

Southern Africa Pandemic Management in Sports: Observations from the 1918 Influenza and COVID-19

Terence Tapiwa Muzorewa

ORCID iD: <https://orcid.org/0000-0002-9103-7882>

Aaron Rwodzi

ORCID iD: <https://orcid.org/0000-0003-2602-9656>

Abstract

This chapter evaluates pandemic management systems adopted by southern African sporting communities in responses to the 1918 ‘Spanish’ Influenza and the novel Corona virus pandemic. The two pandemics which occurred in two different historical epochs disturbed sporting activities world-wide, upset social relations, triggered community anxieties, and resulted in shutdown of all sporting activities. This study serves as a litmus test of the current sporting communities in southern Africa to adopt, in unison, effective and timely disaster response mechanisms in order to save human lives from devastating natural phenomena while guaranteeing livelihoods of sports women/men. The chapter argues that sporting policy interventions and institutional frameworks adopted in an endeavour to curb the spread of the pandemic were either weak or ineffective. The argument is based on an analysis of the various dynamics which shaped the pandemic management systems such as racism, class and *ad hoc* policy (in)consistencies by sporting governments in line with World Health Organisation (WHO) prescriptions. The chapter also has the novelty of exposing the challenges that the poor sporting communities in southern Africa have in procuring resources to survive pandemics. Because Covid-19 is a contemporary phenomenon, the methodological approach is underpinned by a qualitative analysis of data collected through desktop research, government primary documents, virtual interviews and webinar discussions. Both secondary and primary sources are used to derive data on the 1918 Influenza. After

a comparative analysis of the two pandemics, the chapter argues that although the pandemics occurred during two astronomically different periods, there have not been many significant changes in pandemic management systems.

Keywords: Corona, Covid-19, Spanish Influenza, Sports, Pandemic, Management, Southern Africa

1 Introduction

The World Health Organisation (WHO) declared the Coronavirus disease 2019 (Covid-19) outbreak a pandemic on 11 March 2020 (WHO Virtual Press Conference 11 March 2020). This heralded the pronouncement of a Public Health Emergency of International Concern (PHEIC) (Rodriguez-Morales *et al.* 2020). This pandemic was first identified in China where it had killed so many people in Wuhan towards the end of 2019 and in early 2020. China implemented extraordinary public health measures at great socio-economic cost which did not spare sporting activities, moving swiftly and decisively to ensure early identification of cases, prompt laboratory testing, facility-based isolation of all cases, contact tracing, and quarantine (Rodriguez-Morales *et al.* 2020). The response to Covid-19 resonates with the responses the world gave to Spanish Influenza when it occurred in 1918. It is therefore, the purpose of this study to interrogate governments and sporting bodies' responses to the two pandemics which, however, occurred in different centuries. Spanish Influenza originated in Europe and Covid-19 first appeared in China before the diseases spread lethally throughout the whole world.

This study focuses on the 1918-1919 pandemic popularly known as Spanish Influenza and how it intersects with the novel Corona virus. The thrust is on the pandemics management with particular reference to sports in southern Africa. The term 'pandemic' usually refers to diseases that extend over large geographic spaces as highlighted by the World Health Organisation's standard definition of pandemic. It refers to a situation in which a new and highly pathogenic viral subtype, one to which no one (or few) in the human population has immunological resistance and which is easily transmissible between humans, establishes a foothold in the human population, at which point it rapidly spreads worldwide (WHO 2011a). The word is commonly taken to refer to a widespread epidemic of contagious disease throughout the whole country or across continents at the same time (Honigsbaum 2009).

