, sustainability and utilisation – were affected by lockdown measures. The disruptions in the tourism industry, which employs millions in both South Africa and Zimbabwe, disruptions in the flow of food through trade routes, the closure of the informal sector, and untenable increases in overall prices of food, all adversely affected the food security dimensions.

This section will look at the above-highlighted dynamics in relation to the lockdown measures and how they affected food systems, food security and nutrition in South Africa and Zimbabwe.

In examining how the main dimensions of food security were affected by lockdown measures, this sub-chapter will discuss the impact of lockdown measures on critical areas of tourism, trade routes, the informal sector, and the general prices of commodities. These factors are considered because they are key aspects of livelihoods in both South Africa and Zimbabwe and have a direct bearing on food security.

First, the study will look at the disruptions in the tourism sector.

3.3.1. Tourism disruptions

South Africa and Zimbabwe are notable tourist destinations on the African continent, with the coastal cities of Cape Town and Durban taking the lead in South Africa.¹⁰⁷ In Zimbabwe, Victoria Falls, Kariba and a variety of its national parks, such as Hwange National Park and Gonarezhou National Park, are renowned tourist destinations.¹⁰⁸ The implementation of lockdown measures restricting international, regional and national travel, as countries closed

¹⁰⁵ Measuring Food Security in South Africa: Applying the Food Insecurity Experience Scale available at <https://www.statssa.gov.za/publications/Report-03-00-19/Report-03-00-192020.pdf> (accessed 8 August 2022).

¹⁰⁶ Statistics South Africa (2019).

¹⁰⁷ How Covid-19 affected food security in South Africa available at <https://www.statssa.gov.za/?p=15273> (accessed 10 August 2022)

¹⁰⁸ Ncube FN, Chikuta O, Basera et al. 'Economic impact of the Covid-19 pandemic on the hotel business in Zimbabwe.' (2021) 1:2. *Journal of Tourism, Culinary, and Entrepreneurship* 111.

their borders and grounded their airlines, brought the tourism sector to a standstill.¹⁰⁹ Ironically, travel and tourism have been held responsible for the spread of the virus throughout the world, causing significant disruptions in tourist-related businesses such as hotels and airlines worldwide.¹¹⁰

South African tourism was hit hard by lockdown measures, given that it is an industry reliant to the movement of people. The number of international tourist arrivals decreased by 71 per cent from slightly over 15.8 million in 2019 to less than 5 million in 2020, according to Statistics South Africa's Tourism 2020 report.

Due primarily to the lockdown and travel restrictions, the Covid-19 pandemic had a significant negative impact on the tourism industry globally and in South Africa.¹¹¹ Tourism contributes notably to the gross domestic product (GDP) in South Africa. According to Stats SA, it contributed 3 per cent of the GDP in 2018.¹¹² Tourism also contributed some 4.5 per cent of the total employment in South Africa.

President Ramaphosa imposed a Level 5 'hard' lockdown on 26 March 2020, which caused a sharp decline in the number of tourists coming into, and leaving, the country. As a result, from April 2020 to September 2020, South Africa did not welcome any tourists.¹¹³ Consequently, the number of tourists coming to the country sharply declined. This affected hotel and restaurant businesses directly. Many closed and others retrenched their staff. In some instances, employees were required to take pay cuts for them to be kept sustainably in employment.¹¹⁴

What this meant is that their purchasing power was significantly reduced, affecting their ability to buy food. This consequently impacted the food security of these families.

The tourist and hospitality industries of Zimbabwe, which were already struggling, were not immune to the consequences of the Covid-19 pandemic, which were fuelled by travel

¹⁰⁹ Ncube FN et al. (2021)111.

¹¹⁰ Niestadt M. 'COVID-19 and the tourism sector.' (2020) available at <http://www.europarl.europa.eu/thinktank> (accessed 15 August 2022).

¹¹¹ Statistics South Africa SA tourism industry struggles amidst Covid-19 pandemic (2020) available at <https://www.statssa.gov.za/?p=14281> (accessed 19 August 2022).

¹¹² Statistics South Africa (2020).

¹¹³ Statistics South Africa (2020).

¹¹⁴ Statistics South Africa (2020).

restrictions enforced globally to stem the virus's spread.¹¹⁵ As everywhere else in the world, Zimbabwe's tourism industry was brought to a standstill. Soon after the government announced lockdown measures, including border closures, travel bans, and self-isolation, tourist cities such as Victoria Falls began to suffer.¹¹⁶

Even though the pandemic in Zimbabwe was not as severe as it was in most countries around the world, the tourism sector suffered just like everywhere else in the world. This is due to Zimbabwe's reliance on international tourism.¹¹⁷ Studies show that hotel occupancy declined significantly in Zimbabwe due to movement restrictions.¹¹⁸ The decline translated into a decline in business and revenue.¹¹⁹

There was a significant decline in tourism in both South Africa and Zimbabwe. The decline in tourism spelled disaster for people reliant on the industry for income generation and livelihoods. Many were retrenched and others' salaries and wages were cut to scale down on the operational costs of the businesses. Additionally, others who generated incomes through craft trade lost revenue. The compound effect of this was the reduction of buying power and the absence of money, which for many resulted in food insecurity.

Having discussed the detrimental impact of lockdown measures on the tourism industry and subsequently food security, this study will now look at the implications for food security due to disruptions in the flow of food through various trade routes.

3.3.2. Flow of food through trade routes

Lockdown measures had a particularly negative impact on the flow of food through foreign trade routes.¹²⁰ Food producers reliant on selling their crops through export markets – especially those producers specialising in perishable food and agricultural products, like fresh fruits and vegetables or specialty crops, such as flowers – were extremely vulnerable, given that borders closed and demand for some foods decreased.¹²¹ The compound effect of this was

¹¹⁵ ZCTU response to the impact of covid-19 (coronavirus) pandemic on workers and the Zimbabwean economy.' (2020) 19 available at <https://www.ituc-csi.org> (accessed 19 August 2022).

¹¹⁶ Ncube FN Chikuta et al. (2021)111.

¹¹⁷ Ncube FN Chikuta et al. (2021)112.

¹¹⁸ Ncube FN Chikuta et al. (2021)115.

¹¹⁹ Ncube FN Chikuta et al. (2021) 115.

¹²⁰ Clapp J & Moseley WG 'This Food Crisis is Different: COVID-19 and the Fragility of the Neoliberal Food Security Order.' (2020) *The Journal of Peasant Studies* 9.

¹²¹ Clapp J & Moseley WG (2020)9.

that because producers of products reliant on trade routes could no longer easily trade due to the lockdown measures, they cut down on their staff, which deepened the food insecurity of their employees. On the other hand, the delivery of food to the areas where they were required also slowed down, resulting in people not getting access to food easily.¹²²

In South Africa and Zimbabwe, like elsewhere in the world, as food demand contracted due to declining incomes, food producers and food systems workers' livelihoods were affected. The food production industry is estimated to have lost many jobs as a result.¹²³ Similarly, the United Nations (UN) estimates that about one-third of food-system livelihoods was at risk due to the pandemic.¹²⁴

Noting the implications of the lockdown measures on the flow of food through various trade routes, the study will look at what implications these measures had for the informal sector and consequently food security.

3.3.3. The informal sector

Southern Africa is one of the fastest urbanising regions in the world.¹²⁵ Many cities are characterised by high and ever-expanding degrees of informality.¹²⁶ The breadth and significance of informality in African cities and their economies is sometimes understated, which leads to neglect or even trivialisation.¹²⁷ Informal markets are extremely important as sources of food and livelihoods in developing countries.¹²⁸ This sector ranges from fresh produce and groceries to international cross-border trading, among others, and is particularly important for South Africa and Zimbabwe because many people are dependent on it. Many nations acted to close unregulated food markets as the Covid-19 pandemic progressed because

¹²² Clapp J & Moseley WG (2020)10.

¹²³ Torero M 'Prepare food systems for a long-haul fight against COVID-19.' (2020) available at, <https://www.ifpri.org/blog/prepare-food-systems-long-haul-fight-against-covid-19> (accessed 10 August 2022).

¹²⁴ United Nations (UN). 'The Impact of COVID-19 on Food Security and Nutrition' available at <https://reliefweb.int/sites/reliefweb.int/files/resources/sg> (accessed 10 August 2022).

¹²⁵ UN Habitat. 'The State of the African Cities Report 2008.' (2008). 1036/08E.

¹²⁶ Skinner C & Haysom G 'The informal sector's role in food security: A missing link in policy debates?' (2016). 44. *Cape Town: PLAAS, UWC and Centre of Excellence on Food Security 2.*

¹²⁷ Skinner C & Haysom G (2016)2.

¹²⁸ Battersby J 'South Africa's lockdown regulations and the reinforcement of anti-informality bias.' (2020)37 *Agriculture and Human Values* 544.

governments perceived these markets as potential sites for the spread of disease. This action reflected a formality bias in public health and food policy.¹²⁹

In South Africa, when policy-makers took decisions intending to curb the spread of the Covid-19 pandemic, they completely disregarded the informal sector.¹³⁰ Despite South Africa's strong corporate ownership concentration in the food and grocery industry, particularly when compared to other African nations, the informal food sector still represents 40 to 50 per cent of sales and is valued at about R360 billion (US\$20 billion) annually.¹³¹ More people are employed in this industry than in the formal food and grocery sector. It is made up of small, owner-operated businesses including street vendors, hawkers and spaza stores that sell food of various kinds, as well as car traders.¹³²

In South Africa's less affluent neighbourhoods, about 70 per cent of households buy some of their food from the informal market.¹³³ The main reason for this trend is that these informal traders make food available to people conveniently, due to their long and flexible operation hours, flexible quantities within which they sell their products, and lower prices compared to huge retail outlets, as well as their provision of interest-free credit to regular customers.¹³⁴ Additionally, the informal sector creates economic opportunities for local people that allow them to generate income and create jobs for other local industries.¹³⁵ This is mainly so because most of the income they generate is spent within their local communities.¹³⁶

With the announcement of lockdown measures, many informal businesses were shut down because they were not considered essential businesses. Although providing food is regarded as a necessary service, street vendors, including those selling food, were forced to close their

¹²⁹ Battersby J (2020)37 544.

¹³⁰ Wegerif MCA 'Informal food traders and food security: experiences from the Covid-19 response in South Africa.' (2020)12(4): *Food Security* 798.

¹³¹ Greenberg S 'corporate concentration and food security in South Africa: Is the commercial agro-food system delivering?' (2015) available at

https://www.researchgate.net/publication/279188319_Corporate_concentration_and_food_security_in_South_Africa_Is_the_commercial_agro-food_system_delivering/link/558d35e408ae1f30aa80fbef/download (accessed 8 November 2022).

¹³² Wegerif MCA (2020)798.

¹³³ Battersby J, Marshak M, & Mngqibisa N 'Mapping the invisible: The informal food economy of Cape Town, South Africa.' (2016) In: Crush J editor. *Urban food security series*. Cape Town: African food security urban network 5.

¹³⁴ Wegerif MCA (2020)798.

¹³⁵ Kay S 'Connecting Smallholders to Markets: An Analytical Guide' (2016) 12. *International Civil Society Mechanism, Hands on the Land Alliance for Food Sovereignty* 8.

