Volume 2

November 2022

Namibian Journal of Social Justice

Inequality and Social Justice

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Artwork on the cover: “Pulling into Tomorrow” by Mitchell M. Gatsi

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ISSN: 2026-8882

Printed by Solitaire Press, Windhoek, Namibia

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www.namsocialjustice.org

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Acknowledgements

The Economic and Social Justice Trust is proud to present the second edition of the Namibian Journal of Social Justice (NJSJ). This edition, on *Inequality and Social Justice*, follows the 2021 edition, which dealt with *Housing*.

We wish to thank the editor, Prof. **Lucy Edwards-Jauch**, and the co-editor of this edition, Dr **Ndumba Kamwanyah**. We are likewise grateful for the contributions of the other members of the NJSJ editorial board, Ms **Ndeshi Namupala**, Dr **Guillermo Delgado,** Dr **Ellison Tjirera**, Dr **Job Amupanda**, Prof. **Trywell Kalusopa** and Ms **Rinaani Musutua**, and for the commitment towards our journal shown by all our **authors** and **peer reviewers**.

We also thank:

- **William Hofmeyr**, for a comprehensive and meticulous language edit;
- **Bryony van der Merwe**, for the design of the journal's cover page and the layout;
- **Frieda Luehl**, from **the project room Namibia,** for introducing us to the artworks printed in this edition;
- **Lynette Musukubili**, **Mitchell M. Gatsi**, **Dörte Berner**, **Saima Iita**, **Trianus Nakale**, **Rudolf Seibeb**, **Ina-Maria Shikongo**, **Titus Shitaatala**, **Mateus Alfeus** and **Tuli Mekondjo** for making their artworks available for publication; and
- all **photographers** for making their photos available for publication in this journal. They are mentioned in the captions of the photos.

A special word of thanks goes to the **Friedrich Ebert Stiftung Namibia Office**, for their generous support that has made the publication of this volume of our journal possible. In particular, we wish to thank the Country Director, Ms. **Freya Grünhagen**, for her unfailing encouragement, as well as the Project Manager, Ms **Inge Neunda**.

FRIEDRICH EBERT STIFTUNG
Namibia Office

Acronyms and Initialisms

AMCU	Association of Mineworkers and Construction Union
BEPS	base-erosion profit shifting
BIEN	Basic Income Earth Network
BIG	basic income grant
CCN	Council of Churches in Namibia
CEDAW	UN Convention on the Elimination of All Forms of Discrimination Against Women
CSOs	civil society organisations
DSD	Differences of Sexual Development
ELCN	Evangelical Lutheran Church in Namibia
ELCRN	Evangelical Lutheran Church in the Republic of Namibia
ESOP	Employee Share Ownership Plan
FMS	Finnish Missionary Society
GBV	gender-based violence
GDP	gross domestic product
GEWE	gender equality and women's empowerment
GRB	gender-responsive budgeting
GRN	Government of the Republic of Namibia
HDI	Human Development Index
HTA	Hai||om Traditional Authority
ICCPR	International Covenant on Civil and Political Rights
ICESCR	International Covenant on Economic, Social and Cultural Rights
ICT	information and communication technology
IFFs	illicit financial flows
ILO	International Labour Organisation
IMF	International Monitory Fund
IMR	International Mineral Resources
IOC	International Olympic Committee

LMS	London Missionary Society
MAWLR	Ministry of Agriculture, Water and Land Reform
MGEPESW	Ministry of Gender Equality, Poverty Eradication and Social Welfare
MGEPESW	Ministry of Gender Equality, Poverty Eradication and Social Welfare
MPI	Multidimensional Poverty Index
MPUCT	Madhya Pradesh Unconditional Cash Transfer
MTEF	Medium-Term Expenditure Framework
NLF	Namibia Labour Force
NNSCH	Namibian Senior Secondary Certificate Higher-level
NPC	National Planning Commission
NSA	Namibia Statistics Agency
NSSCH	Namibian Senior Secondary Certificate Higher
OECD	Organisation for Economic Cooperation and Development
PDS	Public Distribution System
PIT	personal income tax
RMS	Rhenish Missionary Society
SADC	Southern African Development Community
SEM	structural equation modelling
SEWA	Self-Employed Women's Association
TAA	Traditional Authorities Act (No. 25 of 2000)
TVUCT	Tribal Village Unconditional Cash Transfer
UCT	unconditional cash transfer
VAT	value added tax
WHO	World Health Organization
WMMS	Wesleyan Methodist Missionary Society
WSWB	willing-seller-willing-buyer

COVID-19 and inequality in Namibia: A vicious syndemic?

