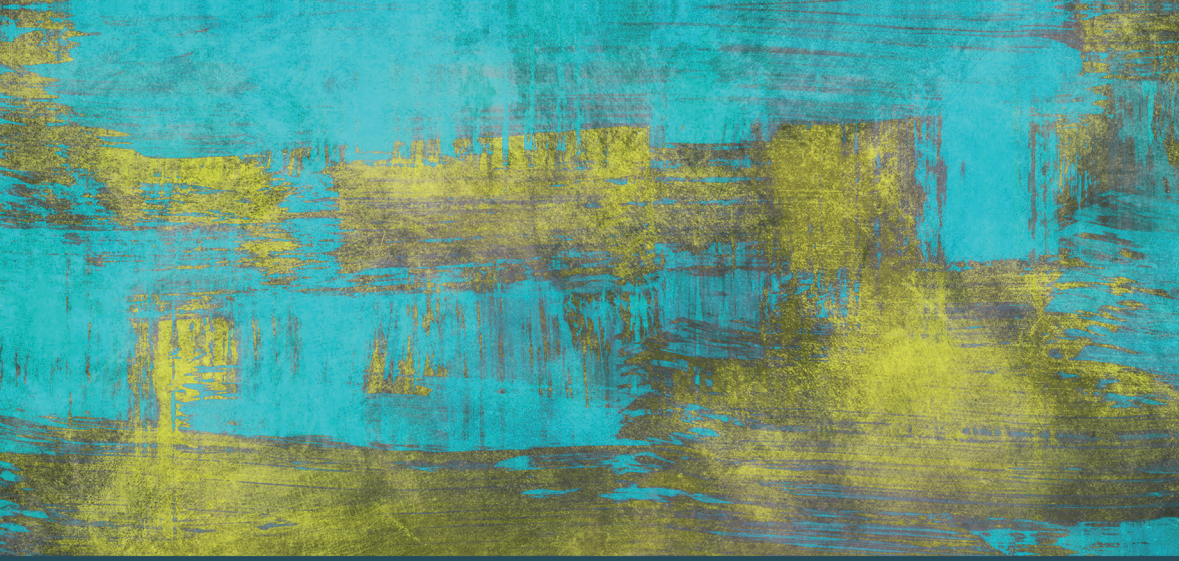
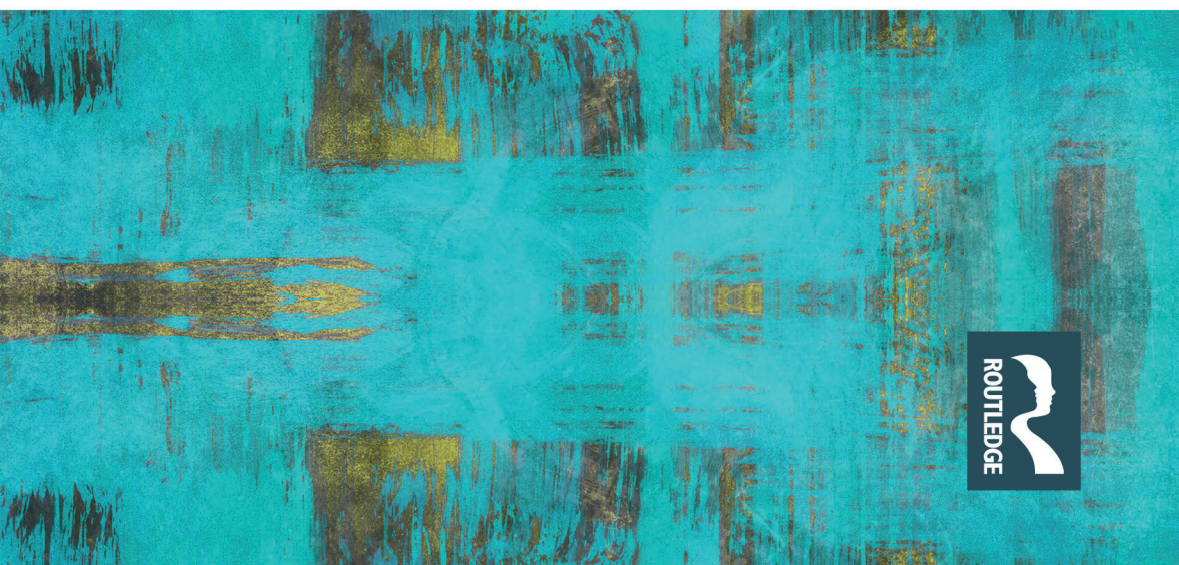


Routledge Studies in Peace, Conflict and Security in Africa

HUMAN SECURITY AND EPIDEMICS IN AFRICA

LEARNING FROM COVID-19, EBOLA AND HIV

Edited by
Andreas Velthuizen and Caroline Varin



ROUTLEDGE

Human Security and Epidemics in Africa

This book examines the impact of epidemics in Africa, exploring some of the adaptation and crisis management strategies adopted to tackle COVID-19, Ebola, and HIV-AIDS. The authors reflect on lessons learned from solving complex problems and difficult decisions made by leaders on pandemic management to shape the security environment and, thus, the well-being of people living in Africa for years to come.