¹³⁶ Kay S (2016)8.

doors and lose all their profits.¹³⁷ All of the unsold or uneaten stock was lost by produce traders. It was difficult for many of these businesses to resume operations once the lockdown was removed, given the depletion of their funds, in addition to the immediate issues of poverty and hunger.¹³⁸

Spaza shops were also affected because they were initially ordered to shut down and only allowed to open on the condition that an operating permit was granted.¹³⁹ This created a dilemma because the process of obtaining the permit was unclear, which resulted in the disruptions of operations for spaza shops operated by foreign nationals, which, in turn, affected food accessibility for many people in the country.¹⁴⁰

The closure of the informal sector in South Africa due to the lockdown restrictions impacted food security negatively. The prohibition of the movement of people from one place to another meant that many of the businesses in the informal sector lost a huge chunk of their customer base. This indirectly translated into the loss of jobs and purchasing power for many, which meant that food was highly inaccessible for those affected. The closure of this sector also meant that all the stakeholders dependent on the sector for their livelihood were negatively affected both financially and in terms of their ability to access food.

Before the outbreak of Covid-19 in Zimbabwe, the economy had already been on a downward spiral for over two decades.¹⁴¹ In 2019 the Zimbabwean economy shrank by at least 6.5 per cent.¹⁴² It was also clear that the Covid-19 outbreak would be difficult for a nation whose socio-economic structure had long been hindered by targeted sanctions from the United States and the European Union, as well as bad governance, corruption, galloping inflation, high

¹³⁷ Wegerif MCA (2020)797.

¹³⁸ Wegerif MCA (2020)798.

¹³⁹ Sizani M 'Covid-19: Police shut immigrant-owned spaza shops after Minister's xenophobic statement. (2020) available at <https://www.groundup.org.za/article/covid-19-police-shut-down-immigrant-owned-spaza-shops-after-minster-ntshavhenis-xenophobic-statement/> (accessed on 27 April 2020).

¹⁴⁰ Sizani M (2020).

¹⁴¹ Gumbu Y L COVID -19's impact on the livelihoods of informal traders in Zimbabwe. (2020) available at <https://docplayer.net/amp/219919000-Covid-19-pandemic-and-the-informal-sector-in-zimbabwe.html> (accessed 7 November 2022).

¹⁴² World Health Organisation, (2020). COVID-19 Response: Weekly UN in Zimbabwe Update Issue XII | 17 July 2020.

unemployment, persistent droughts and shortages of essential commodities that characterise southern African countries.¹⁴³

It is these difficulties that raised a high formal unemployment rate, leading people to rely mainly on the informal sector for their livelihoods. Zimbabwe is ranked number two in the world behind Bolivia as the highest informal sector-dominated country.¹⁴⁴

This sector ranges from fresh produce and groceries to international cross-border trading (ICBT), among others, in Zimbabwe.¹⁴⁵ While the purpose of the nationwide lockdown was to halt the spread of Covid-19, it also forced the closure of most informal marketplaces apart from those that provided critical food and gasoline. The ICBT activities have been severely impacted by these actions.¹⁴⁶

This is largely because the economic activity in ICBT depends on people crossing national and international borders to buy products to sell at neighbourhood black markets, which historically requires human contact between buyers and sellers to make a sale.¹⁴⁷ Many families in the informal sector faced challenges to meet their daily food demands, which made them cut their consumption as a way of adjusting to the income shortages.¹⁴⁸

The national lockdown caused a host of socio-economic challenges, among them food insecurity. The overall impact of these socio-economic challenges is that many families that depended on informal sector businesses, such as vendors and commuter omnibus drivers in ultra-poor communities such as Hopley in Harare South, were plunged into poverty.¹⁴⁹ This is also indicated in the earlier study by the International Labour Organization, which states that Covid-19 exacerbated the main vulnerabilities of the poor in the informal economy.¹⁵⁰ Poor urban households were most likely to be impacted by the new measures through the expansion

¹⁴³ Dudzai C & Wamara C K (2021) 'A COVID-19 pandemic and the informal sector in Zimbabwe.' (2021). 11(4) *African Journal of Social Work* 202.

¹⁴⁴ Dudzai C & Wamara CK (2021)202.

¹⁴⁵ Dudzai C & Wamara CK (2021)203.

¹⁴⁶ Dzawanda B Matsa M & Nicolau M 'A catastrophic threat to the already vulnerable towards 2030: Impact of COVID-19 lockdown on livelihood outcome of informal cross border traders in Gweru, Zimbabwe.' (2022)6 *Social Sciences & Humanities* 4.

¹⁴⁷ Dzawanda B, Matsa M & Nicolau M (2022)5.

¹⁴⁸ Dzawanda B, Matsa M & Nicolau M (2022)5.

¹⁴⁹ Dudzai C & Wamara CK (2021)204.

¹⁵⁰ International Labour Organisation (2020). COVID-19 crisis and the informal economy immediate responses and policy challenges. ILO brief available at: https://www.ilo.org/global/topics/employment-promotion/informal-economy/publications/WCMS_743623/lang--en/index.htm (accessed 23 November 2022).

of nightly curfews, among other measures. These exacerbated the ongoing negative Covid-19-related impacts on livelihoods and household income, especially in the informal sector.¹⁵¹

The movement restrictions that kept people at home and led to the closure of informal markets affected the food security of many people in both South Africa and Zimbabwe. The notion that the informal sector was a ‘super-spreader’ platform meant the closure of business for many families who relied on this industry in both countries. Their source of revenue was taken away from them and placed them at risk of food insecurity.

On the other hand, the countries did not have proper social structures to cater sufficiently to the people to substitute the revenue they lost. This was exacerbated by the general increase in the prices of commodities, prompted by the increase in demand and the stifled supply. This will be discussed next.

3.3.4. Increases in food prices

The outbreak of the Covid-19 pandemic affected the supply and demand of food across the globe, which in turn affected food prices. With the supply of food affected and demand remaining high, the overall prices of food rose, even though in some high-income countries not much changed.¹⁵² In most low-income countries, such as Zimbabwe and South Africa, prices continued to increase substantially, driven by overall tight food supplies and disruptions to trade flows and market functions related to Covid-19.¹⁵³

In addition, transport restrictions brought on by Covid-19 made it challenging for suppliers to get necessities such as seeds, fertiliser, crop protection products, equipment and animal feed to rural farmers in time for planting season. This interfered with the production of staples such as rice, maize, and vegetables.¹⁵⁴ Correspondingly, due to the high demand for food, which was unmatched by supply, the prices of food rose.

¹⁵¹ ZIMBABWE Food Security Outlook Update December 2021 Below-average rainfall from mid-November negatively impacts planting and seasonal labour demand available at https://fews.net/sites/default/files/documents/reports/ZW_FSOU_Dec%202021_Final.pdf (accessed 7 November 2022).

¹⁵² Clapp J & Moseley WG (2020)15.

¹⁵³ Blanke J ‘Economic impact of COVID-19: Protecting Africa’s food systems from farm to fork.’ (2020) available at <https://www.brookings.edu/blog/africa-in-focus/2020/06/19/economic-impact-of-covid-19-protecting-africas-food-systems-from-farm-to-fork/> (accessed on 22 August 2022).

¹⁵⁴ Blanke J (2020).

Given that Africa is considered the biggest importer of food, with its net spending estimated to be US\$47 billion in 2018, the movement of food across borders is critical.¹⁵⁵ The movement restrictions on the importation of food supplies became difficult, reducing supply considerably and resulting in price increases. The price increases, in turn, affected food security dimensions of access, availability and sustainability, inter alia because the buying power of many families in the affected countries had been eroded.

In South Africa, it was reported in July 2020 that many food commodities had experienced price inflation in part due to the weakening of the rand, and in some cases due to export restrictions being introduced in other markets.¹⁵⁶

In a similar vein, the early panicky purchases of necessities in the fresh produce markets may have contributed to the initial pressure on prices to rise, which was then followed by a drop in prices.¹⁵⁷ There was also an increase in the price of grain which can be attributed to, inter alia, the depreciation of the rand and the difficulties imposed by lockdowns across the globe.¹⁵⁸ This is mainly because South Africa is import-reliant when it comes to its grain supply.¹⁵⁹

The food supply system of Zimbabwe is structured in such a way that it is shared between domestic producers and international food producers, some of which are based in South Africa, Zambia, Namibia, Mozambique, Botswana, Malaysia, Vietnam, India and China.¹⁶⁰ Due to the implementation of lockdown measures by the Zimbabwean government and the world over, the supply chains of food to Zimbabwe were disrupted, resulting in a general increase in the price of food.¹⁶¹

A study conducted by Chari F et al. shows that an increase in food prices due to the Covid-19 lockdowns in Zimbabwe was noted and was considered to be significant and unbearable.¹⁶² It

¹⁵⁵ Food Outlook biannual report on food markets (2019) available at <https://www.fao.org/3/ca4526en/ca4526en.pdf> (accessed 22 August 2022).

¹⁵⁶ Essential food pricing monitoring. (2020). *Competition regulation for a growing and inclusive economy*. Competition Commission of South Africa available at <http://www.compcom.co.za/wp-content/uploads/2020/09/Essential-Food-Pricing-Report-September-2020.pdf> (accessed 22 August 2022).

¹⁵⁷ Essential food pricing monitoring (2020).

¹⁵⁸ Essential food pricing monitoring (2020).

¹⁵⁹ Essential food pricing monitoring (2020).

¹⁶⁰ Mutambara J Zvinavashe A & Mwakiwa E 'A critical review of the wheat industry in Zimbabwe.' (2013). 2(2) *Global Journal of Biology, Agriculture and Health Sciences* 23.

¹⁶¹ Chari F Muzinda O Novukela C & Sibongiseni B Ngcamu, Albert W. K. Tan (reviewing editor) *Pandemic outbreaks and food supply chains in developing countries: A case of COVID-19 in Zimbabwe*. (2022) 9 *Cogent Business & Management* 1.

¹⁶² Chari F et al. (2022)1.

was also found that, due to the increase in the prices of basic commodities, there was a significant decline in the purchasing power of consumers. This affected their ability to purchase food supplies.¹⁶³

The research showed that the increase in the prices was attributed to a shrink in supplies, which was simultaneously accompanied by a dramatic surge in demand for basic foodstuff as the nation prepared for tough times ahead during lockdown.¹⁶⁴ Consequently, this affected food availability and access for many poor Zimbabweans.

It is therefore notable that, for both South Africa and Zimbabwe, the lockdown measures led to a general increase in the prices of food. The increase has been attributed to the increase in the cost of production, the limited supply of food, increased speculative demand for basic commodities, and the decline in the value of foreign exchange in both countries' consequence of the Covid-19 lockdowns.

This section discussed how Covid-19 lockdowns affected food security through their impact on factors such as tourism, trade routes, the informal sector, and the prices of commodities.

These four factors are crucial to the livelihoods of the communities in both countries. Any untimely change affecting these factors negatively has a direct impact on food security in both countries. The Covid-19 lockdown measures did just that, rendering the communities of the two countries food insecure because the fundamental food security dimensions were affected adversely. The various chapters and sections above have in tandem highlighted how food security was affected by the lockdown measures put in place by South Africa and Zimbabwe to mitigate the Covid-19 pandemic.

The challenges that have been highlighted above made lives difficult for the citizenry in both South Africa and Zimbabwe. This then raises the question of what ought to have been done to mitigate the impact of Covid-19 on people in both countries given these circumstances. The repercussions of the Covid-19 pandemic extend beyond direct clinical consequences to significant social, economic and broader health consequences.¹⁶⁵ To mitigate the adverse

¹⁶³ Chari F et al. (2022)1.

¹⁶⁴ Chari F et al. (2022)1.