Bruno Venditto, Ndumba J. Kamwanyah and Christian Nekare

Abstract:

Past pandemic experiences in the 20th century indicate that diseases overlap with social conditions, particularly when there is a significant contraction in economic activities, resulting in different outcomes for different population segments. On average, this intersection between biological and sociological factors disproportionally hurts the marginalised, further widening existing social inequalities; Namibia is no exception. When Namibia recorded her first two COVID-19's cases on 13 March 2020, as was the case in most affected countries, the science that guided the Namibian Government's policy response was largely based on an infectious disease model. As a result,

Photo: Guillermo Delgado

mostly medical driven measures, such as social distancing and restrictions on movements, were implemented instead of an integrated approach that focused on both biological and sociological factors. An unintended consequence of these measures, however, was that they also negatively affected domestic economic activities, further aggravating the economic recession experienced in the country since 2016, and ultimately leading to an increase in the country's inequality level.

Using a theoretically driven methodology, through a review of existing literature and secondary sources, this paper analyses the relationship between COVID-19 infection and socioeconomic conditions. Working on the basis that COVID-19 should be regarded as a syndemic rather than a pandemic, the paper's aim is to assess COVID-19's impact on the most marginalized and vulnerable section of the population. We argue that for Namibia to combat a syndemic-like situation, COVID-19 measures should have been holistic and directed towards addressing both the biological factors of the pandemic and the existing inequalities. This implies that the approach of concentrating efforts exclusively on health aspects in the medium to long term may be ineffective.

Key terms: basic income grant; COVID-19; infectious disease model; inequality; Namibia; syndemic; vulnerable population

Introduction

On 31 December 2019, a cluster of cases of pneumonia of unknown cause were identified as a novel coronavirus, later dubbed COVID-19, by the World Health Organization (WHO) Country Office in China (Caruso & Venditto, 2022). The virus spread rapidly, and amid the significant public health risk posed to the world, the WHO classified COVID-19 as a pandemic of global concern on 11 March 2020 (World Health Organization, 2020a). As of this writing, the virus's toll is approaching 450 million cases, and it has already caused more than six million confirmed deaths (World Health Organization, 2022). Clearly, this is an outbreak that is prevailing in all peripheries of the earth, overshadowing previous outbreaks. Humanity must therefore live with the reality that the COVID-19 pandemic's effects will be prolonged rather than transitory (Nafula et al., 2020).

Table 1 *COVID-19 in the world by WHO's geographic areas (2019–2022)*

Geographic Areas	Quantities		Percentages	
	Cases	Deaths	Cases/World Tot. Cases	Deaths/World Tot. Deaths
Europe	184 618 493	1 894 846	41.2	31.5
Americas	148 322 100	2 652 042	33.1	44.1
South-East Asia	56 285 919	767 165	12.6	12.8
Western Pacific	29 262 597	189 656	6.5	3.2
Eastern Mediterranean	18 088 001	256 368	4.0	4.3
Africa	11 735 419	251 392	2.6	4.2
Area Totals*	448 312 529	6 011 469	100	100
Others	764	13		
Overall Totals	448 313 293	6 011 482		

*Source: World Health Organization (2022) * To the World Total must be added the cases and deaths that occurred onboard the ships MS Zaandam and Diamond Princess at the beginning of the pandemic.*

With the global economy that is struggling to return to normality, people all over the world are exhausted, having endured several COVID-19 lockdown phases. Preliminary observation, on a global level, reveals intolerable impacts on livelihoods and development across the world. In every country, economic pressure was felt, and is still being felt, from key alignment responses (International Monitory Fund, 2021). Although COVID-19 figures for the African continent seem to be much lower than the initial World Health Organization (WHO) projections, the COVID-19 experience of African countries is a mixed bag (Lu, 2020; Wangari et. al., 2021; Caruso & Venditto, 2022). Table 1 above shows that Africa's cases represent just 2.6% and 4.2 % of the total cases and deaths, respectively. Ten African countries are collectively responsible for 73% of cases and 82% of deaths in Africa. South Africa alone, with 3 685 120 total confirmed cases and 99 609 deaths, recorded 31%, and 42% of all reported cases and deaths on the continent, respectively, followed by Morocco (10% of cases, 7% of deaths) and Tunisia (9% of cases, 12% of deaths). Namibia is 18th on the world list, with 157 350 cases and 4 014 deaths, as indicated in Table 2 below.