Some of the key features of a pandemic are its wide geographic extension, swift disease movement, novelty, severity, high attack rates and explosiveness, minimal population immunity, infectiousness and contagiousness (Gewald 2007). Therefore, a pandemic is categorised as trans-regional and global (Taubenberger & Morens 2009) and has the capacity to threaten all aspects of the economic and social fabric (Drake *et al.* 2012). This study presents the historical background of sports during the Spanish Influenza pandemic. It further looks at the socioeconomic impact of Spanish Influenza on family households and groups of people whose livelihoods were based on sports as governments promulgated policies to prevent its rapid spread across nations and between people. The chapter discusses sporting in the pandemic era in Southern Africa and makes a comparative analysis of the coping strategies during the eras of Spanish Influenza and Covid-19. The chapter concludes by providing a futuristic perspective on proactive, as opposed to reactive, management strategies in the event of pandemic recurrences.

Chirikure (2020) discusses how ancient African societies used social distancing to manage pandemics such as Black Death. The strategies societies adopted to deal with pandemics involved burning settlements as a disinfectant, shifting settlement to new locations and social distancing by dispersing settlements (Chirikure 2020). Many South Africans during the Influenza pandemic of 1918-1919 responded by self-isolation. Troopships returning to Australia after World War 1 (WWI) are said to have been key to the wide transmission of the Spanish Influenza virus (Phillips 1984).

Social distancing and isolation became the watchwords after Covid-19 hit the whole world. The same practice formed a critical part of managing pandemics in historical African societies. The Shona people of Zimbabwe, for example, isolated those suffering from infectious diseases like leprosy, in temporary residential structures and at times corpses were burnt to prevent people from getting into contact with the dead/sick (Chirikure 2020). Archaeological data show that Indigenous Knowledge Systems (IKSs) helped ancient societies in Africa.

2 Background

Soon after WW1 that ended in 1918, influenza, which became known as Spanish Influenza, claimed more lives than all battlefield deaths and victims were both civilians and the military (Mihaly *et al.* 1998: 4). The Spanish

Influenza virus was a progenitor of the modern Influenza that killed more people than the First World War itself (Tsoucalas *et al.* 2016: 26). The main arena of war was Europe. This deadly strain of influenza struck in March of 1918 in the military training camps of the United States of America where soldiers awaited shipment to the war in Europe. Beginning in Camp Funston in Kansas, the virus spread to other camps and via troop ships to Europe (Gewald 2007: 8). It is still not so clear why the Influenza pandemic was given the name 'Spanish flu'. Whitehouse (2020) argues that it was given that name because Spain was a neutral country during WW1 and produced the most reliable statistics on Influenza victims in terms of morbidity and mortality. The 1918/19 pandemic was particularly catastrophic and evidence abounds to support the supposition that the responsible strain causing that pandemic was super virulent - the intensity of the morbidity and mortality and its effect predominantly in young adults rather than the frailer elderly section of the population would tend to support.

There were three phases or waves of the Spanish influenza. From March to July 1918 it was mild, became worse between August to December 1918 and was more moderate in the third wave of 1919 (Whitehouse 2020). Key to the Spanish Influenza transmission to all parts of the world was human movements and more importantly, troop movements at the end of WW1. In Africa, Spanish Influenza is said to have entered through Cape Town, Mombasa and Freetown as African soldiers were coming back home after their demobilisation in the European war. In Freetown, for example, the Influenza virus came aboard a British Royal Navy warship (Whitehouse 2020). Studies on Influenza transmission established that there are three factors that determine the spread of Spanish Influenza in Africa. These are initial exposure in the most virulent second wave form, being part of the extensive sea or land transport network and being regularly crossed by large numbers of people on the move. SA's developed railway system served as a vector of transmission hence its death rate was highest in Africa (Whitehouse 2020). In response to this Influenza pandemic, many white people in South Africa are said to have elected to support mitigation initiatives suggested by government. Volunteers from municipal authorities opened temporary hospitals and relief depots for food and medicine, disinfected houses where outbreaks had occurred and cleaned up unsanitary areas to promote the much-needed hygiene in line with Non-Pharmaceutical Interventions (NPIs) that are considered to be cost effective especially in poor countries. However, as Correia, *et al.* (2020)

postulate, these NPIs constrain social interactions while they are in place, and thus necessarily depress any type of economic activity that relies on such interactions. In actual fact, sporting activities upon which athletes rely for their livelihood on gate takings from huge crowds of spectators as well as on and promotions are the most affected as social distancing is made mandatory.