¹⁶⁵ Mackworth-Young CRS Chingono R Mavodza C et al. 'Here, we cannot practice what is preached': early qualitative learning from community perspectives on Zimbabwe's response to COVID-19.' (2020) *Bull World Health Organ E-pub* 2.

impact of pandemics and disasters of this magnitude, national and regional responses must be integrated and coordinated appropriately.¹⁶⁶

Coordination allows for a better disaster handling process, which in turn reduces the adverse impact of the disaster on the people, including loss of life as well as food insecurity in this case. Additionally, adaptation to the pandemic is also key, mainly due to the fact of the unpredictability of disasters. Quick acclimatisation and the responsiveness of society are key in dealing with disasters of this nature.¹⁶⁷ Adaptation may take various forms, but the most important in this regard is adaptation at individual and community levels.¹⁶⁸

Investment in the health sector is another way of mitigating the consequences of pandemics of this nature. The direness of Covid-19 was amplified by the lack of preparedness of countries around the world, particularly in terms of the readiness of the health systems to deal with the pandemic. The lack of vaccines and the long development process of vaccines only made the situation worse.

Going forward, the research study suggests investment in the research and development of the health sector as an important undertaking that must be pursued by South Africa and Zimbabwe.

The abrupt changes in the informal sector created a glut of problems for both countries. Considering the vulnerability of many informal sector stakeholders exposed to the Covid-19 pandemic, it is pertinent, therefore, for social workers to mobilise resources to bridge the inherent vulnerabilities of informal stakeholders.¹⁶⁹

It is critical for social workers, together with government and non-governmental organisations, to source funds that are necessary for assisting informal sector stakeholders to bear the shocks of sudden changes in their environment.¹⁷⁰ This has the impact of alleviating the challenge of food insecurity borne out of the closure of the informal sector in both countries. Going forward,

¹⁶⁶ Mackworth- Young CRS et al. (2020) 2.

¹⁶⁷ Ojo E Ramsarup P Jenkin N 'Learning to Adapt in a Global Pandemic of COVID-19: Insights to Support Vocational Education and Training (VET) in Southern Africa'. (2020). 36. *Southern African Journal of Environmental Education* 52.

¹⁶⁸ Ojo E et al. (2020) 52.

¹⁶⁹ Dudzai C & Wamara CK 'A COVID-19 pandemic and the informal sector in Zimbabwe. (2021) 11(4) *African Journal of Social Work* 205.

¹⁷⁰ Dudzai C & Wamara C K (2021) 205.

there are many lessons to be learnt and steps to be taken. The research study ties these up in this chapter's conclusion.

3.4. Conclusion

This chapter highlighted how Covid-19 lockdowns affected food security in South Africa and Zimbabwe. First, the research brought to the fore the concept of food security and identified four main dimensions of food security: food access, availability, utilisation and stability. It was apparent from the research conducted that these four dimensions were affected by the lockdown measures implemented by South Africa and Zimbabwe mainly through the impact these measures had on four main variants: tourism, trade routes, the informal sector, and the general prices of commodities.

It was observed that the closure of borders and limitations on the ability of people to move from one place to another affected the tourism sector adversely. The tourism sector was blamed for the first transmissions to take place within the two respective countries. To compound the challenges imposed on the communities by the shutdown of the tourism sector, the lockdown measures also negatively affected the movement of food through trade routes.

This happened in two ways: first, by blocking the actual flow due to border closures; secondly, when the borders were opened for the delivery of essential commodities, bottlenecks were created that slowed down the delivery of crucial food supplies due to the testing, quarantining and detouring of drivers in adherence to Covid-19 protocols.

The informal sector is undoubtedly one of the key sectors in both South Africa and Zimbabwe, and was hugely affected by the Covid-19 regulatory measures. The closure of the informal sector as it was considered a 'super-spreader' sector meant that many families lost their sources of income, as well as the marketplaces to buy their necessary supplies.

The above-discussed factors culminated in an increased demand for essential goods and services. This demand was not matched by supply due to movement restriction measures that stifled the normal flows of goods and services to the marketplaces and led to the general increase of prices. The increase in prices of commodities, especially food, which was coupled with the loss of income, meant that many families were unable to purchase their daily supplies of food and were exposed to food insecurity.

Furthermore, it was observed that in dealing with a pandemic of this magnitude, proper coordination is a requirement. This aids immensely in minimising the impact of the pandemic.

Investment in the health sector is also imperative as it improves the pandemic preparedness in South Africa and Zimbabwe, thereby reducing the adverse impact of health pandemics such as Covid-19 on various fronts such as food security.

In addition, social work was considered to be one of the key aspects in addressing the various challenges that arose as a result of the problems born by the lockdown measures. Social workers and other non-governmental stakeholders ought to take a leading role in helping affected members of society, considering the most affected by food insecurity were poor people in both South Africa and Zimbabwe.

CHAPTER 4

COVID-19 RESPONSE MEASURES ASSUMED BY THE EUROPEAN UNION COUNTRIES: AN ANALYSIS OF THE MEASURES TAKEN BY SWEDEN AND NORWAY

4.1. Introduction

Many countries around the globe, those in Europe included, resorted to various regulations, including movement restriction, to contain the spread of the virus. These measures had adverse consequences around the world. Chapter 3 focused on the impact of movement restriction measures on food security within the SADC region, paying special attention to South Africa and Zimbabwe.

Before the contagion reached Africa, it had immensely affected Europe.¹⁷¹ Following the first reports of confirmed cases in their countries or regions, governments across Europe and the world adopted a series of policy measures to mitigate the coronavirus outbreak.¹⁷² Due to the exponential spread of the disease, containment policy measures such as the mandatory closure of schools, requirements for telecommuting when possible, the closure of borders, suspension of flights, prohibitions on public events of a certain size, and restrictions on the freedom of movement of private citizens, were employed.¹⁷³ While the bulk of European Union (EU) countries such as Norway, undertook strict policy measures, Sweden did not implement hard lockdowns.¹⁷⁴

Following the varying approaches taken by the EU countries, this chapter will focus on the policy measures implemented by Sweden and Norway to contain the Covid-19 pandemic, in particular movement restriction measures. It will first lay the contextual background of both countries, as it is relevant to their response to the Covid-19 pandemic.

Additionally, the chapter will discuss the reasons that can be attributed to the heterogeneity in the approaches taken by Sweden and Norway, despite the two countries being neighbours that are identical in many respects such as health systems, population structure and distribution, as

¹⁷¹ Toshkov D Carroll B & Yesilkagit K 'Government capacity, societal trust or party preferences: what accounts for the variety of national policy responses to the COVID-19 pandemic in Europe?' (2022) 29 *Journal of European Public Policy* 1011.

¹⁷² Toshkov D Carroll B & Yesilkagit K (2022).

¹⁷³ Hale T, Angrist N, Goldszmidt R, et al. 'A global panel data- base of pandemic policies (Oxford COVID-19 Government Response Tracker).' (2021) 5 *Nature Human Behaviour* 529.

¹⁷⁴ Hale T et al. (2021).

well as the government systems. In conclusion, the chapter will look at the pros and cons of the policy measures adopted by the two countries. It will also highlight the lessons to be learnt by African countries from the divergent pandemic responses of the EU countries.

4.2. The contextual background of Sweden and Norway

To understand why these two countries adopted different measures in their bid to contain the spread of the virus, it is imperative to look at their contextual background, particularly their similarities and differences. Sweden has a larger population than Norway (10.3 million as opposed to 5.4 million), yet their demographic characteristics are comparable. Both nations are sparsely populated, and many areas are urbanised: about 87 per cent of Swedes and 82 per cent of Norwegians reside in cities.¹⁷⁵ Additionally, both countries have a notable immigrant population, with Sweden boasting 18 per cent and Norway 13 per cent, respectively.¹⁷⁶

Furthermore, both nations had minority coalition administrations in 2020, with Sweden having a centre-left coalition government and Norway, a centre-right coalition government.¹⁷⁷ Both nations have three tiers of government. Sweden has 21 regions and 290 local governments, whereas Norway has 10 regions and 356 local governments. Local governments have relatively great autonomy from the national government and are responsible for a wide range of services, including basic education, primary health care and senior care.¹⁷⁸

Both countries have a strong welfare state with universal access to high-quality health-care systems.¹⁷⁹ In Sweden, hospitals are a regional government responsibility; in Norway, specialist health care is provided by state health authorities.¹⁸⁰ The 2019 Global Health Security Index ranked Sweden seventh and Norway sixteenth, respectively, out of 195 countries, based on their level of preparedness for handling an infectious disease outbreak.¹⁸¹

¹⁷⁵ Ritchie H 2018. 'Urbanization' OurWorldInData.org available at <https://ourworldindata.org/urbanization> (accessed 25 October 2022).

¹⁷⁶ Eriksen T H 2019. "Ethnic Minorities in the Nordic Countries". Aarhus University: Nordics Info. Available at <https://nordics.info/show/artikel/ethnic-minorities/> (accessed on 25 October 2022).

¹⁷⁷ Dahlström C 'Introduction: Policy-Making in Sweden. 'In *The Oxford Handbook of Swedish Politics*, edited by J. Pierre.' Oxford University Press. 632.

¹⁷⁸ Ladner A Keuffer N & Baldersheim H. 'Measuring Local Autonomy in 39 Countries (1990–2014).' (2016) 26 (3). *Regional & Federal Studies*. 322.

¹⁷⁹ Cameron E, Nuzzo J, Bell A et al. 2019. "The Global Health Security Index". (2019) available at <https://www.ghsindex.org/> (accessed 2 November 2022).

¹⁸⁰ Cameron E Nuzzo J Bell A et al. (2019).

¹⁸¹ Cameron et al. (2019).

In both nations, national executive government agencies play a significant role in policy-making and policy execution.¹⁸² How these agencies function varies in the two countries. In Sweden, agencies have comparatively higher autonomy from ministerial interference.¹⁸³ The government effects its agencies through legislative budgets rather than ad hoc directives on specific concerns. The government will seldom amend the law without initiative or support from the agency that executes the legislation.¹⁸⁴ By contrast, in Norway, government ministers, by culture and legislation, have political responsibility for their whole-policy portfolio.¹⁸⁵ Bjurstrøm argues that agencies are more integrated into the ministries and government ministers can, generally, instruct agencies on what to do.¹⁸⁶ This approach is slightly different to that of Sweden, as is evidenced by the discussion below.

4.3. The Swedish ‘calm down’ versus the Norwegian ‘lockdown’

Sweden was the first country of the two to register a case of Covid-19, on 31 January 2020.¹⁸⁷ Norway registered its first case of the infection on 26 February 2020.¹⁸⁸ Covid-19-related deaths soon followed in both countries, which by March prompted a response by both countries to curb the spread of the contagion.¹⁸⁹ However, the response was different for both countries.

This part of the study will examine how the two countries applied their Covid-19 response measures. First, it will examine the Swedish ‘calm-down’ approach; secondly, it will look at the Norwegian ‘lockdown’ approach. In conclusion, a comparison between the countries will be made concerning the probable reasons for the variation in the approaches taken amid the Covid-19 pandemic.

4.3.1. The Swedish ‘calm-down’ approach

The response to the pandemic varied considerably, with countries assuming various forms of policy measures ranging from contact tracing to hard lockdowns.¹⁹⁰ One of the most fascinating

¹⁸² Askim J & Bergström T ‘Between lockdown and calm down. Comparing the COVID-19 responses of Norway and Sweden.’ (2022) 48:2. *Local Government Studies*. 295.

¹⁸³ Askim J & Bergström T (2022)295.

¹⁸⁴ Askim J & Bergström T (2022)296.

¹⁸⁵ Askim J, Bjurstrøm KH & Kjærvik J ‘Quasi-Contractual Ministerial Steering of State Agencies: Its Intensity, Modes, and How Agency Characteristics Matter.’ (2019) 22 (3): *International Public Management Journal*. 476.

¹⁸⁶ Askim J et al. (2019)474.

¹⁸⁷ Askim J et al. (2022)295.

¹⁸⁸ Askim et al. (2022)296.

¹⁸⁹ Askim J & Bergström T (2022)296.