Table 2 *COVID-19 in Africa 2019–2022 at 10 March 2022*

Rank (Cases in Africa)	Countries	Cases	Country Cases (% of Total Africa Cases)	Total Deaths	Country Deaths (% of Total Africa Deaths)
1	South Africa	3 685 120	31.4	99 609	41.9
2	Morocco	1 161 776	9.9	16 029	6.7
3	Tunisia	1 017 907	8.7	27 989	11.8
4	Libya	498 839	4.3	6 314	2.7
5	Egypt	492 774	4.2	24 244	10.2
6	Ethiopia	469 007	4.0	7 476	3.1
7	Kenya	323 094	2.8	5 641	2.4
8	Zambia	313 910	2.7	3 959	1.7
9	Reunion	310 181	2.6	680	0.3
10	Algeria	265 297	2.3	3 959	1.7
	Total (Highest 10 African Countries)	8 537 905	72.8	195 900	82.3
11	Botswana	263 950	2.2	2 619	1.1
13	Zimbabwe	239 710	2.0	5 399	2.3
14	Mozambique	225 140	1.9	2 196	0.9
15	Mauritius	169 796	1.4	904	0.4
18	Namibia	157 350	1.3	4 014	1.7
21	Angola	98 806	0.8	1 900	0.8
24	Malawi	85 440	0.7	2 619	1.1
26	Eswatini	69 307	0.6	1 391	0.6
27	Madagascar	63 791	0.5	1 373	0.6
38	Lesotho	32 707	0.3	697	0.3
56	São Tomé and Príncipe	5 939	0.05	72	0.03
	Total (Southern African Countries not in Africa Top 10)	1 147 986	9.8	20 565	8.6
	Total (Other African Countries)	2 049 528	17.5	21 467	9.0
	TOTAL	11 735 419	100	237 932	100

Source: World Health Organization (2022) (adapted)

African governments across the continent have been credited for having acted promptly in enacting countermeasures within their borders at the early stages of COVID-19 detection, in order to restrain widespread disease and its adverse effects (Medinilla et al., 2020; Pilling, 2020). Past experience in dealing with other highly transmissible diseases, such as Ebola, AIDS, and malaria, prompted African states to act responsibly to protect lives (World Bank, 2020a). However, the reality that only 13 % of the African population have been fully vaccinated at the time of writing is cause for concern, because it means that the majority – 87% – remain unvaccinated (African Union, 2022; World Health Organization, 2020b). A continent that's already bruised by myriad socioeconomic hardships and challenges can ill-afford the aggravation of inequality being likely to get worse.

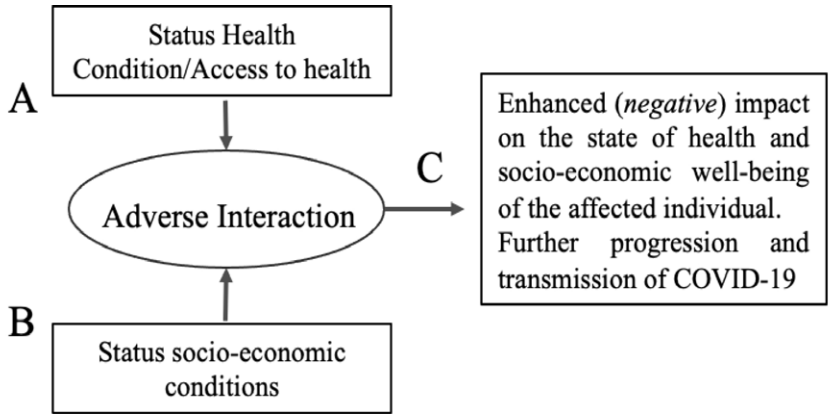
Methodology

Using a theoretically driven methodology of reviewing existing literature and secondary sources (Snyder, 2019), the paper will identify the trends existing studies are pointing to, as well as areas for further research.

Theoretical Approach: A Syndemic Interpretation of COVID-19's Impact

Singer (2009) coined the term 'syndemic' to explain why certain disease clusters affect specific populations or groups. A syndemic occurs when the interaction among health determinants or risk factors – such social habits, lifestyle, environment, genetics and so forth – cumulatively exacerbate an individual's susceptibility to a disease. This implies that in a given context of high socioeconomic vulnerability, the health measures introduced to address an infection such as COVID-19, particularly, are likely to further increase levels of inequality and discrimination (Horton, 2020). Therefore, a full picture of the COVID-19 infection can only be determined by considering both the health status/access to health care and the socioeconomic status of the affected individuals. As indicated in Figure 1 below, it is the interaction of these two factors – limited access to health care, and meagre socioeconomic conditions – that makes COVID-19 a syndemic condition.

Figure 1 *A syndemic representation of the COVID-19 impact on vulnerable people*



Source: Caruso and Venditto (2022)

In other words, unlike a pandemic, which suggests that the infection spreads with the same speed and severity among the population, a syndemic spread as a result of the relationship between the disease and the socioeconomic and health conditions of the population. This interaction therefore strengthens and aggravates the impacts on the most marginalised, and vulnerable segments of the populations, who often live in poverty (Caruso & Venditto, 2022).