Mortality due to the Spanish Influenza scourge in southern Africa, as in many other regions in Africa, was heightened by the mass movement of demobilised soldiers, their porters and other families fleeing from urban centres, railway personnel as well as migrant workers trying to escape from mines and barracks (Whitehouse 2020). It is intimated that it killed 2% of the African population in six months and approximately 50% of the South African population contracted Spanish Influenza in one month (Whitehouse 2020). The African Report on Spanish Influenza in South Africa alone states that the pandemic killed 300 000 people especially working adults between 18 – 40 years (Whitehouse 2020).

Transmission of the 1918 Influenza, because of its severity, became a blame game that bordered on racial prejudice. In South Africa, Europeans blamed Africans for the spread of Influenza and called for a ban on these Africans from boarding trains to prevent transmission as well as to ban inter-racial contact sports such as soccer and rugby among others. Page (2000: 171) writing on Malawians and WW1 noted Malawians' connection between the war and the Influenza pandemic which they felt was not only immediate, but also causal. He added that a common expression was that the 'war air' had brought the new and devastating disease, blown in by winds from the front.

In Namibia, people who were interviewed about this Spanish Influenza recalled that one of the most striking aspects about the epidemic was that the disease did not distinguish between white or black (Gewald 2007). This contrasts sharply with Zimbabwe's Minister of War Veterans, Oppah Muchinguri's remarks when the novel Covid-19 virus began to kill massively in Italy and Spain. She literally politicised Covid-19 and echoed a racist statement on the Zimbabwean state-controlled television that Europeans were destined to suffer the consequences of this pandemic because they imposed sanctions on Zimbabwe (Reuters 15 May 2020). This was outright failure by the Minister to reckon with the fact that the new virus did not discriminate against colour. What made many people especially from Africa to believe that Africans were safe from the Corona virus pandemic was the fact that the African continent was the last to be affected, thereby creating the notion of

Black biological resistance to the virus.

The Influenza of 1918-19 was catastrophic and a direct killer. Gewald (2007: 8) contends that ‘... victims suffered from acute cyanosis, a blue discoloration of the skin and mucous membranes. They vomited and coughed up blood, which also poured uncontrollably from their noses and, in the case of women, from their genitals’. Things that were regularly utilised by the sick people, such as tickets in the tramways, pencils at schools, blankets at hospitals, or in the army, the holy water in the churches, were also considered as means of transmission (Tsoucalas *et al.* 2015: 24). The mayor of the French city of Lyon Eduard Herriot (1872-1957) is said to have been the first person who understood the significance of public hygiene so he took some effective measures to face its extreme contagiousness (Tsoucalas, Karachaliou & Kalogirou 2015: 24). It is averred that he functioned as a kind of one-man sanitary squad, to keep deaths to the minimum by disinfecting the tramways, forbidding public gatherings and funeral processions. He had organised a system of rapid burials, while the holy water was mixed with antiseptics for the protection of believers (Tsoucalas *et al.* 2015: 24). These old-style public health measures have recently been transposed into the new Covid-19 pandemic management system in their original designs and in ways that are more reactionary than proactive.

3 Sporting during the 1918 Spanish Influenza

When the Spanish Influenza pandemic started, the American Medical Society for Sports Medicine confirmed H1N1 infection among athletes and suggested that the athletes who participate in exercise, competitions, or travel and live together are exposed to H1N1 Influenza (Kelsey 2009). The Spokane Regional Health District (2009) emphasised that athletes who engaged in physical contact sport had to wash their eyes, noses, mouths and hands often with soap and water, especially before touching anything. The pandemic management measures applied included social distancing such as the closure of schools, theaters, and churches, the banning of mass gatherings including sporting activities, mandatory mask wearing, case isolation, making influenza a notifiable disease (Correia *et al.* 2020: 20). There were fears of the likely presence of the disease in stadia should the infected individual athletes affected with the Influenza continue to participate in sports. It was also feared that they would be touching their mouths or noses in the sport environment as they were

participating in contact sports such as wrestling, boxing and any other types of sport involving physical contact.