¹⁹⁰ Pierre J ‘Nudges against pandemics: Sweden’s COVID-19 containment strategy in perspective.’ (2020) 39:3. *Policy and Society*. 479.

approaches to Covid-19 containment strategies adopted by a country is that of Sweden. Sweden took a liberal approach to dealing with the challenges presented by the Covid-19 pandemic.¹⁹¹ Some experts even called it reckless and dangerous liberalism, given that it entailed few restrictions on the movement of people.¹⁹² This was mainly because when Sweden adopted this form of containment measures, it was experiencing high infection levels and had reached the 4000-people-death mark.¹⁹³

The Swedish containment approach involved targeted measures such as limiting access to locations where a high density of people may be anticipated, rather than imposing a total lockdown.¹⁹⁴ The inclination of government and agencies to advocate for, and provide guidance on, good social behaviour versus imposing coercive norms was possibly highly influential.¹⁹⁵ The aim of the Swedish response, according to Lars, was to protect the young and the elderly because they were deemed to lack strong immune systems.¹⁹⁶ The elderly were considered highly likely to suffer from underlying health conditions such as diabetes, consequently warranting efforts to protect them from the pandemic.¹⁹⁷

In addition to attempts to limit large gatherings of people, advising people to maintain social distancing and stay home if they experienced any symptoms, or work remotely if their job permitted it, efforts were made to ensure that hospitals did not receive more patients than they could handle – a process known as flattening of the Covid-19 curve.¹⁹⁸ To attain the flattening of the curve, two levels are cited for discussion, namely the institutional level and strategic level. The institutional level relates to the roles played by various governmental institutions in the attainment of the set containment objectives.¹⁹⁹ The strategic level refers to measures implemented to attain the set targets.²⁰⁰

¹⁹¹ Pierre J (2020)480.

¹⁹² Pierre J (2020)480.

¹⁹³ Financial Times tracker available at <https://www.ft.com/content/a2901ce8-5eb7-4633-b89c-cbdf5b386938>. (accessed 9 November 2022).

¹⁹⁴ Pierre J (2020)480.

¹⁹⁵ Pierre J (2020)480.

¹⁹⁶ Pierre J (2020)482.

¹⁹⁷ Pierre J (2020)482.

¹⁹⁸ Pierre J (2020)482.

¹⁹⁹ Pierre J (2020)483.

²⁰⁰ Pierre J (2020)483.

4.3.1.1 Institutional level

As highlighted above, the institutional level is concerned with the role of the state institutions – in this case when it comes to the attainment of the containment of the virus. In other words, it is concerned with where in the central government executive responsibility is located in a crisis.²⁰¹

In Sweden, the tone at the outset was that the executive body of government would not be actively involved operationally in the management of the crisis.²⁰² Authority was decentralised to experts. Departments such as the PHA, the NBHW (crisis preparedness in the health system and the social services) and the CCA (emergency management) were to take the lead under their expertise on pandemics.²⁰³

The approach was unique among the approaches adopted by many countries around the globe. In most countries, a vital role was played by the prime minister or president, who was expected to provide leadership and send a message to the public that the crisis is being handled at the top level of government.²⁰⁴ However, in Sweden, it was made apparent that the administration would heed the PHA's counsel. Although there had been criticism of what has been viewed as a glaring lack of political leadership during the epidemic, this should not be seen as an abdication of political leadership.²⁰⁵

According to crisis management specialists, the ideal method for managing crises is not to change institutional roles and hierarchies but rather, to the greatest degree possible, allow institutions to function and interact in familiar roles and relationships.²⁰⁶

²⁰¹ Pierre J (2020)483.

²⁰² Pierre J (2020)483.

²⁰³ Askim J & Bergström T (2022)298.

²⁰⁴ Pierre J (2020)483.

²⁰⁵ Pierre J (2020)483.

²⁰⁶ Boin A, Hart P, Stern E et al. (2006) '*The politics of crisis management: Public leadership under pressure.*' Cambridge: Cambridge University Press 140.

4.3.1.2 Strategic level

The Swedish strategic approach was classified by experts as a harm-reduction strategy.²⁰⁷ The main objective here was to protect the health-care system from overloading while at the same time protecting the most vulnerable and susceptible groups in society from the virus.²⁰⁸

The guidelines and suggestions not included in the plan are just as significant as those that are. Most critically, travel restrictions were implemented at a late date. Direct flights from Iran and northern Italy, for example, were permitted even after Swedish authorities were made aware of the Covid-19 outbreaks in these locations. Passengers disembarking from such locations were not even inspected, let alone quarantined. What caused this slow response in the face of mounting indications of a pandemic is unknown.²⁰⁹

Unlike in other countries, Covid-19 testing was not expansively done.²¹⁰ Testing was vital to determine whether or not people contracted the disease and had since recovered, among other things. This data was crucial for society to be able to follow the pattern the contagion was taking, in order to effectively contain it. Experts needed to be able to determine whether herd immunity had been established, which was a vital element in containing the contagion.²¹¹

4.3.2. The Norwegian ‘lockdown’

To understand how Norway approached the Covid-19 pandemic, one needs to look at two critical elements of crisis management. The first was governance capacity related to preparedness or analytical capacity, coordination, regulation, and implementation of delivery capacity to provide effective crisis management.²¹² The second factor is the legitimacy of governance. This relates to citizens’ confidence in government and addresses problems such as accountability, support, expectations and reputation. Maintaining and restoring faith in

²⁰⁷ Barrett D ‘Sweden’s Covid harm reduction strategy.’ (2020) available at <https://medium.com/@DamonHRDP/swedens-covid-harm-reduction-strategy-d43a00a5b780> (accessed 3 November 2022).

²⁰⁸ Barrett D (2020).

²⁰⁹ Pierre J (2020)484.

²¹⁰ Dagens Nyheter D ‘Flockimmunitet är en farlig och orealistisk coronastrategy [Herd immunity is a dangerous and unrealistic corona strategy] (op-ed), May 14. (2020) available at <https://www.who.int/news-room/questions-and-answers/item/herd-immunity-lockdowns-and-covid-19> (accessed 3 November 2022).

²¹¹ Dagens Nyheter D (2020)

²¹² Lodge M and Wegrich K ‘*The Problem-Solving Capacity of the Modern State.*’ Online Edition (2014) Oxford: Oxford University Press.

government mechanisms for dealing with emergencies is a major task.²¹³ In order to understand why Norway departed from its conventional way of doing things, it is crucial to look at the factors that led to this. It is worth noting that these factors vary slightly from the ones that informed the Swedish response.

There is a challenging trade-off between capability and legitimacy in a well-functioning crisis management system, but this connection is also dynamic. Capacity is necessary, but it is also critical that actions chosen to deal with a crisis are accepted by residents so that they follow the government's recommendations and directions.²¹⁴ The coronavirus problem was a danger to core institutions and values throughout the world. Therefore, its management and containment needed the balance between two elements to be carefully considered.

It is imperative to establish the Norwegian setting in order to understand why it took the direction it did, just as we have done with Sweden. Norway has a strong public sector, a well-developed welfare state, and an open and transparent government.²¹⁵ The citizens trust the government, and there is mutual trust and understanding between responsible authorities.²¹⁶ In addition, the country has a sound economy and a strong social security fund.

The Ministry of Health and Care Services is Norway's major crisis management ministry for dealing with an epidemic. Its subordinate agencies, the Norwegian Directorate of Health and the Norwegian Institute of Public Health, are the key specialist bodies.

When the pandemic broke out, the Ministry of Health was in charge, but when the issue spread to other policy areas, the Ministry of Justice and Public Security took over. Furthermore, because the present administration was a minority coalition government, the prime minister and cabinet were major players in partnership with parliament.²¹⁷

In comparison to many other European nations, the quality of Norwegian health-care services is good. Almost all hospitals in Norway are public and administered by regional health

²¹³ Boin A and Bynander F 'Explaining Success and Failure in Crisis Coordination. *Geografiska Annaler* (2015) 97(1) *Series A Physical Geography*. 123.

²¹⁴ Lægred P and Rykkja L '*Societal Security and Crisis Management. Governance Capacity and Legitimacy*' (2019) London: Palgrave Macmillan. 11.

²¹⁵ Christensen T and Lægred P 'Balancing Governance Capacity and Legitimacy - How the Norwegian Government Handled the COVID -19 Crisis as a High Performer.' (2020) 80 (5) *Public Administration Review*. 775.

²¹⁶ Thomas S 'Accountability in the Shadow of Hierarchy: The Horizontal Accountability of Agencies' (2008)8 *Public Organization Review* 189.

²¹⁷ Christensen T & Lægred P (2020) 775.

businesses with considerable autonomy. Nonetheless, the hospitals are owned by the Ministry of Health, which also has general responsibility for the regional health companies.²¹⁸

Norwegian holidaymakers returning from skiing in northern Italy and Austria brought back the first cases of Covid-19 in Norway.²¹⁹ On 26 February 2020, the first instance of infection was reported. The disease's geographical distribution in Norway was unequal, reflecting social class, holiday habits and population density.²²⁰ The capital Oslo soon became a hotspot with the highest levels of infections in the country. With cases increasing daily, the government had to decide on how to suppress the spread of the disease. The measures taken differ from those of Sweden.

4.3.2.1. Norwegian Covid-19 containment measures

From the onset, the approach taken by Norway was 'wait-and-see'.²²¹ This approach was focused on observing what was going on with the virus to know the best approach to take to tame it. However, this was followed by the passing of draconian regulations.²²² Initially, these consisted of major restrictions on social contact and movement, which on 24 March 2020 were extended to 13 April 2021.²²³

The most important Covid-19-related central regulations to combat the spread of the coronavirus during the first month of the outbreak included social distancing; limiting gatherings to not more than five people; quarantining those infected, securing hospital capacity; and increasing authority to track contagion.²²⁴

All Norwegians returning from abroad were required to go into quarantine for 14 days. Stricter border controls were also implemented. The Norwegian border was closed to foreign nationals.²²⁵ The mandatory closure of all kindergartens, schools, colleges, universities, training facilities and competitions in sports clubs and cultural events was also implemented

²¹⁸ Christensen T & Lægheid P (2020)775.

²¹⁹ Christensen T& Lægheid P (2020)775.

²²⁰ Christensen T& Lægheid P (2020)776.

²²¹ Norwegian Government 'The Coronavirus Situation'. (2020)available at <https://www.regjeringen.no/en/topics/koronavirus-covid-19/id2692388/> (accessed 4 October 2022).

²²² Norwegian Government (2020).

²²³ Norwegian Government (2020).

²²⁴ Norwegian Government (2020).

²²⁵ Norwegian Government (2020).

alongside the mandatory closure of all hairdressers, gyms and hotels. However, grocery stores, pharmacies and shopping malls were allowed to stay open.²²⁶

Additionally, people owning second residences in another municipality were not permitted to spend the night there.²²⁷ Some local governments enacted, in some cases, rules that prohibited access to certain geographical areas.²²⁸ Among others, these measures are deemed to be the strictest measures since World War II.²²⁹

4.4. Causes for the variation in the approaches taken by Sweden and Norway

Three main factors can be attributed to the approaches taken by Sweden and Norway in their bids to combat the virus. These factors are embedded in the laws, cultures and nominal practices of both countries. These are, namely, liberalism versus paternalism, minimal political interference versus huge political interference, and decentralised versus centralised intergovernmental relations. In the following discussion, the focus will be placed on these three factors to shed more light on how they contributed to the ‘calm-down’ and the ‘lockdown’ approaches in Sweden and Norway, respectively.