Several studies and data on major epidemics indicate that pandemics are in nature not just medical diseases but are also social, in that they have severe negative impacts on a country's economy and the wellbeing of her citizens (Achonu et al., 2005; Burns et al., 2006; Thomas et al., 2015). Price-Smith (2009) showed that a low-severity pandemic influenza could reduce the United Kingdom's gross domestic product (GDP) by up to 1%, whereas a high-severity event could reduce GDP by 3% – 4%. Overall, pandemics raise income inequality by, among other things, diminishing employment prospects among already poor, vulnerable and marginalised people (World Bank 2020a; 2020b). Considering the complexity of economic systems, which nowadays are strongly interconnected, those negative impacts are felt in the short, medium and long term. In the case of COVID-19, the prolonged and multiple restrictions on internal and international movement, and social distancing measures, have had direct costs in terms of labour and productivity loss (Jonas, 2014; Gourinchas, 2020; Carlsson-Szlezak et al., 2020). The costs associated with hospitalisation

and medical expenses, as well as the intangible and less measurable costs linked to individual loss of freedom, must also be considered (Falcone & Detty, 2015; Rubinson et al., 2013). On the other hand, the COVID-19 pandemic has exploited the existing inequalities in human development, increasing the gap between those more able and those less able to cope, and ultimately worsening the imbalances in opportunities, wealth and power across people and countries (UNDP, 2020a). This is particularly evident in the African case where resources are scarce; the welfare state is absent; and the majority of the population is without social protection safety nets (Hamadziripi & Chitimira, 2021). As result, despite the continent's lower statistical incidence of COVID-19 infection to date, the existence of negative multiplicator effects caused by the several facets of inequality (e.g., the level of marginalisation and deprivation determined by the extant socioeconomic and human development inequalities) means that the outcomes can be no less disastrous in the medium and long term for the majority of the African countries. Considering a homogeneous, flat reduction of economic indicators in all the regions, COVID-19 and its associated socioeconomic crisis are expected to cause setbacks in the progress achieved in ending extreme poverty in Africa, negatively impacting a region which prior to the COVID-19 syndemic already had the lowest Human Development Index (HDI) (UNDP, 2020a).[9]

The magnitude of these effects is still unclear, but what is clear is that COVID-19 will lead to an increase in global poverty (Corral et al., 2020).

It has been forecast that sub-Saharan Africa, after South Asia, would be most severely affected with the lowest HDI and Planetary Pressure-Adjusted HDI, with the result that "between 26 million and 40 million [are] predicted to be pushed into extreme poverty" (World Bank, 2020a, p. 15).

These projections are corroborated when coupled with the 2010 Multidimensional Poverty Index (MPI)[10] which measures the non-

9 The UNDP (2020a) estimated an overall reduction of the Human Development Index (HDI) in 2020 of 0.025 points. The Human Development Index (HDI) and the Planetary Pressure-Adjusted HDI (PHDI) give a more comprehensive representation of the level of inequalities in a country than the GINI coefficient, which only focuses on the income variations (UNDP 2020b).

10 The Multidimensional Poverty Index (MPI) developed in 2010 by the Oxford Poverty & Human Development Initiative (OPHI) and the United Nations Development Programme (UNDP), provides an international measure of acute multidimensional poverty. It covers over 100 developing countries and complements traditional monetary poverty measures with nonmonetary elements which capture the level of deprivations in health, education, and living standards simultaneously faced by the population. The MPI is based on three dimensions: living standards, health and education, and is the product of the multidimensional poverty incidence (H) and the average intensity of deprivation (A).

Table 3 *HDI and Planetary Pressure-Adjusted HDI by Regions 2019–2020*

Regions	2019		2020*
	HDI	PHDI	HDI
Europe and Central Asia	0.791	0.728	0.766
Latin America and the Caribbean	0.766	0.720	0.741
East Asia and the Pacific	0.747	0.676	0.722
Arab States	0.705	0.666	0.680
South Asia	0.641	0.622	0.616
Sub-Saharan Africa	0.547	0.539	0.522
World	0.737	0.683	0.712

*Source: UNDP (2020a) * Projection with a reduction of 0.025 percentage points.*

income-based dimensions of poverty. The MPI indicates that the high levels of extreme poverty currently present in sub-Saharan Africa are the result of both the lack of monetary assets, such as salaries, pensions etc., and nonmonetary assets, such as access to health care, education and basic infrastructure. Extreme poverty usually affects rural areas more than the urban areas. COVID-19 is, however, creating a new category of the poor such as people engaged in informal activities in the urban areas, and living in vulnerable and marginal situations (Sánchez-Páramo, 2020). These new poor, who are more likely to be affected by lockdowns and mobility restriction, are generally employed in lower skilled and less stable jobs, not suited to remote working and less compatible with social distancing (Caruso & Venditto, 2021; Bowen et al., 2020; Hill & Narayan, 2020).