In South Africa, the epidemic led to ‘renewed ‘sanitation syndrome’ fear by white residents that infection was spread by black inhabitants’, and gave further weight to calls for legally enforced racial segregation (Worden 1994: 43). To support the claim that Black people were responsible for the transmission of Spanish Influenza inside South Africa, De Kiewiet (1941) outlines the development of segregationist legislation and the Natives Urban Areas Act in particular. He noted that the Influenza pandemic horribly revealed the disease and misery which was bred and sheltered in windowless shacks and congested unsanitary backyards (De Kiewiet 1941: 231). This view, Eurocentric though, held sway among the white community of South Africa at the time and helped to further entrench the notions around racial superiority, inequality and the apartheid system. This frustrated any efforts to promote inter and multi-racial sports in colonial South Africa. On the other hand, Africans in rural areas believed the disease was a white plot to slaughter them and that hospitals and vaccines had to be avoided at any cost (Whitehouse 2020). In Rhodesia (now Zimbabwe) the Africans were also resisting vaccinations believing that white medicine was meant to harm them, instead they used their remedies which they believed were superior over European medicine (Phimister 1973: 145). One example of the remedies was bathing with cold water in river steams (Phimister 1973). Cold water induced pneumonia and resulted in high deaths among Africans. The suspicion based on race made the pandemic management in sports difficult.

During the Influenza pandemic, just like in the Covid-19 era, sporting preferences were influenced by race and culture which also resulted in deferential impacts among various types of sports. Cheater (1986: 133) argues that in the Zimbabwean African communities, sporting activities like tennis, rugby, cricket, hockey and swimming were regarded as European and affluent people’s sports and it was assumed that the larger African population was not interested in them. In South Africa, rugby was associated with Afrikaner domination and discouraged among black South Africans (Novak 2011: 6). Cricket in particular was the sport of the British, colonial service and pockets of well-connected colonial subjects (Novak 2011). In Rhodesia, elite sports such as cricket and rugby drew the small and scattered white population together and restrictions on these elite sports were lighter (Novak 2011). Hence, sporting activities associated with the black and poor communities such

as soccer were more negatively affected than the elite sports such as cricket, golf and tennis. Influenza mitigation restrictions affected football more, for example, the major cheer and fan base for football came from the Africans who were not allowed to move around while Europeans were allowed to move and use public transport.

South Africa and Zimbabwe, then Rhodesia, were the most dominant colonies in terms of sporting activities during the pre-second World War Period. In other southern African countries such as Mozambique, Malawi, Zambia and Botswana sporting structures during the Influenza pandemic were still at their rudimental state and there is little to discuss on them. In Mozambique for instance, the Portuguese Imperial Government started to consider sports as important in their colonies after the Second World War (Andrade & Bittencost 2016).

4 Sporting in the Covid-19 Era in Southern Africa

Governments and public health authorities in southern Africa responded almost in same manner to Covid-19. Reducing human to human contact was the central measure in an endeavor to limit the spread of the pandemic. Among the measures to reduce human to human contact were quarantine, border closures, school closures, restrictions in gatherings including sports, workplace closures, physical social distancing, wearing masks in public, and sanitising and washing hands. Malawi declared a national emergency in March resulting in a short-lived lockdown which was overturned by the courts after human rights groups complained about its impacts on the poor and vulnerable (Medinilla *et al.* 2020). In South Africa there was mass screening and testing of the virus (Medinilla *et al.* 2020). Other poorer countries of Southern Africa such as Zimbabwe, Zambia, Mozambique and Malawi rolled out testing but not at the same magnitude as South Africa. All the sporting boards and bodies were to comply with national regulations in each country. The International Cricket Council (ICC) for instance, advised all its members to adhere to mitigation measures taken in their countries (ICC 2020).