4.4.1. Liberalism against the paternalistic approach

Sweden and other Nordic countries such as Norway traditionally have a liberal approach to infection controls.²³⁰ Norway, however, assumed a more paternalistic approach when faced with the Covid-19 pandemic, which was a departure from its conventional stance.²³¹ This approach was concerned with how much responsibility citizens could bear, together with the state, in the containment of infections.²³²

To this effect, voluntarism on the part of the citizens was emphasised. Sweden has a good track record pertaining to voluntary-based infection preventive measures such as vaccinations.²³³ Its

²²⁶ Norwegian Government (2020).

²²⁷ Norwegian Government (2020).

²²⁸ Norwegian Government. (2020).

²²⁹ Norwegian Government (2020).

²³⁰ Askim J & Bergström T (2022)296.

²³¹ Askim J & Bergström T (2022)296.

²³² Helsingen LM, Refsum E Gjøstein GK et al. “The COVID-19 Pandemic in Norway and Sweden – Threats, Trust, and Impact on Daily Life: A Comparative Survey.” (2020) 20 (1) *BMC Public Health* 1597.

²³³ Helsingen et al. (2020)1597.

communicable disease legislation emphasises voluntary preventative measures to apply first, whenever that is possible.²³⁴

Unlike many other EU countries, the Swedish Communicable Diseases Act lays a strong emphasis on individual responsibility, reflecting a deeply ingrained ethos in Swedish infection control which posits that individuals should be able to choose how to protect themselves based on their ethical concerns.²³⁵ It makes very minimal provisions for lockdowns. It is widely understood that the Swedish Constitution limits the government's use of 'illiberal' measures such as prohibiting visits to aged facilities and restricting travel.²³⁶

However, it must be noted that there was considerable debate around the interpretation of the application of the Constitution about circumstances under which the liberal approach may be applied. Authors such as political science professors Dahlstrom and Lindvall argue that the Constitution does not block the use of such legislation in a situation like the Covid-19 crisis.²³⁷ Consequently, the liberal approach that Sweden followed can be attributed as one of the reasons why Sweden chose its 'calm-down' approach to dealing with the Covid-19 pandemic.

By contrast, Norway's Infection Control Act authorises the government to make binding decisions, implement quarantine and travel bans, as well as impose other tough measures in the case of a health crisis.²³⁸ As a result, Norway took a more paternalistic approach to dealing with the Covid-19 pandemic. This led to the overall use of national lockdown and closure of schools, among other movement restriction measures, contrary to what Sweden did in facing the same pandemic.

It is important to note that Norway and Sweden are generally liberal countries that allow citizens to choose how they wish to respond to times of disaster rather than imposing regulations on them. When it came to the Covid-19 pandemic, Norway departed somewhat from this general notion.

²³⁴ Helsingen 'et al.' (2020)1597.

²³⁵ Askim J & Bergström T (2022)297.

²³⁶ Askim J & Bergström T (2022)298.

²³⁷ Christensen T and Lægveid P 'Balancing Governance Capacity and Legitimacy - How the Norwegian Government Handled the COVID -19 Crisis as a High Performer.' (2020) 80 (5) *Public Administration Review*. 774.

²³⁸ Askim J & Bergström T (2022)298.

4.4.2. Intergovernmental relations: Decentralisation versus centralisation

Intergovernmental relations refer to how different governmental departments respond to the incidence of crises.²³⁹ In other words, the focus is on the balance between meeting a crisis with a coherent, nationwide response and with a flexible, localised response.²⁴⁰ The location of infectious disease expertise at the subnational level is notably different between Sweden and Norway.

According to the Communicable Diseases Act, regional authorities in Sweden designate communicable disease doctors who are responsible for planning, organising and directing regional responses to a pandemic. Sweden has organised infectious disease expertise at the regional level alongside specialty health care.²⁴¹

In Norway, the responsibility to respond to a health crisis is centralised in the elected municipal councils and, in urgent cases, in the chief medical officers in the municipality.²⁴² This is not the case with Sweden, where the responsibility is decentralised. In Sweden, subnational levels of government played a minimal role in responding to Covid-19.²⁴³ Regions were responsible for stocking testing equipment and other medical necessities for health-care services, while local governments were responsible for stocking medical equipment for elderly care.²⁴⁴

However, this approach was criticised heavily by some authors such as Pierre Nudges, who argues that the response showed a great deal reliance on a 'just-in-time' management approach that could have been detrimental given the nature of the pandemic the country was faced with.²⁴⁵ Moreover, this approach presented plenty of challenges, given that intergovernmental frictions arose among regions. For instance, the City of Stockholm successfully appealed a court decision that the Work Environment Authority close a nursing home for insufficient use

²³⁹ Askim J & Bergström T (2022)300.

²⁴⁰ Kettl D 'Contingent Coordination: Practical and Theoretical Puzzles for Homeland Security.' (2003) 33 (3) *The American Review of Public Administration* 257.

²⁴¹ Pierre J (2020)481.

²⁴² Kvinnsland S et al. 2021 'Myndighetenes Håndtering Av Koronapandemien. Rapport Fra Koronakommisjonen. (2021) Oslo: Prime Minister's Office. NOU 6.

²⁴³ Askim J & Bergström T 'Between lockdown and calm down. Comparing the COVID-19 responses of Norway and Sweden.' (2022) 48:2, *Local Government Studies*. 302.

²⁴⁴ Askim J & Bergström T 'Between lockdown and calm down. Comparing the COVID-19 responses of Norway and Sweden.' (2022) 48:2, *Local Government Studies*. 302..

²⁴⁵ Pierre J 'Nudges against pandemics: Sweden's COVID-19 containment strategy in perspective.'(2020) 39:3, *Policy and Society*. 488.

of protective equipment such as masks.²⁴⁶ This signalled a lack of coordination among intergovernmental entities.

The Infection Control Act of Norway establishes infectious disease knowledge at the local government level, alongside basic health care and elderly care.²⁴⁷ Local governments can respond to a public health crisis by enacting a variety of local measures such as quarantines, travel restrictions, assembly restrictions and the closure of kindergartens, schools and companies, as well as the prohibition of events.²⁴⁸

In addition, Norway's local governments enacted local bylaws using the Infection Control Act in 2020.²⁴⁹ These bylaws were responsible for the municipal lockdowns across Norway. Furthermore, many municipalities prohibited non-residents from entering and enforced a 14-day quarantine on residents who entered from outside.²⁵⁰

National health authorities reacted to Norway's municipal governments' readiness to intervene. For example, despite the Confederation of Norwegian Enterprise urging local governments against travel restrictions and quarantine impositions, and the government issuing a circular stating that national regulations were sufficient, local governments in the northern half of the country decided to quarantine visitors from the southern half.²⁵¹

Inasmuch as the response in Norway was heterogeneous from the onset concerning who assumed the responsibility, one dominant factor is that the responsibility was assumed by the central government, either expressly or tacitly.

4.4.3. Political interference

The fact that Swedish political authorities did not take an active role in the coordination of activities during the Covid-19 pandemic was one of the reasons why Sweden took the direction

²⁴⁶ Askim J & Bergström T 'Between lockdown and calm down. Comparing the COVID-19 responses of Norway and Sweden.' (2022) 48:2, *Local Government Studies*. 303.

²⁴⁷ Askim J & Bergström T 'Between lockdown and calm down. Comparing the COVID-19 responses of Norway and Sweden.' (2022) 48:2, *Local Government Studies*. 303.

²⁴⁸ Kvinnsland S 'et al. 'Myndighetenes Håndtering Av Koronapandemien. Rapport Fra Koronakommisjonen.' (2021) Oslo: Prime Minister's Office. NOU 6.

²⁴⁹ Kvinnsland S 'et al. ' (2021) 6.

²⁵⁰ Askim J & Bergström T (2022)297.

²⁵¹ Kvinnsland S et al' (2021) NOU 6.

it took.²⁵² When the Swedish Prime Minister was put in the spotlight about the role of the executive during the Covid-19 pandemic, he was clear in his response. He suggested that while he and the government were the leading actors, they had not been willing to govern through the executive power or violate any established regulations.²⁵³ During the public hearing, Liven not only ignored the logic of securitisation, but also projected a logic of appropriateness that required adherence to the official and informal conventions that govern the prime minister's function in Sweden in order to find the legitimate course of action.²⁵⁴

This brought to the fore that institutional lockdowns are difficult to impose in Sweden even during crises. It is for this reason, inter alia, that Sweden chose the route it followed to contain and control the Covid-19 pandemic. The Norwegian government took an active role politically.²⁵⁵ Significant decision authority was delegated to the bureaucracy throughout, although this was under a deeper shadow of hierarchy than in Sweden.²⁵⁶ Norway's Covid-19 policy agenda was more controlled – by the Minister of Health in collaboration with the Directorate of Health, with municipal governments playing an important cameo role.²⁵⁷ The Norwegian Directorate of Health was a prominent player. However, unlike its Swedish counterpart, the directorate is subject to government orders.²⁵⁸

To conclude, it is evident that in Sweden the government was less politically involved in the decision-making amid Covid-19 lockdowns. The approach that was assumed by the country was more scientific, entailing a situation in which experts and responsible departments were given the responsibility to deal with the pandemic with less political interference. On the other hand, in Norway there was greater political interference.

In Norway, the general understanding of how events panned out was that the elected political leaders took the leading role in balancing many different considerations, including scientific

²⁵² Larsson O L 'The Swedish Covid-19 strategy and voluntary compliance: Failed securitisation or constitutional security management?' (2022) 7 *European Journal of International Security* 228.

²⁵³ Larsson OL (2022)228.

²⁵⁴ Larsson OL (2022)228.

²⁵⁵ Askim J & Bergström T (2022)297.

²⁵⁶ Christensen T & Lægheid P (2020)779.

²⁵⁷ Askim J & Bergström T (2022)300.

²⁵⁸ Askim J & Bergström T (2022)300.

advice, proportionality, legality, precaution, actions in neighbouring countries and the public mood.²⁵⁹

The Swedish approach was viewed with scepticism, with people referring to it as ‘the Swedish experiment’.²⁶⁰ This raises the question of whether or not it was a success. In order to answer this question, we will look first at excess mortality. This indicator compares the overall number of fatalities to pre-pandemic levels, encompassing the pandemic’s broader effects and compensating for inaccurate reporting of Covid-19 deaths.²⁶¹

Despite being hit severely by the initial wave, Sweden’s overall excess fatalities during the first two years of the epidemic were among the lowest in Europe.²⁶² Additionally, the decision not to close schools, particularly primary and kindergarten, also proved very successful. The incidence of severe acute Covid-19 in children was low, and a recent study showed that Swedish children did not suffer the learning loss seen in many other countries such as Norway.²⁶³ Looking at this evidence, it is safe to say that the Swedish experiment was a success.

However, the response also had limitations to a lesser extent. One such limitation is the failure of the response to completely protect the elderly. In late 2020, the Corona Commission, an independent committee appointed by the government to evaluate the Swedish pandemic response, found that the government and the Public Health Agency had largely failed in their aim to protect the elderly.²⁶⁴ At the time of the survey by the Corona Commission, at least 90 per cent of the people that had died in Sweden due to Covid-19 were elderly people aged 70 years and above.²⁶⁵ Many structural problems in elderly homes were cited as the reason for this outcome. Structural shortcomings such as insufficient staffing levels left nursing homes unprepared and ill-equipped to handle the situation.²⁶⁶

²⁵⁹ Askim J & Bergström T (2022)300.

²⁶⁰ Frans E Did Sweden’s controversial COVID strategy pay off? In many ways it did – but it let the elderly down (2022) available at <https://theconversation.com/did-swedens-controversial-covid-strategy-pay-off-in-many-ways-it-did-but-it-let-the-elderly-down-188338> (accessed 11 December 2022).

²⁶¹ Frans E (2022).

²⁶² Frans E (2022).

²⁶³ Frans E (2022).

²⁶⁴ Frans E (2022).

²⁶⁵ Frans E (2022).

