COVID-19 and Human Security in Africa

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Lessons Learned and Looking Ahead

Edited by
Christopher LaMonica
and Nathaniel Umukoro

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Disclaimer: All statistics, figures and sources are correct as of the time of this book being written (month, year).

CHAPTER 1

THE COVID-19 OUTBREAK AND HUMAN SECURITY IN AFRICA: AN INTRODUCTION

CHRISTOPHER LAMONICA AND NATHANIEL UMUKORO

The Coronavirus disease (COVID-19) is believed to have originated in Wuhan, China on or about December 29, 2019 (Li et al, 2020; WHO, 2020b). Over the next two years, COVID-19 spread rapidly throughout the world affecting the lives and livelihoods of millions. Amidst growing global anxiety over the true threat of the disease, over 6 million souls were lost during the COVID pandemic, and the impacts of "long-COVID" – symptoms of which include brain fog, shortness of breath, heart palpitations, and problems with mental health and cognition – remain unclear (HopkinsMedicine.org, 2022; Davis et al, 2023). Today it is well understood that infected persons transmit the disease through coughing, sneezing, talking, and even inhaling and exhaling; moreover, COVID-19 transmission is most likely to occur in indoor spaces, where the air is more still, though it can occur anywhere there is human interaction (Setti, 2020). COVID-19 variants continue to form, are highly contagious, and continue to resist vaccines and immunity (CDC, 2024). A 2022 Yale study concludes that the global population will accumulate broad immunity via both natural exposure and vaccinations and eventually lead to endemic stability – meaning that, looking ahead, COVID-19 will "persist in a less fearsome mode like the flu or common cold" (Yale, 2022). For decades prior, scientists all over the world had warned us of the dangers of future pandemics, yet it is clear in retrospect that no one, no government or public health care system, was adequately prepared for COVID-19; moreover, early on, most politicians and global news coverage of COVID-19 seemed to focus on its origin and who to blame for its very existence (NatGeo, 2020).

Throughout 2020 rumours of all kinds spread and – as happens in an age of readily available internet "information" of all kinds – traditional scientific and other "experts" were often doubted. Rifts over the "real" source and severity of, and/or solutions to, COVID-19, became increasingly common throughout the world dividing not only supporters of individual political parties, medical and other public policy leaders, but even whole communities, friends and family members. All the while, the human death toll only continued to climb. To this day, there remains great variation of opinion among political leaders, health care providers, and the public-at-large, as to what policy approach has been most effective at both curbing the disease and balancing the many needs of a functioning society, leaving many to wonder if we are now better prepared for our next global pandemic. This concern is not unique to the underdeveloped global South; public leaders and health experts everywhere have expressed similar concerns about future readiness. According to President of the global health NGO, Project Hope:

> For those of us who work in health and development, the rapid spread of coronavirus disease (COVID-19)—and the world's reaction to it—is no surprise. The arrival of a pandemic this serious has always been a matter of when, not if, and Wuhan, China, could have been any city in the world. Yet even as we fight the spread of this pandemic, we must keep our eye on the next one (Torby, 2020).

For many reasons, the spread of COVID-19 on the geographically vast continent of Africa, with a population of over 1.4 billion, has been of particular concern. In Africa one finds some of the world's most worrying statistics, representing the highest rates of "extreme poverty" (defined as living on less than $2 per day) and lowest overall numbers on the UNDP's Human Security Index (HSI). In its 2022 report on new threats to human security, the UNDP emphasizes the sub-Saharan African region as being particularly vulnerable, citing problems with health care access and affordability, followed by fear of catching COVID-19 (UNDP, 2022: 126). On March 5-6, 2020, just as the world was trying to grapple with the news of COVID-19, a meeting was held in Addis Ababa, Ethiopia by the UN Office to the African Union, Economic Commission for Africa (ECA) to discuss the development of an *African* Human Security Index (AHSI), emphasizing vulnerabilities on the African continent. The meeting is a clear demonstration of a burgeoning pre-COVID concern for human security in Africa, specifically. Participants emphasized that the AHSI is the first continent-wide HSI that, according to the UN, aims to "support progress on the implementation of Agenda 2063 and the Silencing the Guns initiative"

(UN, 2020a). In short, even before the advent of the COVID-19 pandemic, there was widespread concern for human security on the African continent, specifically.

Today, throughout Africa as elsewhere, many continue to worry about not only COVID-19 and its variants but the prospect of another pandemic. For many reasons, Africa remains especially vulnerable. Moreover, as has been seen in other areas of academic inquiry regarding African affairs, there is far too little "African voice" in COVID-19 and other pandemic relevant dialogues. The contributors to this book aim to fill that gap. There can be no question the that far too common portrayal of Africa/ns is of having little to no agency, institutional capacities, or wherewithal of their own to find solutions for themselves is false, wrong-headed and needs to be corrected (Davidson 1959, 1995; Said, 1993; Africa.com, 2021). In fact, as discussed in these pages, there are many reasons to believe that the governing norms and cultures of African peoples have proven to be quite resilient in the face of COVID-19 threats, as has been the case in other historical and ongoing threats of disease. In that vein, it is our hope that the collaborative effort of the Africanist and African scholars that have contributed to this book will help to clarify some of the unique challenges that the threat of COVID-19 has posed to the peoples and institutions of the African continent.