In Zimbabwe, the Premier Soccer League season scheduled to start in March 2020 was shelved indefinitely. Charles Manyuchi's World Boxing Federation middleweight boxing title bout against Ugandan fighter, Mohamed Sebyla, was also rescheduled (*Southern Times* 2020). The International Handball Federation Zone V1 tournament which was to be held in Harare was

cancelled (*Southern Times* 2020). The Championship of African Nations (CHAN) tournament that was meant to be hosted by Cameroon also suffered another postponement. The World Football Summit, which was supposed to take place in Durban, South Africa, did not take place. Many top sports associations in SA which include the South African Football Association (SAFA), Cricket South Africa (CSA), Athletics South Africa (ASA), Tennis South Africa (TSA), Boxing South Africa (BSA), Netball South Africa (NSA) and golf's Sunshine Tour have all come to a screeching halt because of the Covid-19 pandemic. Priority was to be given to safeguarding the players, fans and the entire sporting community and there was need to adopt a safety-first approach especially for contact sports. The list of sports which can be categorised as non-contact include athletics, basketball, swimming, chess, volley ball, darts, lawn tennis, rugby, body building, aerobics, soccer, squash and taekwondo among others. Contact sport such as soccer, rugby, boxing, athletics are likely to spread the transmission faster than non-contact sport.

Living without sports must be a very frustrating experience for athletes across the globe, but they have heeded the call that there is more to life than just sport. Big sports events that resumed during the midst of the Covid-19 outbreak are now being referred to as huge 'biological bombs' due to spreading of the virus during these events. One example is the soccer game between Atalanta (from Italy) and Valencia (from Spain) that was held in Bergamo, Italy, on February 19, 2020. Experts assume that the 45,792 fans attending this UEFA Champions League exchanged the virus and contributed to the massive outbreak of the virus in Italy and Spain (Gilat & Cole 2020). With the rise in identified cases and death toll, most countries worldwide increased the 'stay at home' restrictions and many citizens are under mandatory confinement especially those who would have crossed borders during the period of the pandemic. Not many possibilities for resuming sports activities are available, given the combination of social distancing with the closure of parks, gyms, and sports venues. Numerous other researches have shown that moderate exercise and physical activity improve immune system against infectious diseases (Pedersen 1998).

The preventative measures adopted by the countries had a huge bearing on all sporting activities. The cancellations of sports and gathering had negative bearing on all stakeholders in sports that include the fans, athletes, and sporting clubs. Sportsmen and women lost their form of livelihood while sports clubs lost sponsorship and other forms of revenue. The world-wide

suspension of sports events has affected the gambling industry, which had turned into a twenty-four-hour daily business in some regions in southern Africa. Consequently, people have discovered the viability of soccer and horse betting as a reliable source of income under the prevailing economic decline in countries such as Zimbabwe and Malawi. By the time South Africa confirmed its first Coronavirus cases, gamblers had already started experiencing the impact of the pandemic. That is because most sports were banned worldwide as part of early efforts to curb the growing pandemic. One gambler in Zimbabwe informed Voice of America (VOA) that for the past ten years on a good month he would get between US\$700 and \$800 from soccer betting (VOA 2020).