²⁶⁶ Frans E (2022).

Despite the few shortcomings of the Swedish approach, it was adopted by many countries in dealing with the pandemic. The aim of Sweden's strategy was not only to reduce the spread of the virus, but also to consider other aspects of public health and protect freedom and fundamental rights.²⁶⁷ The Norwegian approach, on the other hand, was associated with low excess mortality, even lower than that of Sweden.²⁶⁸ The general conclusion that should be drawn from this, therefore, is that Norway handled the Covid-19 pandemic better than Sweden. However, children were adversely affected by lockdowns, and the authorities did not adequately protect them.²⁶⁹

The Swedish approach to the Covid-19 pandemic was unique. Therefore, its outcomes, as highlighted above, were under scrutiny. When it came to food security, the effect of the Covid-19 was minimal due to the fact that Sweden did not deviate much from the status quo prior to the pandemic outbreak. The shops and food outlets were largely open, with only a limitation on the number of people permitted to access shops due to social distancing requirements.²⁷⁰

Thus, for the majority of the people, food was always available. However, in order to deal with the inevitable challenges to food security, especially with regard to vulnerable members, Sweden made use of voluntary and community organisations (VCOs) to deliver and co-produce basic social services.²⁷¹ VCOs complemented, and in some instances substituted, government efforts in providing welfare and social services amid the Covid-19 pandemic.²⁷²

Food security was not extremely affected, mainly due to the economic preparedness of Norway. Norway is a wealthy country and therefore was able to mitigate the consequences of the Covid-19 emanating from lockdowns.²⁷³ This was possible because Norway was able to establish the Sovereign Wealth Fund which was used to mitigate the impact of the lockdown measures on food security, among other things.²⁷⁴

²⁶⁷ Frans E (2022).

²⁶⁸ Frans E (2022).

²⁶⁹ Frans E (2022).

²⁷⁰ Nordensvård J Byun Y Sommar C 'Urban food security during COVID-19: The limits of statutory welfare and the role of community action in Sweden and Korea.' (2022) 2 *Urban Governance* 329.

²⁷¹ Nordensvård J et al. (2022)329.

²⁷² Nordensvård J et al. (2022)329.

²⁷³ Ursin G Skjesol I & Tritter J 'The COVID-19 pandemic in Norway: The dominance of social implications in framing the policy response.' (2020) 9 *Health Policy and Technology* 671.

²⁷⁴ Ursin G et al. (2020)671.

Additionally, Norway kept its borders open to travellers from Nordic countries such as Sweden and Finland. This meant that trade was still possible among these countries, thereby ensuring the flow of food supplies even at the peak of the pandemic.²⁷⁵ Unemployment grants were also extended to people whose employment was affected by the pandemic.²⁷⁶ Consequently, this meant that the purchasing power of the Norwegian people was guaranteed, and food insecurity, avoided.

4.5. Conclusion

This chapter sought to home in on the approaches taken by Sweden and Norway, as representatives of the EU, to combat the coronavirus. It was evident that Sweden took a different approach to most countries in the EU. Norway, on the other hand, adopted measures similar to other EU countries in its bid to combat the virus.

To understand why Sweden and Norway took differing approaches to dealing with the coronavirus, despite their being neighbours and identical in many ways, the chapter examined a series of factors such as political interference by the state, liberalism, and the decentralisation of intergovernmental relations.

The chapter highlighted that Sweden took a ‘calm-down’ approach while Norway took a ‘lockdown’ approach. The Swedish approach was characterised by limited political interference, liberalism and a decentralised approach. On the other hand, Norway’s approach entailed more engaged political activity from the elected political members, centralised intergovernmental relations, and a paternalistic approach.

Although it was criticised, the Swedish approach was the only approach that stayed close to what the status quo was before the pandemic broke out. It kept the mortality rate lower than in other EU countries. Children did not lose school time because schools were not closed and were not significantly affected by the pandemic. Its effectiveness on the elderly was questioned as it was deemed to have failed to protect the elderly adequately. Norway was commended for keeping the mortality rate low.

²⁷⁵ Ursin G et al. (2020)672.

²⁷⁶ Ursin G et al. (2020)672.

However, when it came to the protection of individual rights and freedoms, it was not deemed the best approach to use. Schoolchildren lost considerable school time. The one thing that was the same in both Sweden and Norway was that the spread of the virus was contained. The health systems were not overwhelmed by the pandemic, as was the case in many countries of the EU, such as Italy and Spain.

Food security in Norway and Sweden was not affected directly, as was the case in other countries such as South Africa and Zimbabwe. This can be attributed to the fact that Sweden, despite not locking down the country, also undertook VOCs that were established to help the most vulnerable members of the community.

In Norway, the government was prepared to deal with the aftermath of lockdown measures economically. The state was able to issue grants to support people unemployed due to lockdown measures. Trade between Norway and other Nordic countries remained open, meaning that food supplies kept coming in and the financial muscle of the people remained intact.

CHAPTER 5

CONCLUSION AND RECOMMENDATIONS

5.1. Introduction

The Covid-19 pandemic caused enormous human misery, loss of life and unparalleled shock to health-care systems throughout the world.²⁷⁷ Consequently, this led policy-makers, health professionals and decision-makers to scramble for information and ideas on how to manage its impact. The conundrum spread in all directions, affecting all aspects of life, including food security.

It may not be certain that the Covid-19 pandemic will return and cause the same devastation as it did, but what is certain is that when it comes to pandemics is that it is not a matter of ‘if’, but ‘when’. Therefore, amnesia about the devastation and consequences of these global events on the part of humankind is to be done to our detriment.

This study was premised on the challenges brought to the fore by the lockdown measures initiated by South Africa and Zimbabwe in a bid to curb the Covid-19 pandemic. The measures taken by both countries led to a glut of problems, including that of food insecurity.²⁷⁸ The purpose of this research was to identify the challenges encountered by South Africa and Zimbabwe as a consequence of the movement restrictions they employed to contain the spread of the Covid-19 pandemic.

The world was caught unprepared and did not expect a disaster of this magnitude. Many challenges in various facets of life have been discussed in the preceding chapters, particularly those of food security. This research sought to highlight the challenges caused by lockdowns in South Africa and Zimbabwe.

This chapter concludes the research conducted. First, it reminds the reader of the research problem and research questions investigated. Thereafter, the chapter provides an overview of the findings of each chapter. Finally, it concludes the research undertaken and makes recommendations arising out of substantive chapters 2, 3, and 4. It integrates the recommendations to provide a cohesive proposal on the way forward for both South Africa and

²⁷⁷ See Chapter 4.1.

²⁷⁸ See Chapter 1.2.

Zimbabwe in the event of another pandemic or disaster of this magnitude occurring in the future.

5.2. Conclusion

The main objective of this research has been to investigate the impact of lockdown measures initiated by SADC member states in their endeavour to control and contain the spread of Covid-19.²⁷⁹ For this research study, South Africa and Zimbabwe were the chosen representative member states.²⁸⁰ This was done to understand the extent to which Covid-19 movement restrictions affected food security within the SADC region.

First, to attain this, the primary task was to highlight and discuss the movement restrictions imposed by South Africa and Zimbabwe in a bid to curb the spread of Covid-19.²⁸¹ Secondly, the study discusses how food security was affected by the movement restrictions employed by the above-mentioned countries to control the spread and impact of the Covid-19 virus in the region.²⁸² Further, the task was to compare the SADC regions' movement restriction measures with those employed by the European Union concerning food security.²⁸³

Additionally, there is a discussion of lessons that could be drawn by all the SADC member states from the EU's movement restriction measures to ensure food security within the region.²⁸⁴ Finally, the research study provides recommendations on how the SADC member states could deal with current and future food security challenges caused by movement restriction employed to curb the Covid-19 virus.²⁸⁵

The discussion in Chapter 1 shows that due to the dire consequences of the Covid-19 pandemic, countries were left with no option but to restrict the movement of people within and across borders.²⁸⁶ From the outset, the impact of these movement restrictions could not be estimated as not much information was known. However, in time, it became apparent that the impact was dire on all levels of life, and in particular in regard to food security. This was mainly so because the livelihoods of many people within South Africa and Zimbabwe were dependent on the

²⁷⁹ See Chapter 1.2.

²⁸⁰ See Chapter 1.2.

²⁸¹ See Chapter 1.4.

²⁸² See Chapter 1.4.

²⁸³ See Chapter 1.4.

²⁸⁴ See Chapter 1.4.

²⁸⁵ See Chapter 1.4.

²⁸⁶ See Chapter 1.5.

movement of people within and across borders.²⁸⁷ Therefore, the restriction of movement directly hit the source of income and livelihood of many families.²⁸⁸

Chapter 2 discusses the various movement restriction regulatory measures employed by South Africa and Zimbabwe.²⁸⁹ It lays down the rationale for the restriction of movement that was imposed by the two countries. Considering the unavailability of vaccines and lack of sound health systems in both countries to protect the health integrity of both countries, it was pertinent for the governments to assume movement restriction measures to slow the spread and impact of the virus.²⁹⁰

It was discovered that the law in both countries empowers the state in certain circumstances, such as ‘a state of disaster’ and ‘state of emergency’, to limit the rights of their citizens if warranted in terms of the laws of general application. The constitutions and legislation of both countries allows for the limitation of rights, including the limitation of the right to freedom of movement during pandemics.²⁹¹

The actual movement restriction that was implemented took various forms, ranging from mere stay-at-homes to border closures.²⁹² These measures were gradually adjusted over time as the Covid-19 paradigm evolved. In both countries, alert levels were implemented, ranging from the least restrictive ‘Alert Level 1’ to the most restrictive ‘Alert Level 5’.²⁹³ However, the implementation of these measures varied between the two countries, with South Africa taking the lead most of the time.

In Chapter 3 the core objective was to examine Covid-19 containment measures and their impact on food security in South Africa and Zimbabwe.²⁹⁴ The research highlights that food security is a critical aspect around the globe. It constitutes one of the SDGs.²⁹⁵ In order to bring to light how Covid-19 movement restriction measures impacted food security, the research lays out the various dimensions of food security in a bid to highlight how they were affected by the

²⁸⁷ See Chapter 3.1.1.

²⁸⁸ See Chapter 3.3.3.

²⁸⁹ See Chapter 2.3.

²⁹⁰ See Chapter 2.2.

²⁹¹ See Chapter 2.2.

²⁹² See Chapter 2.3.

²⁹³ See Chapter 2.3.

²⁹⁴ See Chapter 3.1.

²⁹⁵ See Chapter 3.2.

lockdown measures.²⁹⁶ These dimensions include food accessibility, availability, utilisation and sustainability.²⁹⁷

The research found that food insecurity was already rife in Zimbabwe due to economic challenges and incessant drought.²⁹⁸ Zimbabwe relied heavily on food imports to sustain its population. The incidence of the Covid-19 pandemic compounded this problem.²⁹⁹ South Africa, on the other hand, was found to be food self-sufficient but food-insecure.³⁰⁰ This was mainly since many of its citizens rely on hand-to-mouth income sources and are poor.³⁰¹

The study also discovered that South Africa is one of the most unequal countries in the world.³⁰² It is this inequality in the distribution of wealth and resources that has left the majority of South Africans food-insecure even though the country is food self-sufficient.³⁰³ The disruption in tourism,³⁰⁴ the informal sector,³⁰⁵ the flow of food across borders,³⁰⁶ and the increase in food prices,³⁰⁷ are highlighted as the dominant factors that led to the adverse impact on food security dimensions resulting in food insecurity in both countries.