The State of Africa's Public Health Care Sector leading up to COVID-19

In the early months of 2020, the global news of rapid COVID-19 spread alarmed many in and outside Africa who were deeply concerned about the potential human toll throughout the African continent. There are many reasons for this, starting with the deeply entrenched and omnipresent challenge of having limited resources devoted to public health care. Post-independence indebtedness, followed by decades of poor governance and structural reform mandates from lending institutions like the IMF, consistently led to late 20th-century declines of African state budgets devoted to health care. The need for improved health care services due to the prevalence of HIV/AIDS, TB and other outbreaks, ultimately led to the 2001 Abuja Declaration, where African governments agreed to devote at least 15% of their annual budgets to the health sector. In retrospect, the start of the 21st-century was a hopeful time for improvements in healthcare throughout the world. As an example, the Bill & Melinda Gates Foundation, founded in 2000, committed tens of billions of US dollars that were aimed at – no less than – the *eradication of infectious diseases* and public healthcare

featured prominently among the Millenium Development Goals of 2000 (BBC, 2021). Over the next decade however, it was clear that there remained dire shortages of medical capacity on the African continent. An Afrobarometer study argues that, just prior to the COVID-19 outbreak, over one-half of all people in Africa could not access necessary medical care at least once a year (Afrobarometer, 2020). Indeed, this remains the case in both rural and urban areas, where chronic shortages of healthcare workers, equipment, infrastructure and medicines persist; as such, existing health facilities, from the most rudimentary amenities to more sophisticated hospitals, already tend to operate at maximum capacity.

Public concern in Africa over the prevalence of communicable diseases has long existed and this can readily be seen in the consistently long lines of parents and children awaiting immunizations outside of health clinics – a far too common sight in all developing country contexts. These waiting lines are clear demonstrations of public angst about disease and public health generally, often tied to parental concerns regarding infant mortality which, in sub-Saharan Africa specifically, stubbornly remains the highest in the world (UNDP, 2022). Rural areas are particularly marginalized in all forms of public services, to include policing, access to clean water, education, and health care. Africa's history of centralized forms of governance, from the colonial period forward, have long meant that limited resources for existing public health infrastructures tend to be concentrated in major urban centres, leaving the countryside especially underserved (LaMonica 2017). Public mistrust of government authority is also a concern, leading to some resistance to vaccinations. But the threat of diseases such as malaria are already omni-present and troubling, particularly as drug-resistant strains only continue to develop. The public masses have had to endure particularly lethal diseases such as Ebola and AIDS; as such, public health care and the need for preventative medications and immunizations, are ongoing and significant concerns (Chaisson, et al. 2008; Quaresima 2020). Health care experts continue to maintain that childhood immunization is one of the most important high impact public health interventions. Concretely this has meant that, throughout Africa, at least some of the public health infrastructure needed for any broad immunization campaign does exist; something that many argued could be viewed as an advantage at getting a good head start at combatting COVID (Bangura, 2020). On February 5, 2020, with all of this in mind – before there was even one case of COVID-19 reported in Africa – the Africa Center for Disease Control established the African Taskforce for Coronavirus was established (Wamai, 2020). Nevertheless, the months that followed were harrowing for most residing in the developing world, to include Africa.

Throughout 2020, via authoritative and other means, everyone was made well aware of the mortal dangers of COVID-19. Fear and the widespread lack of trust in governing institutions, in Africa as elsewhere, led many to seek desperate solutions that sometimes-included remedies proposed by leaders tied to local social networks, often spread by word-of-mouth and propelled forward through an awkward combination of pride, rumours and fears. Particularly among the subsistence and working poor populations, there was also a sense of profound helplessness. Without doubt there were very real reasons for everyone to be fearful of COVID-19 and African government leaders did respond. By April 15, 2020, a remarkable 96% of 50 African countries had at least five "stringent public and social measures" in place (Sayler, S., at al. cited in Ibid). As was occurring elsewhere in the world, African state measures were wide-reaching and included the total lockdown of cities, border closures, and closures of schools and many other public institutions (World Health Organization, 2020a). In fact, in a period of just a few months, African countries adopted a wide-range of public policy measures in an effort to stop or slow the spread of COVID-19 (Adhikari, 2020); many of these are described in more detail in the chapters that follow.

Public Policy Measures Adopted to Mitigate Effects of COVID-19 on Human Security in Africa: An Overview

1. *Increased screenings at Airports:* Most countries in Africa made the monitoring of passenger temperatures compulsory for gaining entry or exit to airports. In some African countries like Nigeria, Port Health Services Division of the Department of Public Health heightened screening and surveillance at the ports of entry, particularly for returning travellers with a history of travel to countries with widespread community transmission. This includes the use of thermal cameras to detect fever on entry and review and analysis of the contact forms used for screening at points of entry to inform follow-ups on infection and tracing of persons of interest through calls and scheduled visits (Centre for Disease Control, 2020).
2. *Travel restrictions and Border Closures:* The transmission of COVID-19 into Africa by travellers from different parts of the world prompted several African countries to introduce travel restrictions and border closures. For example, Ghana and Kenya announced measures for prohibiting travellers from countries affected by COVID-19 before other African countries followed their example. Earlier than most, the Democratic Republic of Congo imposed

quarantine measures on travellers from Italy, France, China, and Germany, specifically. After restricting travellers from high-risk countries to quarantine, Mauritania deported 15 Italian tourists and Tunisia deported 30 Italians for violating their quarantine requirements. Rwanda, Uganda, Mali, and others imposed similar quarantine measures for European travellers (Penney, 2020).