The lockdown both directly and indirectly affected stakeholders in the sporting industry and community. Since most of the sponsorship in sports came from the corporate world, it meant that funding got cut because of lack of production in other sectors. Sporting media was also hit hard since there were no sporting activities to report on. In Cape Town, sports journalists had their salaries cut and freelance journalists lost their jobs (Gleeson 2020). However, there was differential impact based on type of sport and country. Sports with huge sponsorship in countries with better economies were cushioned as compared to unpopular sports in countries with poor performing economies. According to Reade and Singleton (2020), elite football clubs are more likely to financially survive the outbreak, given their access to substantial funds besides weekly gate takings. Elite sports clubs have alternative revenue sources and sponsorships that sustain them during the pandemic unlike clubs in lower divisions that rely on gate takings from fans. Popular sports in the region such as football, attracts sponsorship than ‘small’ sports such as hockey, chess, squash and body building. In countries such as Zimbabwe and South Africa, there are special sports such as cricket and rugby that get preferential sponsorship from elite stakeholders (Magonde & Nhamo 2012: 2014). These special sports are usually enclaves for the former colonisers and the rich and they have better coping abilities than the poor-man’s sports such a low league football.

In SA, the suspension of sports due to the Corona virus pandemic induced financial difficulties with long-term negative effects on its sporting fraternity. Some federations seem to have experienced the impact more than others. This is because different federations have experienced varying degrees of financial knocks as their functionality has been impacted upon by the Covid-

19 pandemic. The South African Hockey federation is one of those that have been hardest hit by the Covid-19-induced national lockdown (Daily Maverick 2020). The rugby fraternity in the country agreed to player salary reductions amounting to 12.5% of needed cuts if no rugby is played for the rest of the year (Daily Maverick 2020). In the soccer fraternity, Premier Soccer League teams, if the pandemic continues unabated, are likely to cut on the players' salaries and associated benefits because of sports inactivity. In line with these pay cuts, senior management at the South African Football Association (SAFA) announced 15% pay cuts across the board (Daily Maverick 2020).

Because of the impending bankruptcy within most SA Federations, the Department of Sport, Art and Culture announced a R150-million relief fund and those in the sports and arts sectors could apply and benefit (Daily Maverick 2020). The relief fund was meant to bail out federations facing the risk of total collapse due to financial challenges. Unfortunately, only athletes who were confirmed to participate at events that were later cancelled or postponed due to Covid-19, and whose income is generated solely through specific sporting events, qualified to apply (Daily Maverick 2020). Therefore, the application criteria set for possible beneficiaries of the relief fund were selective and not all-embracing as many federations and athletes were left out in the cold.

Despite major sporting lockdowns, some sporting activities started to resume in the midst of the Covid-19 induced crisis. Different sporting bodies were required to come up with guidelines that provided for the resumption of sports while at the same time containing the spread of the disease. The ICC reviewed on field behaviors that had potential of spreading the disease by restricting celebrations with body contact, sharing drink bottles, towels and using communal training equipment (ICC 2020). Covid-19 screening was being conducted through temperature screening. In cricket, the ball was viewed as a risk factor in spreading the virus and putting saliva on the ball was abolished (ICC 2020). All sporting facilities erected entry warning informing fans on how to stop the spreading of the disease. In Zimbabwe, by 15 May 2020, cricket and tennis were allowed to resume after being classified as a low risk sport since there is minimum contact while football and rugby were classified as high risk (Mbele 2020). In light of this, the effects of the pandemic on sports varied.

From the observations made so far, quite a number of athletes resorted to online gaming as a pastime, while others post videos of themselves playing keep-ups using weird objects (The Sunday Mail 2020).

During the lockdown period, club trainers in various fields of sport sent programmes for indoors such as running in the passage, some body-weights and cardio muscular activities. It is unlikely that performance will not be affected as athletes strive to stay healthy and in good shape by jogging regularly and sticking to a good diet (*The Sunday Mail* 2020).