Chapter 4 takes a benchmarking approach, comparing the measures assumed by certain EU members to deal with Covid-19. The study reveals that the approach of EU countries was rather heterogeneous.³⁰⁸ Some countries, such as Norway, assumed full ‘lockdowns’. Others, such as Sweden, assumed a ‘calm-down’ approach to dealing with the Covid-19 pandemic.³⁰⁹ This research brings to light the contextual background between Sweden and Norway, with the aim of understanding why they assumed a heterogeneous approach, despite the fact that they are neighbours and have similar governance and health systems.³¹⁰

²⁹⁶ See Chapter 3.2.

²⁹⁷ See Chapter 3.2.

²⁹⁸ See Chapter 3.3.3.

²⁹⁹ See Chapter 3.3.3.

³⁰⁰ See Chapter 3.3.3.

³⁰¹ See Chapter 3.3.3.

³⁰² See Chapter 3.3.3.

³⁰³ See Chapter 3.3.3.

³⁰⁴ See Chapter 3.3.1.

³⁰⁵ See Chapter 3.3.3.

³⁰⁶ See Chapter 3.3.2.

³⁰⁷ See Chapter 3.3.4.

³⁰⁸ See Chapter 4.1.

³⁰⁹ See Chapter 4.1.

³¹⁰ See Chapter 4.1.

The variation in approaches between these two countries is attributed to three main factors.

First, Sweden appeared to follow a more liberal approach, while Norway pursued a more paternalistic approach. Under the Swedish approach, citizens were allowed to have a say in how they wished to respond to the pandemic. This approach was informed by the Swedish Constitution which places more emphasis on the autonomy of citizens to choose how they wish to respond to disasters as opposed to coercion and dictation by the government.³¹¹

On the other hand, Norway assumed a more paternalistic approach, with the government taking the more critical decisions. The decisions to lock down the country, close schools, close borders and suspend travel, among other measures, were all taken by the government in line with Norwegian laws which vests these powers in the government in times of disaster.³¹²

When it comes to food security, both Sweden and Norway were not affected as badly as South Africa and Zimbabwe. This was mainly due to their preparedness economically and socially. Sweden and Norway are able to issue unemployment grants and distribute food parcels to the vulnerable members of their societies. As for Sweden, the economy and food supply chains remained open. This meant that food was available for much of the population.

Additionally, intergovernmental relationships in responding to a state of crisis in both countries were another point of departure. In Sweden, the power to make decisions was decentralised, allowing responsible departments to take the leading role. This was not the case in Norway, where the opposite was true.³¹³ Political interference was another factor. In Sweden the political members took a minimal role in the taming of the Covid-19 pandemic, opting to stick with existing regulations.³¹⁴ Norway, on the other hand, took a completely different approach in this regard, with its ministers assuming a leading role in decision-making.³¹⁵

Considering the above, this research study submits that Covid-19 lockdown measures affected food security adversely in South Africa and Zimbabwe. These measures were implemented to protect society from the marauding coronavirus. However, this led to a series of other problems, chief among them food insecurity. The problems were dire in South Africa and Zimbabwe

³¹¹ See Chapter 4.4.1.

³¹² See Chapter 4.4.1.

³¹³ See Chapter 4.4.2.

³¹⁴ See Chapter 4.4.3.

³¹⁵ See Chapter 4.4.3.

compared to Sweden and Norway. The main reason for this is that the latter countries had sound health systems compared to the former countries. Sweden kept the country open, allowing for businesses to operate and thereby ensuring that the income sources for the citizenry were not greatly affected. This ensured food security, unlike South Africa and Zimbabwe where the closure of the economic activities put food security at risk.

Norway, despite assuming the lockdown measures of South Africa and Zimbabwe, was better prepared for the disaster due to the nature of its economy, which is much stronger than South Africa and Zimbabwe's. Additionally, inequality and uneven distribution of wealth are rife in South Africa and Zimbabwe as opposed to Norway. This also had a bearing on the impact of the pandemic on the respective countries. The implementation of lockdown measures was easier in Norway compared to South Africa and Zimbabwe due to poverty. Staying indoors was not sustainable in South Africa and Zimbabwe as opposed to Norway.

Considering the variation in the impact of the virus in the two SADC countries compared to that of the two EU countries, the approach of the EU countries was more effective and sustainable than that of the SADC countries. The effectiveness and sustainability were due to disaster preparedness, strong health systems, strong constitutional compliance by the government, the strong economic well-being of the countries and equality, among other factors. For South Africa and Zimbabwe to better prepare for disasters of this nature in the future, these contributory factors ought to be considered in more depth.

5.2. Recommendations

To mitigate the adverse impact of pandemics and disasters of this magnitude, national and regional responses must be integrated and coordinated appropriately.³¹⁶ To best respond in the future, both Zimbabwe and South Africa must draw lessons from this pandemic. They should also draw upon lessons from how other countries such as Sweden and Norway handled it. The lessons to be learnt are to be drawn from the various areas affected, impacting the food systems in both countries.

³¹⁶ See Chapter 3.3.4.

The closure of the informal sector in Zimbabwe and South Africa led to a series of problems. It is under these circumstances that the social workers and other responsible stakeholders must amplify their voices to the government to make it undertake its constitutional mandate.³¹⁷

In Zimbabwe, section 77 of the Constitution provides that everyone has the right to, inter alia, sufficient food. Additionally, the state must take reasonable legislative and other measures, within the limits of the resources available to it, to achieve the progressive realisation of this right.³¹⁸ Section 27(1)(b) of the Republic of South Africa's Constitution states that 'everyone has the right to sufficient food and water',³¹⁹ and section 27(2) states that the state must take reasonable legislative and other measures, within its available resources, to achieve the progressive realisation of each of these rights.³²⁰ For the state to give effect to such a mandate, influential people and organisations must apply pressure in both countries more so in disaster times such as the Covid-19 pandemic.

Additionally, one lesson that has been learnt by all countries around the world, including South Africa and Zimbabwe, is that of adaptation to global pandemics. One of the main reasons the Covid-19 pandemic caused so much strife around the world was the lack of preparedness from the health sectors.³²¹

This was the case in both Zimbabwe and South Africa. Due to the unavailability of vaccines from the onset of the pandemic, the only available containment measures were lockdowns. These lockdowns proved to be disastrous for food security within the two countries. The lesson to be learnt in this regard is that there is a need for countries to invest heavily in the health sector to make it ready for any unexpected turn of events.

Countries such as Sweden and Norway are good examples of countries with sound health systems.³²² With a sound health system it becomes easy for a country to implement less restrictive measures in its approach to dealing with a pandemic, or disaster, such as Covid-19.

³¹⁷ See Chapter 3.3.4.

³¹⁸ See Chapter 2.2.

³¹⁹ See Chapter 2.2.

³²⁰ See Chapter 2.2.

³²¹ See Chapter 3.3.4.

³²² See Chapter 4.2.

The ability to adapt is also one of the lessons to be learnt from the Covid-19 pandemic. As noted in the preceding chapters, countries around the world, including South Africa and Zimbabwe, were caught unprepared for a pandemic of this magnitude.³²³

This then raises the question of what ought to be done now. It is imperative to note that adaptive capacity to sudden unforeseen changes is a very important aspect of countries if they are to fare well in disaster situations. Adaptation in this regard may take various forms, but the most important in this regard is adaptation at the individual and community levels.³²⁴

In Chapter 2 it is highlighted that at the peak of the pandemic, both South Africa and Zimbabwe had no vaccines or health system capacity to deal with the pandemic. This made it difficult to reduce the spread and impact of the pandemic.³²⁵ The best way forward is for the respective governments to invest in research and development, allowing them to take the lead in the development of medicines. Moreover, investment in the development of more health capacities is also a welcome initiative. This is an example of a lesson that could be drawn from countries such as Sweden and Norway, given that they were both adaptive and well prepared in terms of health-system capacities.³²⁶

There could be further recommendations. However, the above-discussed recommendations are thought to be most critical considering the possibility of the pandemic occurring again. South Africa and Zimbabwe ought to take valuable lessons from this pandemic if they are to be best prepared for any disaster of this nature in the future.

³²³ See Chapter 3.3.4.

³²⁴ See Chapter 3.3.4.

³²⁵ See Chapter 2.2.

³²⁶ See Chapter 4.2.

BIBLIOGRAPHY

Articles

Alemu ZG 'Developing a Food (in) Security Map for South Africa.' (2015) 220 *African Development Bank* 20-24.

Arndt C Davies R Gabriel S Harris L Makrelov K Robinson S & Anderson L 'Covid-19 lockdowns, income distribution, and food security: An analysis for South Africa.' (2020) 26: 100410 *Global Food Security* 1-5.

Askim J & Bergström T 'Between lockdown and calm down. Comparing the COVID-19 responses of Norway and Sweden.' (2022) 48(2) *Local Government Studies* 291-311.

Askim J Bjurström KH & Kjærvi J 'Quasi-Contractual Ministerial Steering of State Agencies: Its Intensity, Modes, and How Agency Characteristics Matter.' (2019)22(3) *International Public Management Journal* 470-498.

Battersby J 'South Africa's lockdown regulations and the reinforcement of anti-informality bias.' (2020)37 *Agriculture and Human Values* 543-544.

Boin A and Bynander F 'Explaining Success and Failure in Crisis Coordination: Geografiska Annaler Series (2015)97(1) *A Physical Geography* 123-135.

Chari F Muzinda O Novukela C Sibongiseni B Ngcamu Albert & Tan WK (reviewing editor) 'Pandemic outbreaks and food supply chains in developing countries: A case of COVID-19 in Zimbabwe.' (2022) 9 *Cogent Business & Management* 1-13.

Christensen T & Lægreid P 'Balancing Governance Capacity and Legitimacy: How the Norwegian Government Handled the COVID -19 Crisis as a High Performer.' (2020)80(5) *Public Administration Review* 774-779.

Clapp J & Moseley WG 'This Food Crisis is Different: COVID-19 and the Fragility of the Neoliberal Food Security Order.' (2020) *The Journal of Peasant Studies* 1-25.

Clapp J & Moseley WG 'Impacts of COVID-19 on food security and nutrition: developing effective policy responses to address the hunger and malnutrition pandemic.' (2020).

Committee on World Food Security High-Level Panel of Experts on Food Security and Nutrition 1- 22.

Cucinotta D & Vanelli M ‘WHO Declares COVID-19 a Pandemic’ (2020) 19:91(1) (*Acta Biomed*) 157-160.

Dahlström, C ‘Introduction: Policy-Making in Sweden. ‘In *The Oxford Handbook of Swedish Politics*, edited by J. Pierre.’ *Oxford University Press* 631-633.

Devereux S Bé né C & Hoddinott. J ‘Conceptualising COVID-19’s impacts on household food security.’ (2020)12 *Food Security* 1-4.

Dudzai C & Wamara, C. K. ‘A COVID-19 pandemic and the informal sector in Zimbabwe.’ (2021). 11(4) *African Journal of Social Work*. 201-208.

Dzawanda B Matsa M & Nicolau M ‘A catastrophic threat to the already vulnerable towards 2030: Impact of COVID-19 lockdown on livelihood outcome of informal cross border traders in Gweru, Zimbabwe.’ (2022)6 *Social Sciences & Humanities*. 4-10.

Enriquez JP ‘Food Self-Sufficiency: Opportunities and Challenges for the Current Food System.’ (2020) 31(2) *Biomed J Scientific & Technical Research* 23984-23989.

Frieden RT ‘Government’s Role in Protecting Health and Safety’ (2013)368(20) *N Engl J Med* 1857-1859.

Gayawan E, Awe O, Oseni BM, Uzochukwu IC, Adekunle A, Samuel G, Eisen DP & Adegboye OA ‘The Spatio-temporal epidemic dynamics of COVID-19 outbreak in Africa.’(2020)148 *Epidemiology and Infection* 1-11.