Drawing on cases from across the continent, the book demonstrates that, significantly, during the COVID-19 pandemic, African countries and communities frequently displayed regional solidarity, creativity in decision-making, decisiveness in dealing with corruption and opportunism, and resilience and discipline in implementation. Adopting a human security framework, the authors share their lived experiences and explore the impact of epidemics on public policy decision-making, foreign policy implementation, global relations, collaboration in the community dimension, and, ultimately, the future of socio-economic development in Africa.

This book will be a welcome addition for practitioners and researchers across the fields of security studies, health management, and African studies, making an essential contribution to the security discourse in a post-COVID world.

Andreas Velthuizen is a full professor at the University of South Africa (Unisa), at the time of writing on the Thabo Mbeki African School for Public and International Affairs (TM-School) faculty, specialising in African Conflict Studies. His primary academic interest is to teach and develop new theories for conflict resolution, peace, and security in Africa, informed by the African way of knowing (epistemology), following a transdisciplinary approach. As a National Research Foundation (NRF)-rated researcher (C2), he shares his research through the supervision of post-graduate students, teaching advanced learning programmes and as Editor-in-Chief of the reputable African Security Review (ASR). His qualifications include a D Litt et Phil degree in Politics from Unisa, an MA in Strategic Studies, and a BA in International Politics. He published extensively and presented his work at

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This book is dedicated to all the people who lost loved ones during pandemics and those who found and are still finding solutions to the ongoing threat.

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Acronyms

AfCFTA	African Continental Free Trade Area
AFL	Armed Forces of Liberia
Africa CDC	Africa Centres for Disease Control and Prevention
AIDS	Acquired immunodeficiency syndrome
AMISOM	African Union Mission to Somalia
ASUU	Academic Staff Union of Universities
ATMIS	African Union Transition Mission to Somalia
AU	African Union
CAF	Canadian Armed Forces
CDC	Centres for Disease Control and Prevention
CMR	Civil-military relations
COMESA	Common Market for Eastern and Southern Africa
COVID-19	Coronavirus disease 2019
DRC	Democratic Republic of Congo
DSVRT	Domestic and Sexual Violence Response Team
ETU	Ebola Treatment Unit
EVD	Ebola virus disease
FCT	Federal Capital Territory
FSI	Fragile State Index
GBV	Gender-based violence
GDP	Gross domestic product
GIS	Ghana Immigration Service
HDI	Human Development Index
HIV	Human immunodeficiency virus
HRW	Human Rights Watch
HSGF	Homeland Study Group Foundation
ICU	Intensive care unit
IDPs	Internally displaced person(s)
IFAD	International Fund for Agricultural Development
ILO	International Labour Organization
IMF	International Monetary Fund
INGO	International non-governmental organisation

IOM	International Organization for Migration
IPV	Intimate partner violence
LDCs	Least developed countries
MDG	Millennium Development Goal
MoH	Ministry of Health
MSF	Médecins Sans Frontiers
MSMEs	Micro, small and medium enterprises
NATO	North Atlantic Treaty Organisation
NBS	National Bureau of Statistics
NCC	National Command Council
NCCC	National Coronavirus Command Council
NCD	Non-communicable diseases
NCDC	Nigeria Centre for Disease Control
NDP	National Development Plan
NDRMC	National Disaster Risk Management Commission
NGO	Non-governmental organisation
NPC	National Population Commission
NSR	National Social Register
OAU	Organization of African Unity
OECD	Organization for Economic Co-operation and Development
PAPD	Pro-poor Agenda for Prosperity and Development
PHEOC	Public Health Emergency Operations Centres
PLA	People's Liberation Army
PPE	Personal protective equipment
PPP	Purchasing power parity
PTSD	Post-traumatic stress disorder
RSLAF	Republic of Sierra Leone Armed Forces
SAP	Structural adjustment programmes
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
SASSA	South African Social Security Agency
SNP	Support network of professionals
SONA	State of the Nation Address
STATSA	Statistics South Africa
TB	Tuberculosis
UIF	Unemployment Insurance Fund
UK	United Kingdom
UK MOD	United Kingdom Ministry of Defence
UN	United Nations
UNDP	United Nations Development Program
UNHCR	United Nations High Commissioner for Refugees
UNICEF	United Nations International Children's Emergency Fund
US	United States of America

USAID	United States Agency for International Development
US DoD	United States of America Department of Defence
VYA	Volta Youth Association
WHO	World Health Organization
WTRF	Western Togoland Restoration Front

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We hereby acknowledge all the authors who contributed to the book. Sharing your knowledge from your lived experiences during pandemics in Africa is exceptional considering that most of the contributions were written during the hardships of the COVID pandemic.