Using migrants and asylum seekers/refugees as a proxy of poor socioeconomic status and poor access to health facilities, several studies indicate that this category was most affected by COVID-19 infections. More than 30 000 respondents from 170 countries around the world were interviewed by the WHO (2020c) to determine how COVID-19 had impacted on their health. The respondents indicated that COVID-19 caused greater levels of depression, fear, anxiety and loneliness. The deterioration of safety, financial and working conditions caused by COVID-19 were identified by most respondents as the primary reason for their suffering from anxiety.

The survey findings were consistent with previous studies indicating that vulnerable individuals living and working in precarious conditions had difficulty adapting to the deterioration

of the socioeconomic conditions (Hacker et al., 2015; Thapa et al., 2018; Winters et al., 2018). On the other hand, Finch and Finch (2020, pp. 6, 7), assessing the correlation between poverty and the rate of incidence and deaths among the lower income groups in the United States, showed that, in the very early stages of the COVID-19 pandemic, "… a larger number of deaths was associated with a larger percent of county residents living in poverty, living in deep poverty", and "counties with higher overall poverty (as reflected in the poverty index) had larger numbers of confirmed cases than did relatively more affluent counties".

Similar findings indicate that individuals living in lower income communities had less access to high quality health care (Lorant et al., 2002; Shi & Steven, 2005; James et al., 2008). Workers with lower levels of education, performing informal and seasonal activities with more precarious contractual positions, did not have the possibility to work from home as workers in high-level jobs did. Therefore, the sharp economic contractions due to COVID-19 infection (World Bank, 2020c) and lockdowns measures have made these vulnerable populations more exposed to the socioeconomic impact of COVID-19. The cyclic interaction between diseases and the social, environmental or economic factors promoted and worsened the disease's impact on vulnerable and marginalised population groups, leading to the vicious syndemic. Understanding these mechanisms is important both for health and economic policies (Busafero, 2022).

The implications here are that the strategy of focussing efforts exclusively on health aspects neglects other important determinant socioeconomic factors, contributing to the resilience of the COVID-19 pandemic.

Socioeconomic Impact of COVID-19 in Southern Africa and Namibia

From an economic perspective, the COVID-19 crisis has not had the same impact worldwide. Countries who were able to introduce effective and supportive mechanisms to cushion the initial job and earning losses due to COVID-19 measures were (and still are) in a much better position in both weathering the economic recession and benefiting from the recovery that followed once COVID-19 restrictions were lifted (Gros, 2022). On the other hand, analysts and researchers concur that COVID-19 has reversed more than twenty years of Africa's gains in poverty reduction, as noted in the African Development Bank Report (2021, p. 23): "more than 30.4 million African were pushed into extreme poverty in 2020 and as many as 38.7 million could be in 2021… most of the people falling into extreme poverty are

those with lower level of education and few assets … [in] informal jobs, … and those already in precarious situations".

Since the first COVID-19-positive case was recorded on the continent, South Africa and the neighbouring countries have rapidly emerged as the epicentre of the pandemic on the African soil, as indicated by the UN Economic Commission for Africa (UN ECA, 2020). Table 4 below shows that South Africa, Zimbabwe, Botswana and Namibia have been among the most affected by COVID-19's economic consequences.

Largely all southern African countries introduced nationwide lockdown measures, albeit in different times and modalities, which unintentionally resulted in local economic shocks which substantially reduced the GDP of the region and individual countries.

Table 4 *Estimated Real GDP Growth 2019–2022 (%)*

Region/Country	2019	2020*	2021**	2022**
Central Africa	2.9	-2.7	3.2	4.0
East Africa	5.3	0.7	3.0	5.6
North Africa	4.0	-1.1	4.0	6.0
West Africa	3.6	-1.5	2.8	3.9
Southern Africa	0.3	-7.0	3.2	2.4
Angola	*-0.6*	*-4.5*	*3.1*	*2.4*
Botswana	*3.0*	*-8.9*	*7.5*	*5.5*
Lesotho	*0.6*	*-5.2*	*4.1*	*4.4*
Madagascar	*4.4*	*-4.0*	*3.5*	*4.5*
Malawi	*5.7*	*1.7*	*3.3*	*6.2*
Mauritius	*3.0*	*-15.0*	*7.5*	*6.7*
Mozambique	*2.3*	*-0.5*	*2.3*	*4.5*
Namibia	*-1.6*	*-7.9*	*2.6*	*3.4*
Sao Tome And Principe	*1.3*	*-6.4*	*2.1*	*5.4*
South Africa	*0.2*	*-8.2*	*3.0*	*1.6*
Eswatini	*2.2*	*-3.2*	*1.4*	*0.7*
Zambia	*1.4*	*-4.9*	*1.0*	*1.9*
Zimbabwe	*-6.0*	*-10*	*4.2*	*3.0*
Africa[11]	3.3	-2.1	3.4	4.6