3. *Restriction of Movement and Ban on Social and Religious Gatherings:* Total lockdown of cities has been adopted as a policy measure to curtail the spread of COVID-19 by most states. Lockdown entails among other things restriction of movements and ban of religious and other social gatherings. For example, the outbreak of the COVID-19 in Africa's largest city, Lagos made the government to lockdown the city in order to prevent the rapid spread of the disease. Many other African countries adopted similar policy measure. In Abidjan the people were told by their religious leaders – "You can pray only if you are alive" (WHO, 2020). As the COVID-19 pandemic intensifies in Africa, several African countries have banned gatherings and locked down cities and towns to suppress the spread of COVID-19.
4. *Closure of Schools:* Another policy measure taken by many countries to prevent the spread of the COVID-19 is the closure of schools. The rationale for doing so is that the interactions that take place among students may expose them to the virus. As of 27 April 2020, approximately 1.725 billion learners have been affected due to school closures in response to the pandemic. According to UNICEF monitoring, 186 countries have implemented nationwide closures and 8 have implemented local closures, impacting about 98.5 percent of the world's student population (UNESCO, 2020a). The closure of schools does not only affect students, teachers, and families, but have far-reaching economic and societal consequences (UNESCO 2020). The Association of African Universities (AAU) has observed with growing concern developments related to the outbreak of the coronavirus (COVID-19) pandemic. The life-threatening nature and rapid transmission of this disease has been felt globally – its significant impact on the global education systems is also being felt, especially in African countries (AAU, 2020). Numerous African higher education institutions (HEIs) and other educational institutions have been ordered to close in order to contain the spread of COVID-19. UNESCO (2020b) monitoring estimates that 776.7 million children and youth worldwide will be obstructed by the closure of schools resulting from the COVID-19 pandemic.

5. *Mandatory Use of Face Masks, Hand Washing and Use of Hand Sanitizers:* Some African countries have made policies making the use of masks and hand sanitizers mandatory in public in addition to maintaining physical distancing and personal hygiene. Use of face masks is recommended because they prevent the virus from getting into the respiratory system. This is because people touch their faces all the time, often without realising it, so an infected person can get the virus on their hands from their mouth or nose and pass it on to others, either directly or by contaminating a surface which others then touch. So regular hand washing is crucial (Royal, 2020).
6. *Physical Distancing:* Some experts have espoused the view that limiting face-to-face contact with others is the best way to reduce the spread of COVID-19 (WHO, 2020b). This has made the government of some African countries to make policies targeted at ensuring that people maintain physical or social distance whenever they interact. Social distancing, also called "physical distancing," means keeping space between yourself and other people outside of your home. To practice social or physical distancing, it is expected that one stay at least 6 feet (about 2 arms' length) from other people and not gather in groups (Centre for Disease Control, 2020).
7. *Self-Isolation and Quarantine policies:* Self-isolation is major policy most African States have adopted. This is because it is an important way of controlling the spread of COVID-19. It means that anyone who has been exposed to the virus (e.g. those returning from high-risk countries) should stay at home and in strict isolation from their families for 14 days. This is to limit contact with people in order to prevent infecting others with the disease. Someone in self-quarantine stays separated from others, and they limit movement outside of their home or current place. A person may have been exposed to the virus without knowing it (for example, when traveling or out in the community), or they could have the virus without feeling symptoms. Quarantine helps limit further spread of COVID-19 (Centre for Disease Control, 2020).

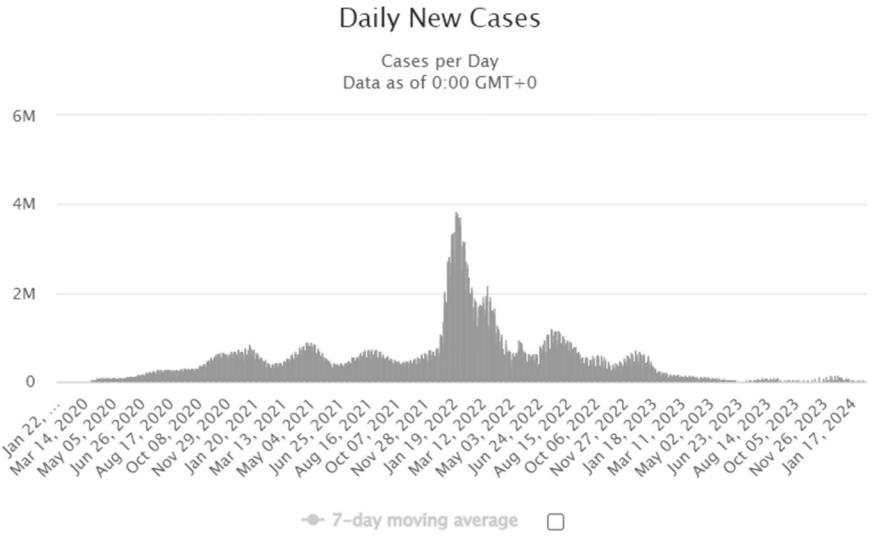
From 2020, COVID-19 pushed all of our governing institutions, health facilities, and even the very function of our societies-at-large to their absolute limits. Daily routines everywhere were curtailed if not eliminated entirely, commercial trade came to a slow crawl leading to shortages of goods and services all over the world, and politicians too often manipulated circumstances to their own advantage, dividing communities whose overarching interest was in finding solutions to the crisis. Of course, many,

rich and poor, felt they had little choice but to venture outside eventually, and depending on financial circumstances, the availability of Personal Protective Equipment (PPE), personal stance on the effectiveness of PPE or of COVID-19 policies, or just pure obliviousness of the issue, masks that most experts agreed were effective at reducing transmission of SARS-CoV-2, were inconsistently worn. The luckiest among us avoided much of the turmoil by having the luxury of earning an income from home, on-line or otherwise. The hapless masses of the world, of all socio-economic circumstances, had little choice but to earn a living as best they could, hoping not to succumb to the disease.