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Finally, we need to acknowledge the professionalism and support of the editorial staff from Taylor & Francis who walked the road with us.

1 Decision-Making for Human Security in a Complex Crisis

Andreas Velthuizen

Introduction

In April 2020, as the world descended deep into the COVID pandemic, Melinda Gates warned that Africa would be the worst affected with "bodies out in the street". A report by the United Nations Economic Commission for Africa (UNECA) subsequently announced: "Anywhere between 300,000 and 3.3 million African people could lose their lives as a direct result of COVID-19".[1] Scholars such as Haer and L. Demarest[2] warned that the risk of COVID-19 amplifies pre-existing economic, social, and political vulnerabilities in Africa, such as poverty, political tensions impeding democratic processes, increasing government power to abuse lockdown measures, and rising intergroup conflict. The broader human security threats posed by the pandemic called for increased focus on measures to reduce the economic and social impacts of the pandemic and prevent violent conflict. Although unexpected epidemics are not new to Africa, which often has to deal with the sudden increase of specific illnesses such as cholera, meningitis, and avian influenza in spaces where they can be isolated, pandemics such as Ebola, COVID, and HIV are carried across international borders undetected, affecting many people.

Health practitioners such as Tumusiime[3] emphasise the necessity of resilience and "antifragility" in the healthcare system, emphasising the ability to provide essential services in the face of potential catastrophes. The call for antifragility goes beyond resilience, meaning that health services should not only be available to people in immediate need of services, but similar services should be available to healthy people, such as health promotion and disease prevention, that will relieve the pressure on healthcare facilities.

At the end of 2020, a scenario emerged of African countries suffering from a higher transmission of infections, but that mortality was significantly lower than in China and Europe. The explanation was that Africa has a much younger population than the rest of the world but that the disparity is probably due to underreporting events. Other plausible explanations included climatic differences, pre-existing immunity, genetic factors, and behavioural

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differences. However, more research is needed to analyse how these different factors manifest in various African environments.[4]

By 2021, Nathaniel Umukoro[5] articulated the need to emphasise the functioning of healthcare systems in the interest of human security in Africa. Operationalisation of public health would have required states to focus on identifying and implementing strategies to increase the quantity and quality of healthcare facilities and broad health insurance programmes to reduce the financial stress associated with paying for healthcare services. The need for the increased procurement of modern and functional healthcare facilities, health worker training, and the availability of protective equipment for health workers emerged.

It was also in 2021 that de Coning expressed the need to engage and influence a "complex social system" to cope with this complexity and uncertainty by engaging with affected communities and societies to develop a united response from the "bottom-up" in a continuous iterative adaptive learning process. Despite the disruption of COVID-19, Africa's peace and security network remained markedly resilient, meaning that the peace and security networks of Africa collaborated closely with affected communities and societies, with the potential to strengthen community resilience and "adaptive capacity". The hope was that community capacity would strengthen African national and local capacities to survive the next wave of the COVID-19 pandemic without escalating insecurity, chaos, or violent conflict.

By 2022, the coronavirus mutated from the alpha, beta, delta, and omicron variants. However, the predicted catastrophe has not happened, as infection rates have been low compared to Europe, North America, and Asia. Nevertheless, the need for determined regionally coordinated responses to the pandemic to mainstream the well-being of African people has arisen, calling for harmonising protocols for prevention, testing, access to vaccines, distributing vaccines, and social programming aimed at providing relief for vulnerable populations. Africa experienced a flurry of "vaccine diplomacy and politics" involving Western pharmaceutical corporations, Russia, China, India, and Turkey, but realised that the optimal path for Africa is to be innovative and grab the opportunity for Africa to develop its own vaccines or be granted patent waivers from industrialised countries for the local production of vaccines in Africa as an essential step towards African transformation and realisation of AU Agenda 2063.[6] Health diplomacy became a welcoming middle ground for actors involved in global human security and eventually had a stabilising influence on international relations.

In June 2022, Lancet's medical researchers found that

> the African region is estimated (based on reported COVID-19 infections cases confirmed by representative seroprevalence studies) to have had a similar number to the rest of the world, but with fewer deaths. More accurate figures would require ongoing surveillance of hospitalisations,

comorbidities, the emergence of new variants, and scaling-up of representative seroprevalence studies.