*Source: Authors statistics from African Development Bank (2021) *estimates Dec. 2020 ** projected Dec. 2020*

11 The COVID-19 omicron variant, first detected in November 2021, is likely to downwardly affect the GDP growth estimates and projections.

Although the region was already experiencing a decline in growth rates, the COVID-19 pandemic simply further heightened the region's economic contraction (UN ECA, 2020). As a result of COVID-19 in 2020, Africa experienced the worst recession in the last 50 years, with the real GDP shrinking by 2.1%. The worst hit economies were those that depend on tourism (11.5% contraction), oil exporting (1.5%) and other resources-intensive economies (4.7%); the economies of non-resources intensive countries only contracted by 0.9 % (African Development Bank, 2021). Southern Africa, with a per capita GDP contraction of 7.0%, has been the African region hardest hit.

The Namibian Case

Namibia has for decades and decades been measured as one of the most unequal societies in the world, with 43.3% of the population being classified as multidimensionally poor by the Namibia Statistics Agency (2021). The country is faced with the "triple challenge" of high levels of inequality, poverty and unemployment – a struggle shared across the African continent. This triple challenge has its roots in colonialism and the apartheid-driven economy, whose legacies still persist. At the dawn of independence in 1990, Namibia inherited widespread imbalances at all societal levels, including in income distribution. Racialised policies had been so comprehensive that they affected all aspects of social, economic and political life in post-colonial Namibia. These discriminative polices ensured that white Namibians accumulated inter-generational wealth, while the majority of the people, especially black Namibians, remained trapped in a vicious cycle of poverty. Non-white Namibians where restricted in the kind of work they could do, while skilled jobs, which paid higher, were mostly reserved for whites only, which therefore ensured their socioeconomic advancement. Needless to say, the apartheid laws kept the majority of the non-white population poor, entrapping them in slave-like wage work and creating pervasive racial wage inequality that is still evident today. Although there have been significant changes in laws, policies and regulations in post-colonial Namibia, as well as diversification in the economy, an understanding of these injustices is pertinent to understanding the current crisis of inequality and its multidimensional manifestation during the COVID-19 pandemic.

After the first two cases of COVID-19 were recorded on 13 March 2020, the Namibian Government responded swiftly by establishing the National Health Emergency Management Committee, tasked with the responsibility for

tackling the COVID-19 challenge. On 17 March 2020, a State of Emergency was declared, closing all international borders, schools, universities and businesses, as well as locking down all 14 regions after the country had registered sixteen cases in April 2020. The Namibian Defence Force set up a medical facility at the airport as part of the country's preparedness. This proved to be particularly vital considering almost 87% of the cases were imported, with no reported community transmission within Namibia by then. However, as transmission rose internally, the Namibian Government stepped up the COVID-19 measures through public sensitising, social distancing, isolating and quarantining positive cases, contact tracing, testing, and restriction of movement.

In terms of section 29(1) of the Public and Environmental Health Act (No. 1 of 2015), the Ministry of Health and Social Services developed protocols and policies on the handling of deceased remains and the conducting of funerals. For example, the burial of any deceased person whose death was attributed to COVID-19 had to be carried out by the State in accordance with the procedures for a safe burial specified in the regulation and in the directives. In addition, the government established the COVID-19 communication centre to enhance strategic communication and community engagement as well as to promote public trust. The Ministry of Health and Social Services communicated daily via all media outlets the number of confirmed cases, fatalities, recoveries, and cumulative COVID-19 related hospitalisations.

It is against this background that Namibia's response to COVID-19 was widely praised by other governments and international observers (World Health Organization, 2021). While these measures certainly slowed the spread of the virus, through the impact of COVID-19, the economy of Namibia lost between N$5.1 billion and N$7.5 billion in GDP, further widening the already existing social and economic disparities (Julius et al., 2020).