By January/February 2021 the number of *daily* confirmed deaths in the world averaged well over 10,000 (WHO 2022). At its peak on January 28, 2021, a one-day total of 16,539 COVID deaths was reported (OurWorldinData 2022). By then, the world had accepted a simple truth: no region of the world is immune. As COVID infections and deaths seemed to increase in cold winter months among the OECD countries of the world many were concerned about undiagnosed and under-reporting of COVID infections and deaths throughout the warmer global South. As mentioned, to this day, some believe that while lower COVID numbers per capita typify what has occurred on the African continent, there are both scientific and cultural reasons for that difference.

By 2022, people everywhere were tired of the constant worry, the fluctuating policies over the wearing of masks, and, as had happened intermittently over the previous two years, public activities of all kinds gradually resumed. All the while, China's President Xi Jinping continued to advocate for a "zero COVID policy" that continued a government enforced mandate that included the wearing of masks and greatly restricted public mobility, to include international travel. Moreover, global concerns over yet another Omicron variant prompted the Chinese government to mandate new COVID-19 vaccinations for those who wanted to enter any public spaces in Beijing, "to include cinemas, libraries, museums, gyms, stadiums and training centres" (CNN, 2022). Yet China's quest to eradicate the disease, amidst continued reports of periodic COVID infections within China, was of only vague interest to the world's masses, in Africa as elsewhere, eager to get back to the normal routines of life. News of increasingly transmittable COVID-19 variants – notably BA.4 and BA.5 first detected in South Africa – were met with cautious warnings from public health officials, throughout the world, but it seemed to many that the worst was over (NYTimes, 2022).

Accordingly, from mid-2022, a growing number of stores, markets, schools and other public venues no longer mandated the ubiquitous masks that had dominated daily life for over two years. Yet a still cautious faction, to include the more vulnerable sick and elderly, do continue to wear masks, demonstrating a simple fact: the threat of COVID-19 and its many and growing variants are here to stay. Estimates vary but the world remains in shock from the horrors of the COVID-19 era during which, in just over two years, there were well over 6 million "confirmed deaths" and an ever-growing number of over 500,000,000 infections (WHO 2022, OurWorldinData 2022). By July 2021, the number of confirmed COVID-19 cases in Africa amounted to over 7,000,000 (Worldometer, 2021). As demonstrated in the following graph, within just a few years the rates of new infections declined dramatically, but the gravity of the COVID-19 pandemic to all of humanity cannot be overexaggerated; in fact, for many public health, virologists, and epidemiologists, this tragic global incident was but a test for both future public health vulnerabilities and our collective abilities, on the African continent and elsewhere, to employ timely and effective policy solutions. In May 2023, for example, the Director-General of the World Health Organization, Dr. Tedros Adhanom Ghebreyesus warned "We cannot kick this down the road… When the next pandemic comes knocking – and it will – we must be ready to answer decisively, collectively and equitably" (CBS.com, 2023.)



Source: Worldometer, 2024.

Although the origins of COVID-19 are said to be in Wuhan, China, the fact remains that there are many other "hot spots" in the world, to include many on the African continent, where future bat-to-human and other mammal transmission of disease remain likely; in short, the battle is far from over (Reuters, 2024).

COVID-19 and Human Security: Baseline considerations

As is the case among scholars elsewhere, the contributors to this book express local and global views on both COVID-19 and Human Security, as subjects of academic inquiry. What ties them all is a sense of great urgency to seriously consider the merit of various methods and policies as to how best to address the scourge of COVID-19 in African contexts specifically. Below we offer a few baseline considerations, as expressed in some of the extant literature, including our own.

The Concept of Coronavirus (COVID-19)

Coronavirus disease (COVID-19) is an infectious disease caused by a new coronavirus identified in 2019, known as SARS-CoV-2 (WHO 2020). The disease causes respiratory illness with symptoms such as a cough, fever, and in more severe cases, difficulty breathing and lung infection (Wuhan Municipal Health and Health Commission, 2020). Most people infected with COVID-19 experience mild to moderate respiratory illness and recover without requiring special treatment, while others become seriously ill and require medical attention, sometimes succumbing to the disease. Especially vulnerable populations include the elderly and those with underlying medical conditions such as cardiovascular disease, diabetes, chronic respiratory disease, or cancer (WHO, 2021).