Three years later, predictions of an apocalyptic epidemiological disaster were significantly off the mark, representing a limited understanding of the continents' previous experience with the disease and underestimating its political will and ability to adapt to the new situation. According to the World Health Organization (WHO), by February 2023, Africa recorded less than 2% of COVID-19 cases globally. However, the pandemic has had severe socio-economic and governance consequences for Africa that affected the security of human beings as individuals, organisational behaviour, and governance. Restrictive measures to contain the virus have shown that response to COVID-19 can not only be limited to response to a health crisis but requires a broader response to the negative impacts on economic, social, and political life, significant increases in poverty, food insecurity, socio-economic disparities, social upheaval, and authoritarian behaviour.[7]

In medical terms, Africa has undoubtedly performed on par with the rest of the world. The security environment, however, tells another story. Whereas Europe and the USA have experienced their share of political instability and economic volatility over the last three years, the impact of the pandemic on Africa has been immeasurably worse. There have been no less than nine coups or attempted coups since January 2020, delayed elections, terrorist attacks, and countless incidents of violent unrest against government policies and perceived incompetence. Economic growth and trade have declined in most countries, with a correlated rise in extreme poverty and food insecurity. Many have argued that the "swift and aggressive containment measures"[8] implemented by African governments were short-sighted and have come at an enormous cost to people's livelihoods and well-being.

The connection between public health and human security

The focus on the well-being of people in dealing with severe health threats such as epidemics and pandemics informed human security as the conceptual framework for this book, in contrast with the traditional concept of security that focuses on state security (popularly referred to as national security) and applying military force to resolve security issues in the nation-state context.

Human security is about securing the well-being of people wherever they live and move. Human security means protecting people from critical and persistent threats through processes that build on people's strengths and aspirations, creating political, social, environmental, economic, military, and cultural systems as building blocks for survival, livelihood, and dignity.[9] Human security aims to find means to protect the nation from external aggression and safeguard it from dangers such as environmental pollution, disease, hunger, and poverty. Exponents of the human security paradigm argue that the individual is the appropriate focus for state security and not

military capabilities in an era of threats such as climate change, terrorism, and poverty (we can add pandemics), more persistent than interstate attacks and warfare. The fact remains that a state cannot maintain its security without ensuring the security of its citizens; without human security, there can be no security.[10]

After the UNDP emphasised, the human security perspective in their Human Development Report of 1994, UN Member States reached a global consensus of the General (Assembly resolution 66/290 of 2012) by adopting the "universal value" of human security to identify and address widespread and cross-cutting challenges to the survival, livelihood, and dignity of people; implementation of the concept and resolution was impeded by governments who are under structural pressures of nationalist and realist international politics. However, the human security concept remains an essential framework for a broad and deep discourse in an evolving security studies agenda to mainstream human-centred issues exposed by COVID-19.

The gap between "hard" security capacity and everyday experiences of insecurity is not unique to the era of COVID-19. The pandemic amplified and compounded but did not create structural dynamics such as inequality. However, the dynamics of the pandemic revealed the limitations of the national security paradigm as applied by the world's most powerful states, primarily on how to deal with geopolitical conflict and the linking between national security and the everyday human experiences of insecurity. The time is here to open a "second generation of human security debates". Human security concepts add value by demonstrating interconnections between security challenges, the importance of justice to mitigate the challenges, and determining the policy implications thereof. The core message of human security is to promote human-centred security practices without securitising phenomena such as COVID-19 but to expose existing structural insecurities and a national security paradigm with a worldview that privileges specific values above the needs and interests of individuals.[11]

Understanding the varying approaches to human security remains valuable for interpreting observations in different contexts. For instance, the "Copenhagen School" recommends de-securitisation, meaning that problem-solving should take place in the "ordinary public sphere", confirming the need for public consensus and decisions driven by the values of citizens. "The Paris School"[12] also reminds us that security should be founded on democratic practices and individual freedoms as "the purpose and premise of life". The social constructivist approach[13] supports human security in depicting security as an outcome of a social and political interaction process among actors where social values and norms, collective identities, and cultural traditions are essential.

Whatever approach is followed, human security remains a conceptual framework and "a normative compass" for heuristic arguments around the lived experiences of insecurity and deprivation. Thus, the normative value of human security as a framework for understanding the impact of pandemics

such as COVID-19 motivates us to revisit human security, including the dynamics of public health security. In many societies, public health is not an equally distributed public good. Decisions that shape experiences of security and insecurity are political and shaped by power and lie at the intersection of mutually dependent security spheres and calls for investment in public health, welfare, and public goods, equally crucial to investment in military hard power and the accumulation of private capital. Public health and other aspects of people's well-being cannot be auxiliary to national security. The experience of COVID-19 exposed the limitations of traditional security about the everyday needs of people and encouraged a paradigm change in the concept of security that is currently without traction.[14]

The book builds on the work of scholars such as Obi,[15] who calls for more research to analyse Africa's resilience to pandemics and what lessons can be learnt from the experience, building on knowledge to create a long-term continental response. The COVID-19 pandemic is once again an opportunity for African peace and security scholars and practitioners to revisit issues such as adapting the African Peace and Security Architecture (APSA) to address social and structural issues to manage conflict, and raise resources for conflict prevention, peace support operations, and peacebuilding.