Hale T, Angrist N, Goldszmidt R, Kira B, Petherick A, Phillips T, Webster S, Cameron-Blake E, Hallas L, Majumdar S & Tatlow H ‘A global panel database of pandemic policies (Oxford COVID-19 Government Response Tracker).’ (2021)5 *Nature Human Behaviour* 529-538.

Hartzenberg T ‘Regional Integration in Africa’ (2011)14 *Staff Working Paper ERSD- Tralac* 1-126.

Helsingen L M Refsum E Gjøstein GK et al. 'The COVID-19 Pandemic in Norway and Sweden – Threats, Trust, and Impact on Daily Life: A Comparative Survey.' (2020) 20: 1597 *BMC Public Health* 1-10.

Kabundi A & Loots E 'Co-movement between South Africa and the Southern African development community: An empirical analysis.' (2007) 24(5) *Economic Modelling* 737-748.

Kanduza AM 'In the moment of making History: The case of COVID-19 in Zambia.' (2020) 24 *Yesterday and Today* 257-273.

Kay S 'Connecting Smallholders to Markets: An Analytical Guide.' (2016) 12. *International Civil Society Mechanism, Hands On the Land Alliance for Food Sovereignty* 8-45.

Kettl D 'Contingent Coordination: Practical and Theoretical Puzzles for Homeland Security.' (2003) 33 (3) *The American Review of Public Administration* 33 253-277.

Kvinnslund S Aas-Hansen A Braut G Dybdal KE Flotten T Jakobsen R Johansson & Rorby PT 'Myndighetenes Håndtering Av Koronapandemien. Rapport Fra Koronakommisjonen.' (2021) Oslo: Prime Minister's Office. NOU 6.

Ladner A Keuffer N and Baldersheim H 'Measuring Local Autonomy in 39 Countries (1990-2014).' (2016) 26(3) *Regional & Federal Studies* 321-357.

Larsson O L 'The Swedish Covid-19 strategy and voluntary compliance: Failed securitisation or constitutional security management?' (2022) 7 *European Journal of International Security* 226-247.

Mutambara J Zvinavashe A & Mwakiwa E 'A critical review of the wheat industry in Zimbabwe.' (2013). 2(2) *Global Journal of Biology, Agriculture and Health Sciences* 23-33.

Ncube FN Chikuta et al. 'Economic impact of the Covid-19 pandemic on the hotel business in Zimbabwe.' (2021) 1: 2 *Journal of Tourism, Culinary, and Entrepreneurship* 105-121.

Nicolaa M Alsafib Z Sohrabi C et al. 'The socio-economic implications of the coronavirus pandemic (COVID-19): A review.' (2020) 78 *International Journal of Surgery* 185- 193.

Nordensvärd J Byun Y Sommar C 'Urban food security during COVID-19: The limits of statutory welfare and the role of community action in Sweden and Korea.' (2022) 2 *Urban Governance* 329- 335.

Pak A Adegboye OA Adekunle AI Rahman KM McBryde ES & Eisen DP 'Economic consequences of the COVID-19 outbreak: the need for epidemic preparedness.' (2020) 241 (8) *Frontiers in Public Health* 1-4.

Pierre J 'Nudges against pandemics: Sweden's COVID-19 containment strategy in perspective.' (2020) (39) 3 *Policy and Society* 478-493.

Skinner C & Haysom G 'The informal sector's role in food security: A missing link in policy debates?' (2016) Working Paper 44. *Cape Town: PLAAS, UWC and Centre of Excellence on Food Security*. 1-16.

Thomas S 'Accountability in the Shadow of Hierarchy: The Horizontal Accountability of Agencies' (2008)8 *Public Organization Review* 175-94.

Toshkov D Carroll B & Yesilkagit K 'Government capacity, societal trust or party preferences: what accounts for the variety of national policy responses to the COVID-19 pandemic in Europe?' (2022) 29 7 *Journal of European Public Policy* 1009- 1028.

Ursin G Skjesol I & Tritter J 'The COVID-19 pandemic in Norway: The dominance of social implications in framing the policy response.' (2020) 9 *Health Policy and Technology* 671-672.

Wegerif MCA 'Informal food traders and food security: experiences from the Covid-19 response in South Africa.' (2020)12(4): *Food Security* 797-800.

Books

Boin A, Hart P, Stern E & Sundelius B *The politics of crisis management: Public leadership under pressure*. (2006) Cambridge: Cambridge University Press.

Lodge M & Wegrich K *The Problem-Solving Capacity of the Modern State* Online Edition (2014) Oxford: Oxford University Press.

Lægred P& Rykkja L ‘*Societal Security and Crisis Management. Governance Capacity and Legitimacy*’ (2019) London: Palgrave Macmillan.

Fott D *Marcus Tullius Cicero, on the law* (2014) New York: Cornell University Press.

Chapters in Books

Wen P & Elliot B ‘*The Concept of Food Security.*’ vol. 2 (2018) Jerusalem: Elsevier Inc.

Case Law

D. Viswanatha Reddy and Company & Others v Government of Andhra Pradesh & Others [2002] (4) ALD 161.

Rodger Dean Stringer v Minister of Health and Child Care & Sakunda Holdings (HH259 of 2020, HC 2154 of 2020[2020] ZWHHC 259.

Internet Sources

Barrett D ‘Sweden’s Covid harm reduction strategy.’ (2020) available at <https://medium.com/@DamonHRDP/swedens-covid-harm-reduction-strategy-d43a00a5b780> (accessed 3 November 2022).

Blanke J ‘Economic impact of COVID-19: Protecting Africa’s food systems from farm to fork.’ (2020) *Africa in Focus* available at <https://www.brookings.edu/blog/africa-in-focus/2020/06/19/economic-impact-of-covid-19-protecting-africas-food-systems-from-farm-to-fork/> (accessed 22 August 2022).

Cameron E Nuzzo J Bell A Nalabandian M, O’Brien J League A & Warmbrod L 2019. “*The Global Health Security Index*”. (2019) available at <https://www.ghsindex.org/> (accessed 2 November 2022).

Dagens Nyheter D ‘Flockimmunitet är en farlig och orealistisk coronastrategi [Herd immunity is a dangerous and unrealistic corona strategy] (op-ed), May 14. (2020) available <https://www.who.int/news-room/questions-and-answers/item/herd-immunity-lockdowns-and-covid-19> (accessed 3 November 2022).

Frans E Did Sweden’s controversial COVID strategy pay off? In many ways it did – but it let the elderly down available at <https://theconversation.com/did-swedens-controversial-covid->

[strategy-pay-off-in-many-ways-it-did-but-it-let-the-elderly-down-188338](#) (accessed on 11 December 2022).

Competition Commission of South Africa Essential food pricing monitoring. *Competition regulation for a growing and inclusive economy*. (2020) available at <http://www.compcom.co.za/wp-content/uploads/2020/09/Essential-Food-Pricing-Report-September-2020.pdf> (accessed on 22 August 2022).

Food Outlook biannual report on food markets. (2019) available at <https://www.fao.org/3/ca4526en/ca4526en.pdf> (accessed 22 August 2022).

Gumbu Y L ‘COVID -19’s impact on the livelihoods of informal traders in Zimbabwe.’ (2020) available at <https://docplayer.net/amp/219919000-Covid-19-pandemic-and-the-informal-sector-in-zimbabwe.html> (accessed 7 November 2022).

Greenberg S. ‘Corporate concentration and food security in South Africa: Is the commercial agro-food system delivering?’ (2015). available at https://www.researchgate.net/publication/279188319_Corporate_concentration_and_food_security_in_South_Africa_Is_the_commercial_agro-food_system_delivering/link/558d35e408ae1f30aa80fbef/download (accessed 8 November 2022).

Food and Agriculture Organisation Trade and Market Division Measuring Food Security in South Africa: Applying the Food Insecurity Experience Scale available at <https://www.statssa.gov.za/publications/Report-03-00-19/Report-03-00-192020.pdf> (accessed 8 October 2022).

Niestadt M. ‘COVID-19 and the tourism sector.’ (2020) available at <http://www.europarl.europa.eu/thinktank>. (accessed 15 August 2022).

Norwegian Government. ‘The Coronavirus Situation’. (2020) available at <https://www.regjeringen.no/en/topics/koronavirus-covid-19/id2692388/> (accessed 4 October 2022).

South African Human Rights Commission Right to food fact sheet. *South African Human Rights Commission* available at

https://www.sahrc.org.za/home/21/files/brochure_A3_English.pdf (accessed 9 November 2022).

SA tourism industry struggles amidst Covid-19 pandemic available at <https://www.statssa.gov.za/?p=14281> (accessed 19 August 2022).

SADC Regional Response to Covid-19 Pandemic. An analysis to the Regional Situation and Impact Bullet No 2'available at https://reliefweb.int/sites/reliefweb.int/files/resources/BULLETIN_2-SADC_Response_to_COVID19_ENGLISH.pdf (accessed 25 August 2021).

'SADC Regional Response to Covid-19 Pandemic. An analysis to the Regional Situation and Impact Bullet No 2'. Accessed at https://reliefweb.int/sites/reliefweb.int/files/resources/BULLETIN_2-SADC_Response_to_COVID19_ENGLISH.pdf (accessed 25 August 2021).

Sizani M 'Covid-19: Police shut immigrant-owned spaza shops after Minister's xenophobic statement. (2020) available at <https://www.groundup.org.za/article/covid-19-police-shut-down-immigrant-owned-spaza-shops-after-minster-ntshavhenis-xenophobic-statement/> (accessed on 27 April 2020).

The right to food and food security. *Socio-economic rights. A situation analysis 1980-2018* available at <https://socioeconomicrights.co.zw/food-and-food-security/> (accessed 10 August 2022).

Torero M 'Prepare food systems for a long-haul fight against COVID-19.' (2020) available at <https://www.ifpri.org/blog/prepare-food-systems-long-haul-fight-against-covid-19> (accessed 10 August 2022).

United Nations (UN). 'The *Impact of COVID-19 on Food Security and Nutrition*. Available at <https://reliefweb.int/sites/reliefweb.int/files/resources/sg> (accessed 10 August 2022)

United Nations Habitat. 'The State of the African Cities Report 2008' (2008) available at <https://unhabitat.org/sites/default/files/download-manager-files/The%20State%20of%20the%20African%20Cities%20Report%202008.pdf> (accessed 2 January 2023).

World Health Organisation, (2020). COVID-19 Response: Weekly UN in Zimbabwe Update Issue XII | 17 July 2020 available at <https://reliefweb.int/report/zimbabwe/covid-19-response-weekly-un-zimbabwe-update-issue-xiii-24-july-2020> (accessed 2 January 2023).

ZCTU response to the impact of covid-19 (coronavirus) pandemic on workers and the Zimbabwean economy.’ (2020) 19 available at <https://www.ituc-csi.org> (accessed 19 August 2022).

Zimbabwe Food Security Outlook Update, December 2021 available at <https://reliefweb.int/report/zimbabwe/zimbabwe-food-security-outlook-update-december-2021> (accessed 15 August 2022).

Treaties and Conventions

International Covenant on Economic, Social and Cultural Rights adopted by the United Nations General Assembly Resolution 2200A (XXI) on 16 December 1996 and entered into force on 3 January 1976.

Universal Declaration of Human Rights adopted by the United Nations General Assembly Resolution 217A on 10 December 1948 and entered into force on 10 December 1948.

Legislation

Constitution of the Republic of South Africa 1996.

Constitution of the Republic of Zimbabwe 2013.

The Disaster Management Act 57 of 2002.

The Statutory Instrument 83 of 2020 (Zimbabwe).

The Statutory Instrument 76 of 2020 (Zimbabwe).

The Social Welfare Assistance Act, 1988 (Act 10 of 1988) (Cap. 17:06).