The Concept of Human Security

Since the post-Cold war era, there has been a radical change in the concept of security which traditionally focused on state or national security based on Realist and Neo-realist paradigms. Human Security scholars argue that a people-centred approach to security is ultimately more meaningful in discussions of security as it pays closer attention to the welfare of human beings, to include matters of human rights. In doing so, human security scholars often sideline theoretical and ideological analyses in an overarching effort to urge all to pay closer attention to crucial details on the ground, from matters of local governance to health care, where citizens

reside (LaMonica, 2010, 2015). For some human security scholars, a primary goal has been to emphasize the fact that security – properly understood – is not just about defending the territorial integrity of a state (a state-centric or traditional approach to security) but necessitates close attention to the protection of individuals against threats to their well-being. Whereas the focus of traditional security has tended to be on measures of military power alone, human security scholars urge closer attention to the state-of-affairs where human activities take place and where societies reside. This is particularly relevant to African area studies where the focus of many has tended to be on central government actors, ignoring the daily lived realities of populations struggling for survival in urban sprawl and residing in geographically vast rural areas. Human security as a people-centred approach to security addresses sustainable peace by recognising the social, economic, and political issues that are often the root causes of conflict and societal violence.

Although there are many definitions of human security, one of the most oft cited is that given by the United Nations Development Programme, that views human security as "safety from chronic threats such as hunger, disease and repression," along with "protection from sudden and hurtful disruption in the patterns of daily life" (UNDP, 1994: 23). The 1994 UNDP report further enumerates seven elements of human security, namely: economic security, food security, health security, environmental security, personal security, community security, and political security. Human security, in its broadest sense, embraces far more than the absence of violent conflict. It encompasses human rights, good governance, access to education and health care, and ensuring that everyone has opportunities and choices to fulfil his or her potential. Every step in this direction is also a step towards reducing poverty, achieving economic growth, and preventing conflict (Annan, 2000; Glasius, 2008).

Human security has also been described as freedom from want and fear. Freedom from want and fear in this context entails freedom from hunger, attack, torture, imprisonment without a free and fair trial, discrimination on spurious grounds, and the like (Thakur, 1977). From a positive dimension Thakur (1977) asserts that human security means the capacity and opportunity that allows each human being to enjoy life to the fullest without putting constraints upon others engaged in the same pursuit. The different dimensions of human security are economic security, food security, health security, environmental security, personal security, community security, and political security.

As such, scholars of human security consistently argue that the different dimensions of what human security entails are interconnected (Lautensach, 2019). For example, economic insecurity can make it difficult for people to afford good healthcare services, especially in most parts of Africa where out-of-pocket payment for healthcare services is quite common (Umukoro, 2012). On the other hand, health insecurity can adversely affect the ability of people to engage in economic activities such as the production of goods and services for the satisfaction of human needs and wants. Health and economic insecurity which can be occasioned by pandemics such as COVID-19 can endanger other aspects of human security such as food, personal, community, and political security (Umukoro, 2020).

Perspectives on Pandemics and Human Security

Pandemics usually have global devastating effects because of their rapid spread from one human to another (Doshi, 2011). Apart from the health implications of pandemics, there are negative social, economic, and political consequences. According to Jong-Wook (2005), former Director-General of the World Health Organization (WHO), "pandemics do not respect international borders". Therefore, they can weaken the economic base of political systems. Disease outbreaks often aggravate health insecurity. Health security is an important dimension of human security, as good health is "both essential and instrumental to human survival, livelihood, and dignity" (Human Security Unit, 2013: 27). Good health of a population is also important for social cohesion and stability. This is because diseases affect the ability of humans to work and earn a living. When the outbreak of a new disease becomes a pandemic, it also creates fear in people. The spread of diseases across international borders is a threat to human security because it kills people, sometimes even more than war. For example, COVID-19 has killed 4,667,399 worldwide as of September 15, 2021, and 226,928,739 confirmed cases in 210 countries and territories (Worldometer, 2021). Other diseases that have killed many people include AIDS which is estimated to have killed over 80 million people by the year 2011, while tuberculosis (TB), one of the virus's main opportunistic diseases, accounts for three million deaths every year, including 100,000 children (WHO, 2020a). In general, a staggering 1,500 people die each hour from infectious ailments, the vast bulk of which are caused by just six groups of disease: HIV/AIDS, malaria, measles, pneumonia, TB, and dysentery and other gastrointestinal disorders (WHO, 2020b).

Overview of *COVID-19 and Human Security in Africa*

The chapters that follow are testimonies from African scholars and public health experts of that harrowing period of COVID-19, as experienced in the African context, starting in early 2020. All of the chapters contain first-hand knowledge of lived experiences with COVID-19 in Africa. Throughout, concerns regarding Africa's future preparedness for the next pandemic on the continent are expressed but the perspectives, as required in any meaningful discussion of both the COVID-19 pandemic and human security, are wide, often interconnected, and varied. More specifically, in **Chapter 2** Harrison Eromosele focuses on the matter of *economic security*; in **Chapter 3**, Princewill Onofere Okereka and Lucas Nduka Oluka focus on the *cross-border security* challenges faced with the COVID-19 pandemic; in **Chapter 4** Ibrahim Bangura, Henry Mbawa, Alexander Wiplfler and Abubaakkaarr provide a thought-provoking analysis of *regional integration* in health care crises by considering how much was really learned from the Ebola crisis throughout the ECOWAS region; in **Chapter 5** Alex Asakitikpi, Aderogba Adeyemi and Aretha Asakitikpi, address the matter of *press coverage* on the urgent need for health sector reform in Nigeria; in **Chapter 6** Numvi Gwaibi carefully surveys the plight of *health care workers* in Cameroon who have faced stigmatization, discrimination and even violent attacks; in **Chapter 7** Opeyemi Idowu Aluko addresses the matter of food *(in)security* that is only aggravated by health care challenges brought on by a pandemic like COVID-19; in **Chapter 8** Tayo Agboola considers the treatment and Nigerian newspaper coverage of *victims of sexual violation*, to include rape, during the COVID-19 lockdown; in **Chapter 9** Francis Ikenga and Benjamin Agah provide a well-researched appraisal of how *Nigerian Security Agencies implemented COVID-19 directives*; in **Chapter 10** Ademola Olayiwola, Ifeoluwa Olowe and Dada Yusuff consider the *securitization* of the COVID-19 pandemic and how that impacted human security throughout Africa; and in **Chapter 11** Christiana Kayinwaye Omorede considers the matter of *gender inequality* during the COVID-19 pandemic and convincingly argues that it likely had an adverse impact on development.