The human security paradigm facilitates the focus on health security and other security-related variables such as financial-, energy-, and food security, emphasising social values and maintaining cultural norms to counter security threats. This book is about human security as a fusion of different perspectives, forming a new horizon where the safety and security of all citizens of states in the world become possible. Building this book on the human security paradigm is a step towards the desired effect on the well-being of people and the world they live in. The relatively idealistic nature of human security, as an all-encompassing and holistic concept, in contrast with the realist claims of national security, calls for maximum citizen oversight of decisions that affect their lives, inclusive of political institutions, building on a complex web of collaboration networks. The holistic approach that comes with human security undercuts the "hammer and nail" perspective that calls for the "defeat" of "threats" by armed forces in all circumstances, sometimes not an appropriate reaction to crises such as pandemics. The human security approach presents a valuable framework for problem-solving and decision-making in any dimension: local operations ("in the field"), national, international, and transnational.

Applying the human security paradigm to this book enabled the authors to evaluate the full impact of COVID-19 and other epidemics on the African continent. It argues that the decisions made in response to the pandemic have shaped the security environment of Africans for years to come. The book draws on 11 chapters, written by African researchers from across the continent and representing diverse areas of specialisation, to highlight the political, economic, military, health, and social outcomes that resulted from a combination of an extreme emergency and suboptimal decision-making

in various contexts in Africa. The lessons learned are valuable for all who wish to expand their knowledge of pandemics in Africa on aspects such as reactivity, coordination, solidarity, commitment to disaster preparation, investment in digital infrastructure, health, education, and democratic decision-making. With new diseases and emergencies, all but guaranteed in a globalised world that is increasingly vulnerable to climate change, this book makes an important contribution to the human security discourse, linking it to health security and development in a post-COVID world.

Decision-making in a crisis

The response of African leaders to pandemics to promote human security shows that value-driven and consensus-seeking decision-making necessarily moves the focus on the importance of the well-being of people. This book focuses on the lessons learned from pandemics by asking, "How should leaders ensure human security through decisions and actions during a complex crisis?" Our authors report on a time of courage when pursuing new ideas in solving complex problems amidst a catastrophic crisis that required seamless collaboration among many minds. As a complex problem, the pandemic involves a way of thinking, pursuing ingenious ideas and imagining the future. Such a way of thought involves asking big questions to investigate beyond the surface to find comprehensive solutions to complex problems. It is, therefore, essential to be mindful of how people make and take decisions under pressure.

In theoretical terms, decision-making manifested itself in times of crisis, from attempts to lengthy rational decision-making processes to irrational or intuitive behaviour under time and resource constraints to falling back on value-driven decisions, always aiming at a sufficient consensus on how to deal with the crisis. Deciding something and claiming "reason" or "rationality"[16] to attain harmony among various dispositions and impulsive thinking to find one disposition rationally did not always result in good decisions. In a crisis, people tend to revert to intuitive decisions following personal habits, others standing sceptical or in self-interest and, in a spirit of opportunism, intuitively start to abuse the situation.[17] It is also in a crisis that the character traits of leaders are exposed, such as jumping to conclusions and biased thinking that drives decisions that seem to be irrational to others, especially in the case of harmful outcomes. Some leaders tend to dig into the "garbage can" to use solutions to a problem that has no recent precedent in terms of enormity.[18]

Value-driven decision-making must contribute to inclusivity and consensus to maintain the fundamental need for social transformation and human dignity.[19] In applying this approach to decision-making, the knowledge of all people should be integrated through participation in the interest of socio-economic growth in Africa in all dimensions of society.[20] Advocacy coalitions, political parties, networks of corporations, interest groups, journalists, and

research institutes with other values and perceptions may influence policy issues.[21] The main challenge with consensus building is locating authority and accountability because of the scattering of responsibility among many offices, actors, and levels of governance.[22]

In a time of crisis, it is essential for African leaders to embrace a philosophy of dignity of the personhood derived from the natural rights of individuals within a communal structure[23] and that decisions are adequate to sustain the well-being of people. In this book, we see that, in many cases, African leaders (in all dimensions of society, not only elected politicians) reverted to value-driven decision-making, emphasising involving as many people as possible, irrespective of race, gender, and cultural background, in decisions that affect their lives. Unfortunately, during pandemics, not all decisions manifest in social interaction to ensure that the points of view of all parties are considered with respect, especially in cases of harmful responses adopted by some African governments, such as human rights violations and authoritarian measures to deal with opponents opportunistically.

Through our good authors, we will discover how leadership decisions influenced nation-building, transforming violence into peace, socio-economic progress, and other real-world issues such as pandemics and learn from them. We will see that in the reality of pandemics, political violence and natural disasters, it is about developing networks and communities of inquiry, allowing for personal learning beyond self-imposed boundaries and constraints to make decisions in reaction to challenging circumstances collectively.