In response to economic losses, on 1 April 2020 the government announced a once-off targeted economic stimulus to offset the negative economic effects of COVID-19 measures.[12] More specifically, the stimulus aimed to support job retention, economic activities and business cash flow. Relief measures were introduced, including wage subsidies for the hardest hit sectors (i.e. tourism, hospitality, aviation and construction); repayment of VAT refunds; accelerated payments of

12 The total stimulus and relief package amounted to N$8.1billion, comprising N$5.9 billion as direct support to businesses, households and cash flow acceleration payments for services rendered to the government, and N $2.3 billion of additional support, guaranteed by the government (Ministry of Finance, 2020, p.2).

overdue and undisputed Government's invoices; a concessional rate for non-agricultural and agricultural loans; a tax-back loan scheme for non-mining corporates; and relaxation of labour regulations to protect jobs (Republic of Namibia, 2020). To support households and enable them to cope with reduced or lost income, a once-off emergency income grant was also made available to Namibian citizens between 18 and 60 years of age who had lost their jobs and were not receiving any other social grants (Republic of Namibia, 2020). No evidenced-based study is available to provide insight into the impacts of the stimulus packages introduced by the Namibian Government, but it appears that they mostly focused on supporting the formal economy, with very little attention given to the informal, and non-VAT, economy (Julius, et al., 2020). Therefore, it is hard to believe that a once off grant of N$750 paid over three weeks would have been sufficient to sustain those who had lost their jobs or closed down their economic activity in the informal sector.

When Namibia went into a national lockdown on 26 March 2020, many informal and precarious workers found themselves without any means of generating an income. Many of these workers are rural migrant labourers, whose families, especially back in rural areas, rely on them for their survival. As observed by Kuelder (2021), the COVID-19 pandemic in Namibia is proving to be a virus of inequality, which has worsened the already existing inequities. Kuelder noted that only about a sixth of the 12 thousand Namibian job losses in 2020 could be linked to COVID-19, and that the rest of the retrenchments were caused by other existing economic factors. Considering that the vast majority of Namibians are in a perpetual state of joblessness[13] and without a social protection system (Namibia Statistics Agency, 2019), the COVID-19 pandemic can be said to have exacerbated the interlinked challenges that accompany unemployment. This means that many more Namibians now have to scramble to meet their basic food needs and everyday necessities, and all this is happening within the context of rapid inflation.

The most documented COVID-19-related inequalities occurred during the ferocious third wave, when the country was experiencing an oxygen shortage, which openly exposed the gap between the rich and the poor (Petersen et al., 2021). The poor, who have limited access to oxygen sources outside of government structures, struggled to keep their families alive. The rich, on the other hand, with their resources and alterative connections, easily

13 According to the 2018 Namibia Labour Force Survey, released in 2019, the unemployment rate in Namibia stood at 33.4%; 418,674 Namibians are employed in the informal business sector.

secured oxygen to keep their families alive, and some saw this as a lucrative market into the business of oxygen-related products and services to supply the government and people desperate to save loved ones. The nationwide shortage of oxygen especially in state health centres revealed how these facilities that provide life-saving services mainly to the poor have been neglected by the elites who use private facilities.

What must be noted, however, is that when COVID-19 emerged, Namibia was faced with an already weak economy. Although poverty dropped from 23 to 13 percent between 2009 and 2015, income inequality and wealth distribution were still high before COVID-19 hit. Namibia's per capita GDP, which had risen constantly since independence, began contracting in 2016 due to price declines of the main commodities exported, notably diamonds, and the severe droughts that directly impacted on most agricultural output, and indirectly on the provision of water and electricity, which are critical inputs in the mining industry. The decline continued through all of 2019, resulting in the unemployment level being estimated at 33.4% in 2018 (Namibia Statistics Agency, 2019), contributing to a rise in the extreme poverty rate from 15.8% to 17.2%. Income variations, however, do not give a full representation of how inequality is distributed. The picture is far gloomier, if one takes into consideration the multiple and intersecting forms of inequality and discrimination associated with nonmonetary indicators representing inequalities in the distribution of and access to resources and services. The Namibia Statistic Agency (2021) calculated that in 2016, 44.0% of citizens were experiencing deprivation on non-monetary indicators, leading to an MPI of 0.19. In other words, in 2016 the poor in Namibia faced 19.1 % of all possible deprivations. This implies that the economic crisis unleashed by COVID-19 built on a situation which was already precarious, exacerbating the pre-existing levels of unemployment, inequality and poverty as indicated by the United Nations (UN Namibia, 2021).