As we discuss in our concluding chapter, **Chapter 12**, that considers "COVID-19 and Africa's Future", there can be no question that we will continue to experience easily transmitted diseases and even highly impactful pandemics not only on the African continent but throughout the entire world, as happened with this harrowing COVID-19 pandemic. In many ways, COVID-19 has been a test of resilience on all of humanity. But future tests could well be on nothing less than the very existence of

humanity, as has been repeatedly predicted in popular literature, from Daniel Defoe's *A Journal of the Plague Year* (1722) to Richard Preston's *The Hot Zone* (1994). On the back cover of Preston's best-seller (which, like Albert Camus' *The Plague* (1947), experienced a dramatic boost in sales with the advent of COVID-19 pandemic), one reads of this harrowing global scenario, with origins in Africa:

> A highly infectious, deadly virus from the central African rain forest suddenly appears in the suburbs of Washington, D.C. There is no cure. In a few days 90 percent of its victims are dead. A secret military SWAT team of soldiers and scientists is mobilized to stop the outbreak of this exotic "hot" virus. *The Hot Zone* tells this dramatic story, giving a hair-raising account of the appearance of rare and lethal viruses and their "crashes" into the human race. Shocking, frightening, and impossible to ignore, *The Hot Zone* proves that truth really is scarier than fiction (Preston, 1994).

The processes underlying globalization arguably started and haven't stopped from the very first step of *homo sapiens*, taken just tens of thousands of years ago, in northeast reaches of the African continent. We as a species started together, migrated all over the face of the globe, and are now facing each other once again. In previous human eras, challenges of all kinds could be more easily sidelined or isolated, perhaps even deemed irrelevant to one's heretofore parochial existence. COVID-19 has reminded us of our common human fragility and that what happens in any corner of the world can have impacts on us all. Despite the will of some to live entirely apart, in some kind of autarky, history has repeatedly demonstrated the futility of attempting to do so. None of us should, or indeed can, live in complete isolation from others; we are in this together. It is with hope for all Africans and for no less than the future of humanity that we submit the foregoing observations and analyses for your research and consideration.

References

Adhikari, S.P. et al, (2020). Epidemiology, causes, clinical manifestation and diagnosis, prevention and control of coronavirus disease (COVID-19) during the early outbreak period: a scoping review. Infectious Diseases of Poverty (2020) 9:29.

Afrobarometer (April 2020). "Even before COVID-19, more than half of Africans experienced lack of needed health care." Afrobarometer Dispatch No. 352, Brian Howard. ab_r7_dispatchno352_pap15_lack_of_healthcare_affects_majority_of_africans.pdf (afrobarometer.org)

Bangura, J.B., et al., (2020). "Barriers to childhood immunization in sub-Saharan Africa: A systematic review," BMC Public Health, Vol. 20: 1108. doi: 10.1186/s12889-020-09169-4.

BBC (4 May 2021). "Bill and Melinda Gates Foundation: What is it and what does it do?" Bill and Melinda Gates Foundation: What is it and what does it do? - BBC News

Birkland, T.A. (2011). *An Introduction to the Policy Process*. New York: Sharpe, Armonk

Brower, J., & Chalk, P. (2003) "Disease and Human Security". In Brower, J. and Chalk, P, The Global Threat of New and Reemerging Infectious Diseases. Washington: Rand Corporation.

Centre for Disease Control (2020). Social Distancing, Quarantine, and Isolation. Retrieved from https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/social-distancing.html.

Center for Strategic and International Studies (2020). Mapping Risk Factors for the Spread of COVID-19 in Africa. Retrieved from https://africacenter.org/spotlight/mapping-risk-factors-spread-Covid-19-africa/.

Chaisson, R., et al. (2008). "Tuberculosis in Africa – Combatting an HIV-Driven Crisis," *New England Journal of Medicine*, Vol. 358: 1089-1092. DOI: 10.1056/NEJMp0800809.

Creedon, J. (2020) Covid-19: Nigerian security forces kill 18 during virus lockdown. https://www.france24.com/en/africa/20200416-south-africa-alcohol-ban-nigeria-police-violence

CNN (July 2022), Gan, N. and S. Deng, "Beijing imposes mainland China's first Covid vaccine mandate in face of Omicron subvariant," posted at: China Covid outbreak: Beijing imposes mainland's first vaccine mandate in face of Omicron subvariant | CNN.