5 Pandemic Management in Sports: A Comparative Analysis of the Two Pandemics

The two pandemics occurred during two different historical epochs but have similar characteristics and impacts on the social order. Governments and sports bodies used similar mitigation methods based on social and physical distancing. These measures resulted in the banning of public gatherings including sporting activities. The pandemics had negative impacts on all stakeholders of the sporting fraternity, recreation and forms of livelihood were lost for long periods. Although, all sports were affected during the two epidemics, there was differential impact among various sports. Race continued to be a paramount factor in determining sporting preferences and sponsorship and ‘elite’ sports such as rugby and cricket were better equipped and financed to survive pandemics as compared to the ‘African’ sports such as football. The legacy of sports segregation and racism continued through coloniality. According to Maldonado-Torres (2007: 243) coloniality refers to the ‘long-standing patterns of power that emerged as a result of colonialism, that define culture, labour, inter-subjective relations, and knowledge production well beyond the strict limits of colonial administrations’. Sports preferences in independent Africa became a product of coloniality and during the Covid-19 pandemic, African preferred sports suffered the most. Overall, the same pandemic management techniques used during the Influenza pandemic of 1918 were the same adopted for Covid-19 in 2020.

Although most of the sport pandemic management systems were similar during the two epochs in pandemics history, the two pandemics occurred during two astronomically different periods with different technological environments. Influenza pandemic occurred before the advent of efficient travel systems therefore limiting international travel. By 1918 colonial governments were still consolidating power and creating states as they look today. Hence, border and travel restrictions were not as important as they are during the Covid-19 pandemic. Media technology has changed drastically

since the 1918 Influenza, therefore, enhancing the use of an array of pandemic management techniques and survival strategies. During the Covid-19 Pandemic, athletes used different social media platform to launch pandemic awareness campaigns. Technology has provided alternative income for the sports fraternity by engaging on online activity and television rights awards.

6 Conclusion: A Futuristic Perspective

The material presented in this chapter has focused on Spanish Influenza and Covid-19 pandemics and their impacts on sports. This chapter has clearly shown that the measures adopted by governments globally to contain the viral transmission of Spanish Influenza (1918-1919) such as wearing of face masks, physical social distancing, disinfecting, quarantine (isolation) and maintaining sizeable gatherings were replicated in 2020 when Covid-19 was declared a global pandemic by WHO. It has, thus, highlighted the historical importance of the two pandemics in terms of their impact on sports and athletes in various fields of expertise.

It is, however, too early to realistically discuss the future course of a contemporary pandemic like Covid-19. Given that sports athletes constitute a special group of individuals that not only entertain society but also ekes a meaningful livelihood out of sports, it is clear that many families that have athletes as breadwinners have been impacted negatively by the pandemic. It is through sports that people are brought together, that divisions on ethnic and racial lines are buried, and that our bodies and minds are kept healthy. Sports are the glue that binds people together around shared values and in the process, brings societal harmony, peace and development. The presence of the Covid-19 pandemic in our midst has certainly affected the well-being of households inasmuch as it has ruined the future of athletes and would-be athletes as well. WHO's Director General remarked that containment of Covid-19 is feasible and must remain the top priority for all countries. As countries gradually relax the WHO stipulated regulations, the resumption of sporting activities is seen as part of the easing of severe lockdown regulations. In all these sporting re-engagements, sports bodies, of necessity, ought to seriously consider the testing of athletes, waiting period of the results, cleaning and disinfecting sporting venues. If possible, compliance officers may be appointed.

The study of the two pandemics has shown a gap in sports preparedness of pandemic disaster management. Virology and Epidemiology must be

integral parts of sports research. Research on pandemics should inform construction of sporting facilities and regulations that makes future pandemic management easier. Research only flourish when it receives funding, hence, sports bodies should set aside funding for epidemiology in sports. A link between sporting activities and the study of epidemics should be established to guarantee the future of sports in the southern African regions and worldwide.

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Terence Tapiwa Muzorewa
Department of Development Studies
Midlands State University
Gweru
Zimbabwe
terencemuzorewa@gmail.com

Aaron Rwodzi
Faculty of Humanities and Social Sciences
The Catholic University of Zimbabwe
Harare
Zimbabwe
arwodzi@cuz.ac.zw