After COVID-19 lockdown measures were relaxed, President Hage Geingob introduced a plethora of task forces to revive the economy, including the Task Force on Businesses, the Task Force on the Fourth Industrial Revolution, and the Task Force on Economic Recovery, all focusing on the formal economy and big business. Nothing was specifically proposed for the informal economy, which not only employs the biggest share of the Namibian population but was the sector most severely affected by COVID-19 lockdown measures. Vulnerable workers (women, the youth

and those without college or university education) who lost jobs or income due to the pandemic were hit hard and continue to struggle to return to their previous economic position due to the slow economic recovery. In this context, one would have thought that the COVID-19 pandemic should have provided Namibia, a country with the second highest income inequality in the world, a lesson to equally focus on the more vulnerable and marginalised groups, including creating a task force specifically for tackling the inequalities exacerbated by COVID-19. Marengo and Amupanda (2021) argue that the Namibian government's economic response to offset COVID-19 losses demonstrates that the government has the capacity to address social justice issues in the country. That is true to a certain extent, but we contend that the COVID-19 lockdown and economic response measures have been a continuation of the same neoliberal approaches which have guided Namibian economic policy since independence. In particular, they have primarily been aimed at rescuing big business. If anything, they were reactive and short-term, and did not alter the structure that creates inequalities in Namibia.

Thus, we are arguing that reviving the economy after COVID-19 lockdowns requires economic revival strategies that target the most marginalised and vulnerable populations in order to increase equality. This can be achieved through equitable and inclusive economic recovery that targets and benefits all, including low-skilled workers and women and the informal sector. In this case the idea of a universal basic income grant (BIG) proposed by the Namibian BIG Coalition is more appealing in that it is a long-term contribution which could address the structural deficiencies in the Namibian economy. The universal BIG – not the transitional basic income grant which will be paid only to existing beneficiaries of the food bank and the marginalised-communities, but a monthly universal BIG of N$500 per person for people between the ages of 19 and 59 – would be the best way to cushion all the vulnerable, deserving, and intended beneficiaries against persistent poverty in Namibia (Petersen, 2022).

Conclusion

In this paper, we argue that COVID-19 must be considered within a syndemic framework, where biological aspects and social aspects interact, and their interaction at the levels of risk and susceptibility of people and communities is also heightened. In particular, a syndemic approach examines the pathways through which a disease interacts with the social environments, and how its impact on existing social inequality and

injustice contributes to the clustering and interaction of diseases as well as vulnerability. COVID-19 is a disease of inequality, and Namibia's economy has been microwaved by this pandemic. It is also important to consider that this economy was already in a state of vulnerability in pre-COVID-19 times. During this period, the masses have continued to lose their jobs and incomes, and the informal sector has subsided, pushing many people into new pockets of poverty. In order to revamp a post-pandemic economy, Namibia's health interventions must be entwined together with economic recovery interventions that are people-centred. In a civil order, the government should protect households from the impacts of COVID-19, reaching both the existing and the new poor, in particular people in the informal sector, and equally in rural and urban areas. However, the pandemic can stimulate the imagination to respond to emergencies. Therefore, we argue that the pandemic presents an untapped opportunity for Namibia to mobilise for a pandemic fund that can be used to address the logistics of the current and future pandemics. Secondly, the government can use this situation to deliver a digital economy as envisaged under the Harambee Prosperity Plan 1. Doing so will promote Namibia to be among the winning nations as far as the digital economy is concerned. Long-term policy actions are required to prioritise and put people, labour rights, women and children's rights, gender issues, the protection of the environment, and the promotion of integrity and anti-corruption, at the core of policy responses. In this way, sustainable enterprises and responsible business conduct can be fostered in order to fight COVID-19.

Despite the commendable efforts of the Namibian Government in responding to the pandemic, there is also a need to create a proactive rather than a reactive social protection system. COVID-19 could provide the opportunity to address increasing poverty by expanding social safety nets and making growth more equitable. A comprehensive social protection plan has been proven to be a key developmental tool in drastically reducing poverty and inequality. A nationally implemented universal BIG is recommended as a way to not only provide immediate relief to impoverished households, but to boost economic participation by increasing the spending power of most Namibian consumers. Implementing the universal BIG would serve to address the triple challenges of poverty, unemployment and inequality which have intensified as result of the syndemic effects of COVID-19. Several studies carried out in countries where similar measures are in place, not least in South Africa, clearly indicate that unconditional cash transfers are reasonable instruments

aiming at an immediate reduction of poverty (Haarmann et al., 2009; Widerquist et al., 2013). Such programmes could stimulate aggregate demand, thus impacting on productivity and employment and ultimately influencing both saving and taxation (Smit, 2022). On these grounds, we believe that a universal BIG is the most cost-effective model for an expanded social safety net in Namibia which could help individuals meet their basic needs. A combination of formulas could be put in place to fund the proposed universal BIG, including government tax revenue and proceeds from shared natural resources. It is crucial that Namibia must not lose sight of the relative progresses in poverty eradication achieved since the attainment of independence three decades ago, and that efforts must be stepped up to lift people from extreme poverty and increase the coverage and scope of social protection, to find and uplift the new poor.

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