The transdisciplinary approach to the book

In compiling a book representing differing contexts and disciplinary perspectives, it is essential to follow a methodology to ensure coherence. Therefore, we agreed to follow the encouragement of exponents such as Husserl that we should break out of systematic disciplinary practices to be free from the prejudices of natural sciences, especially assumptions that were not thoroughly examined.[24] As explained by Nissani,[25] Max-Neef,[26] Nicolescu,[27] and others who asserted that the transdisciplinary approach is essential to finding solutions to wicked problems, it proved to be a suitable approach for this book.

The relevance of transdisciplinary research to human security as a normative concept is only meaningful within a particular social context. In this regard, human security is used to clarify the context-specific core values of security, specifically the human needs attached to them. A mix of security dimensions, including both military and nonmilitary, accounting for values such as freedom from fear (health and other physical threats), freedom from want (access to resources), the link between the wealth held by individuals and their sense of personal security (the most vulnerable within society tend to rearticulate the society's security terms). Such a mix requires proper case

studies as part of a participative process to deliver human security-relevant research results for comprehensive and coherent policy intervention strategies. Transdisciplinary research thus links the global human security discourse at the policy and academic level to local needs and perceptions.[28]

Many significant human security threats emerge from the interconnections between different variables in particular situations. Value-adding from human security analysis falls outside themes and topics already considered under existing bureaucratic and disciplinary arrangements. Human security flexibly transcends those divisions according to the "nature of particular situations" to focus on how people live, discovering priority values and threats from a transdisciplinary holistic perspective, finding linkages and drawing comparisons to ensure priority attention to the threats most relevant in the given time and place that prevents people from living the safest way possible.[29]

The diverse disciplinary perspectives in this book cross disciplinary boundaries beyond just health studies to investigate pandemics from perspectives such as political theory, military studies, international relations, crisis and catastrophe management, and gender studies, to name just a few of the fields that are still visible. As Alexander and Sabina Lautensach[30] explain, the diversity of backgrounds and plurality of discourses should not impede collaboration among human security analysts and slow down their progress in addressing critical challenges, leaving out essential perceptions. The fast-expanding literature contributes little to improving human security in the real world because it fails to reconcile concepts such as security, development, growth, and sustainability. Authors writing from a mono-disciplinary perspective fail to address all the concepts to produce innovative knowledge for policymakers and other citizens to make informed, responsible decisions that determine the circumstances of future generations.

In the space among disciplines, there is knowledge that may reveal new knowledge and lessons learned beyond the constraints of disciplinary boundaries. Therefore, transdisciplinary sense-making is required to create safer societies by doing away with dichotomised and divisionary thinking.[31] Thus, for this book, every researcher and author were allowed to select what approach, methods, and techniques they would apply to discover knowledge that not only contributes to existing bodies of knowledge related to the research problem but also, more importantly, discovers innovative solutions in the interest of humankind. In this book, the authors have done well in achieving that. Each chapter in this text is written by different authors or teams of authors focusing on common issues in human security. Some chapters introduce the reader to a specific aspect of human security through the lens of a specialised discipline; most chapters present diverse viewpoints and extract from them conclusions considering a plurality of disciplines. As a result, the reader develops a broad understanding of the most critical challenges to human security from a display of perspectives and ways of knowing.

In compiling a compendium of chapters and literary anthologies, the context remains vital to do justice to new learning from lived experiences. Therefore, the deliberate emphasis on the work of African scholars, some established scholars, and others still busy establishing themselves in the world of knowledge production presents a valuable mix of voices. Our authors are located at different vantage points in Africa and, in their fields of specialisation, reveal the thinking and being of people in dimensions that are sometimes only grasped by those who lived through the pandemics. Among our authors are people who fell ill, witnessed the suffering and death of close family and other people, or had to deal with the problem in insecure, erratic conditions that threatened to leave them powerless against a small virus the ordinary person cannot see.

The contributors to this work do so in the realisation that interactive teamwork across academic disciplines, fields, and beyond professions is essential for sharing knowledge for transition and progress. Collaboration among people, regardless of profession or occupation, is vital to understanding the world's complexities. Scholars and practitioners willing to break out of systemic practices, eager to erase boundaries in their minds and other physical boundaries to find knowledge in the space beyond disciplines, are privileged to glimpse what lies beyond the visible horizon.

From a methodological perspective, a subject such as human security, especially health security, requires a transdisciplinary approach to access an epistemology characterised by seeing and interpreting the world in the multicultural context or landscape where the knowledge can be found. Transdisciplinary gathering, merging, and synthesis of knowledge ensure the participation of all voices, including historically silenced voices. If as many people as possible, irrespective of where they come from, where they are located, and their identity, are included in knowledge production, it will enable societal solutions. Following this approach, significant issues such as breaking away from north-south domination and imperialistic mindsets recognising "glocality" (the integrated wholeness of local, national, and international) open the horizon for designing and developing unique solutions. Applying the transdisciplinary approach to studying African society allows for progressing from the knowledge discovered from many vantage points, breaking away from legacy thinking from another era or physical space that prevents moving into the future.