Davis, Hannah E., et al., (2023). "Long COVID: major findings, mechanisms and recommendations". Nature Reviews: Microbiology. *Long COVID: major findings, mechanisms and recommendations | Nature Reviews Microbiology*

ECOWAS (2020). COVID-19: 50 Million People Threatened by Hunger in West Africa. https://www.oxfam.org/en/press-releases/Covid-19-50-million-people-threatened-hunger-west-africa

Egypt Today (2020). Egypt announces first Coronavirus infection. https://www.egypttoday.com/Article/1/81641/Egypt-announces-first-Coronavirus-infection

Galal, S. (2021). Coronavirus deaths in Africa as of August 8, 2021. https://www.statista.com/statistics/1170463/coronavirus-cases-in-

africa/ (Accessed August 23, 2021).
Ghosh, D., Bernstein, J. and Mersha, T. (2020). "COVID-19 pandemic: The African paradox," in *Journal of Global Health*, posted at: COVID-19 pandemic: The African paradox - PMC (nih.gov).
HopkinsMedicine.org, "Long COVID: Long-term effects of COVID," June 14, 2022). Long COVID: Long-Term Effects of COVID-19 | Johns Hopkins Medicine.
Iroulo, L.C., &Boateng, O. (2020) African States Must Localise Coronavirus Response GIGA Focus | Africa | Number 3 | April.
LaMonica, C. (2010). *Local Government Matters: The Case of Zambia*, (Saarbrücken, Germany: VDM Verlag).
LaMonica, C. (July 2015). "Moving Beyond 'Illiberal Democracy' in Sub-Saharan Africa: Recalling the Significance of Local Governance," *African Journal of Political Science and International Relations (AJPSIR)*, Vol. 9 (7): 268-283.
LaMonica, C. (2017). "Moving Beyond 'Illiberal Democracy' in Sub-Saharan Africa: Why Local Governments Matter," in Emmanuel K. Ngwainmbi, ed., Citizenship, *Democracy and Media Engagement in Emerging Economies and Marginalized Communities*, (London: Palgrave MacMillan).
LaMonica, C. (2019). "Recalling the Significance of Local Governance to Human Security in Illiberal Sub-Saharan African Contexts," in Lautensach (2019), *op cit.*
Lautensach, S., ed., (2019). *Human Security in World Affairs,* 2nd Ed. Posted at: Human Security in World Affairs: Problems and Opportunities (2nd edition) – Simple Book Publishing (opentextbc.ca).
Maclean, R. (2020). Africa Braces for Coronavirus, but Slowly. The New York Times. Retrieved March 25, 2020, from https://www.nytimes.com/2020/03/17/world/africa/coronavirus-africa-burkina-faso.html.
Penney, J. (2020) African Nations Turn the Tables, Imposing Travel Restrictions Against U.S., Europe, And China to Stave Off Coronavirus
National Geographic (2020). "Experts warned of a pandemic decades ago. Why weren't we ready?" R. Marantz Henig, April 8, 2020. *Experts warned of a pandemic decades ago. Why weren't we ready?* (nationalgeographic.com)
New York Times (June 2022). A. Hassan. "The Omicron subvariants BA.4 and BA.5 have together become dominant in the U.S., the C.D.C. estimates." Posted at: The Omicron subvariants BA.4 and BA.5 have together become dominant in the U.S., the C.D.C. estimates. - The New York Times (nytimes.com).

OurWorldInDate.org (2022). "COVID-19 Data Explorer)." https://ourworldinadata.org

Preston, Richard (1994). *The Hot Zone: A Terrifying True Story*. Random House.

Quaresima, V, et al. (2020). "The prospects for the SARS-CoV-2 pandemic in Africa," *EMBO Molecular Medicine*, 23: e12488. DOI 10.152252/emmm.202012488.

Reuters (2024). "The Next Pandemic May Come from Bats. Reuters Investigates Where." *Bat habitat destruction could spark next pandemic* (reuters.com).

Royal *D.* (2020) Nigeria: COVID-19 - What You Should Know About Face Masks, Hand Gloves. https://allafrica.com/stories/202004270622.html

Sayler, S., et al. (2021). « The first and second waves of the COVID-19 pandemic in Africa: A cross-sectional study." *Lancet 2021*, 397, 1265-1275. Posted at: The first and second waves of the COVID-19 pandemic in Africa: a cross-sectional study - PubMed (nih.gov).

Setti, L, et al. (2020), "SARS-Cov-2RNA found on particulate matter of Bergamo in northern Italy: First Evidence." *Environ. Res.* 188, 109754. Posted at: SARS-Cov-2RNA found on particulate matter of Bergamo in Northern Italy: First evidence - PubMed (nih.gov).

Thakur, R. (1997) "From National to Human Security," in Stuart Harris and Andrew Mack, eds., *Asia-Pacific Security: The Economics-Politics Nexus,* Sydney: Allen and Unwin, 1997, pp. 67–78.

Tomsen, I. (2021). "Africa has suffered fewer COVID-19 deaths than predicted: Dr. Richard Wamai knows." https://news.northeastern.edu

Torby, R. (2020). "Are we ready for the next pandemic?" posted at: *Are We Ready for The Next Pandemic?* (healthaffairs.org).

Ukpong, C. (2020) Health workers 'running away' from Akwa Ibom hospital because of COVID-19. https://www.premiumtimesng.com/coronavirus/385936-health-workers-running-away-from-akwa-ibom-hospital-because-of-Covid-19.html

United Nations (2020a). Development and Promotion of the African Human Security Index. *Development and Promotion of the African Human Security Index – The Human Security Unit*

United Nations (2020b). UN health agency warns against coronavirus COVID-19 criminal scams. https://news.un.org/en/story/2020/02/1058381

UNCTAD (2020), *Impact of the Corona Virus Outbreak on Global FDI*, Geneva: United Nations Conference on Trade and Development.