Synopsis

The following chapters provide the reader with an essential practical insight into dealing with pandemics and health threats in general, considering the broader purpose of sustainable human security. Aspects that come to the fore are the role of politics in citizen participation, deciding on strategies and how to implement operational plans under pressure; why opportunism and corruption emerge during a health crisis and how to deal with it; why

accurate intelligence is vital for pre-emptive action and reaction; and why creative solutions empower people to avoid unintended outcomes such as violent reactions from disgruntled and frustrated citizens.

In Chapter 2, Siphamandla Zondi and Naledi Ramontja emphasise the importance of a state-centred approach. The authors found that the COVID-19 pandemic tested the capacity of the South African state to intervene effectively. Political leadership followed an inclusive and consultative process in response, deepening democratic decision-making. However, concerns were raised about how democracy contributes to a resilient society and tested South Africa's capacity to handle future pandemics or epidemics. The authors found that the state has returned to African culture to manage longer-term crises like poverty and underdevelopment, occupying the centre. The authors assert that by following the WHO guidelines and international best practices in building partnerships and social compacts, states may redeem themselves from negative perceptions of past failures. In following the central theme of human security, the authors celebrate the success of state policies building on strengths while dealing with aspects such as inequality, rising poverty, and gender-based as work in progress that requires a human-centred approach to policymaking and implementation.

In Chapter 3, Kayla Arnold discusses the issue of trust concerning using the military to contain threats against health security. The author analyses the 2014 response to Ebola in West Africa and shows that using the military to respond to Ebola had varying impacts on public trust and depends on how the public relates to the military and other responding institutions. The author found that dynamic cultural, political, and historical complexities and different styles and functions of military response mould public trust. The author recommends best practices in civil-military communication, leadership style and attire, protocol, and reputation-building to create and maintain trust. In achieving the desired reputation, the state should structure the security sector during peacetime, adapt military leadership style and attire to be acceptable in the civilian context, and enhance collaboration with foreign and local militaries. From a human security perspective, the author illustrates the importance of citizen involvement to ensure that democratic values and the dignity of people should remain the overarching consideration in structuring security apparatus and applying military capabilities in support of human security.

In Chapter 4, Kwaku Nti emphasises transnational, collaborative relationships. Nti discusses how Ghana and Togo dealt with the COVID-19 pandemic in all its manifestations around their common international boundary, presenting viable solutions to complex situations. Agitated communities and governance responses compromised the commitment to human security, with people taking safety risks among government attempts to mitigate fear, want, poverty, indignity, and contemporary security threats. From a human security paradigm, the authors highlight the limitations of the national security paradigm in dealing with social and structural issues, such

as local resistance to the policies and decisions of governments, focussing on the complex relationships between cross-border communities.

Zeru Maru Woreta, in Chapter 5, highlights the complexity of crisis management in a situation of violence and volatility. Evaluating the impact of COVID-19 on displaced populations in Ethiopia, he found that the severe and increased health risks compromised livelihoods and exacerbated existing social challenges. The disruption of education and psychosocial services disrupted the displaced population's coping mechanisms and quality and timely service delivery by the government of Ethiopia. Subsequently, the impact of COVID-19 on sociopolitical progress and economic development, especially on forced displaced populations, threatened human security in Ethiopia. This chapter contains valuable lessons on how to respond to vulnerable displaced people to build and maintain resilience during a pandemic without public policies promoting inclusiveness in decision-making.

In Chapter 6, Veronica Nmoma Robinson offers a comparative analysis and highlights how the response to pandemics is compromised if developmental programmes are inadequate. The author argues that the Civil War in Liberia posed a catastrophic challenge to the country's development and warns that pandemics like Ebola and COVID-19 can eradicate socio-economic development if targeted policies and corrective measures are not in place. The neglect and failure to follow appropriate developmental procedures, including productivity-driven growth and diversification, frustrate Liberia's chance of recovery and achieving its developmental goals, adding to current human insecurity in Liberia. The social and structural challenges of human security in the creation of sustainable systems of livelihood in the national dimension are highlighted in this chapter.

In Chapter 7, Rosemary Chilufya investigates how COVID-19 constrained small and medium enterprises (SMEs) but inspired innovation when SMEs in Zambia reverted to selling indigenous plant medicines to mitigate the spread of the pandemic. Zambian SMEs activated local structures and enhanced localised knowledge and practices to inspire business activities and use local knowledge of what was seen as a new disease. The availability and use of local plants enabled the government and citizens to draw countermeasures from existing structures and cultures and integrate them with WHO knowledge to mitigate the impact of the pandemic on people. This chapter offers an exciting perspective of how economically vulnerable business sectors and people can survive and live in dignity despite compromised human security.