UNDP (2022). 2022 *Special Report, New Threats to Human Security in the Anthropocene: Demanding Greater Solidarity.* Special Report on Human Security 2022 | UNDP HDRO

UNECA (2020) COVID-19 in Africa: Protecting Lives and Economies. Addis Ababa: Economic Commission for Africa'

UNESCO (2020) Adverse consequences of school closures. https://en.unesco.org/Covid19/educationresponse/consequences

Wikipedia (2022). COVID-19 Pandemic in Africa. https://en.wikipedia.org/wiki/COVID-19_pandemic_in_Africa

Worldometers (2022, 2024) Coronavirus Cases. https://www.worldometers.info/coronavirus/#countries

WHO (2020) WHO Urges Countries Not to Let COVID-19 Eclipse Other Health Issues (who.org).

Wuhan Municipal Health and Health Commission (2020) Wuhan Municipal Health and Health Commission's Briefing on the Current Pneumonia Epidemic Situation in Our City. http://wjw.wuhan.gov.cn/front/web/showDetail/2019123108989. Accessed 1 Feb 2020.

WHO (2022). WHO Coronavirus (COVID-19) Dashboard. https://Covid19.who.int. Accessed throughout 2020-2022.

"Yale study" (July 27, 2022). Chad R. Wells, et al., "Quarantine and serial testing for variants of SARS-CoV-2 with benefits of vaccination and boosting on consequent control of COVID-19, *PNAS Nexus*, Volume 1, Issue 3, July 2022. https://doi.org/10.1093/pnasnexus/pgac100

CHAPTER 2

THE COVID-19 PANDEMIC AND ECONOMIC SECURITY IN AFRICA

HARRISON EROMOSELE

Introduction

In the spring of December 2019, a community health threatening viral outbreak triggered local panics in the city of Wuhan, China. A novel life-destructive virus, which possesses the potential of escalating into a global epidemic, was revealed by some local scientists. As the contagion spread, it overpowered the containment efforts attempted by local authorities and successfully raced through community after community to eventually cross-country borders. By the first quarter of 2020, the World Health Organization (WHO) not only identified the disease as belonging to a family of coronaviruses but also officially declared it a global pandemic on March 11. By then, the virus had already infected people in over 200 sovereign states. In February 2020, WHO referred to the viral clinical condition as COVID-19, coined from the phrase: coronavirus disease, 2019.

The speed at which the virus has spread the world over has in large part been attributed to the rapid technological advances in global transit networks. For instance, according to the International Civil Aviation Organization (ICAO) Annual Report of 2018, more than 4 billion (approximately 60% of the world's population) travelled globally, using commercial flights. In addition, countries around the globe are now characteristically addicted to the enormous potential gains from participating in world trade. The World Trade Organization (WTO) reports that, between 2000 and 2022, the total value of goods and services crossing international borders each year has increased from $6.5 trillion to $19 trillion (wto.org; statistica.com; Goldstein & Pevehouse, 2011). The now routine crossing of international borders in trade, diplomacy, and tourism is truly revolutionary, particularly when one looks at the total value of goods and services just a few decades earlier: $61.81 billion in 1950 and $318.02 billion in 1970 (statistica.com).

Without question, the modern ease with which goods and people cross borders facilitates the spread of the virus.

Interestingly, the tremendous efforts of scientific research vis-à-vis the COVID-19 pandemic have been unprecedented in public and private-led attempts to tackle this now global public health crisis. To date, various strategies have been explored to treat COVID-19, from state-enforced mandates to wear masks, to obtaining existing vaccinations when available, to social distancing and outright isolation. Public resistance to government mandates has been found throughout the world, if for different reasons, ranging from conspiracies about the origins of the virus itself, to doubts and fears about the growing number of vaccinations, to pure inconvenience, passivity or avoidance. In many democratic countries, debates over these matters have become quite heated and are now a central feature of politicking. Throughout the world there can be no doubt that telecommunications and the advent of the internet in particular have facilitated the rapid spread of doubts, fears, and debates over policy solutions. In Africa, as throughout the world, those infected by the virus (to include the growing number of variants) display similar kinds of symptoms ranging from fever, cough, sore throat, breathlessness, fatigue, and malaise among others.

In history, pandemics have displayed similar patterns of rapid spread and wreaking havoc in societies all over the world. Their periodic presence usually devastates, dislocates, and distorts the normalcy of public health services and all social, institutional, political, religious, and economic activities. Often, it is the mobility of labour that most clearly contributes to the efficient spread of viruses and, in turn, rising mortality rates. Attempts to curb the spread, as in the case of COVID-19, through policy measures by national governments, ranging from social and physical distancing in some lands to total lockdowns and border closures in others, constitute the very forces that slow down macroeconomic activities globally. Notably in areas of GDP, trade links, finance, investment, employment, growth and so on. Ultimately, economic security is retrained for everyone.

The aforementioned ironically and tragically suggests that there exists a trade-off between the sometimes-necessary restraints deemed necessary to the successful implementation of public health policy and economic security. Yet, without these public health policy measures, possible pandemic related economic problems such as business shutdowns, job loses, shocks in the demand channel occasioned by the falling earning capacity of households, etc. would have unleashed much more distressful economic