Michael Ihuoma Ogu and Uzzibi Methuselah Irmiya, in Chapter 8, offer several lessons from Nigeria on response to pandemics and epidemics. The authors argued that some reactions to COVID-19 in Nigeria included local practices amidst inadequate sustainable health infrastructure and an unsustainable economy. Unsustainable structures constrain response mechanisms and affect citizens' security, resulting in aggression motivated by frustrations about socio-economic conditions. The authors state that sustainable health

infrastructure and suitable policies adapted to the unique Nigeran context are required. From a human security perspective, this chapter offers a case study of how insecurity can be exacerbated if governments do not involve local people in decision-making and involve local structures to respond to and survive a crisis in a complex cultural context.

Yanoh Kay Jalloh examines best practices in Chapter 9 from the perspective of the impact of pandemics and epidemics on young women and girls in the context of Sierra Leone. She found that Ebola and COVID-19 had devastating consequences for women in Sierra Leone. The author recommends best practices that can be applied in any developing country, such as a clear policy framework for all institutions, including government and societal leaders. The authors highlight the impact of pandemics and women as a critical aspect of human security, making valuable recommendations concerning governance capacity to protect vulnerable people.

In Chapter 10, Andreas Velthuizen applies catastrophe theory as a point of departure and framework for analysis. The chapter offers some approaches to development in Africa, changes in geopolitical systems, including the consequences of instability within the nation states of Africa, and how the catastrophe panned out in Africa. It was found that during the pandemic in Africa, most leaders accepted that the collective need for personal income, business profit, and social interaction outweighed the risk that some unfortunate people may not survive the pandemic. In this scenario, a collective, coordinated reaction involving national and international actors managed to contain the virus. After initial uncertainties on which scenario would unfold, international solidarity of rare profound and broader collaborations emerged where a critical mass of people became involved in policymaking and implementing strategies and programmes. Successful collaborations mitigated the impact of what was experienced as a catastrophe, promoting human security from a socio-economic perspective for African societies.

In Chapter 11, the editor concludes that how the people of Africa govern and manage the impact of pandemics in Africa opened up many possibilities for futuristic solutions to mitigate the effects of similar crises on human security in Africa. The author found that if leaders in all dimensions of society build upon a harmonised network of relations between international institutions, central governments, organised citizens, and the lived experience of fragile but resilient African communities, the people of Africa will be prepared to ride the wave of many future crises.

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2 South Africa's Response to COVID-19 and the Return of the State in Africa

Siphamandla Zondi and Naledi Ramontja

Introduction

Despite lower figures than global averages, African countries battled the COVID-19 crisis in 2020 and 2021 in terms of impact on public health systems, harm to systems of social resilience against long-standing epidemics of poverty and despair, and the deleterious impact on the political economy, further deepening these structural deficits. Yet African countries like South Africa, Egypt, and Morocco registered quite a high rate of infections and deaths. As a result, they also felt the social and economic impacts sharply. Unlike the other countries with a high incidence of COVID in 2020, South Africa continued to feel the heavy impact of three waves of COVID crises driven by three variants of COVID virus to the end of 2021. This posed huge challenges for human security in Africa and South Africa, further weakening the poor's security from want. On the African continent in general and in South Africa specifically, the incidence of COVID led to questions about whether there was a return of the state to the centre of the provision of public good, whether this did not carry with it a swing from human security to state security, from popular sovereignty to state sovereignty with corrosive effects on the consolidation of democracy. The question was occasioned by the fact that for a long time, the state in Africa and in South Africa has either diminished its capacity or lost public trust as a result of incompetence, corruption, and excessive elitism. This has led to growing pressure on the second and third sectors of governance (private and non-profit sectors) to improve their involvement in delivering public goods in partnership with the state. The Structural Adjustment Programmes (SAPs) of the 1980s and the mantra of the lean state of the 1990s all helped weaken the capacity of the state to address the aspirations of the majority of the people.

But the responses to COVID-19 required the state to take the lead in organising society, including these social partners, to shield already fragile societies from a calamity, the scale of which had yet to be seen in about a century. South Africa declared in March 2020 a natural state of disaster that enabled the government to take drastic emergency measures to prevent and contain the COVID crisis.[1] The World Health Organization

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(WHO) guidelines required a capable, developmental, and democratic state as envisaged in the National Development Plan (NDP) of South Africa, but whose emergence has remained deferred for a while. This chapter analyses the formal South African responses to COVID-19 from March 2020 to April 2022, when the natural state of disaster was lifted, to understand the extent to which there has been a return of the state in this specific context, whether the state centrality was as envisaged in the NDP and what implications this has for the realisation of the NDP Vision 2030 in the remaining eight years.

South Africa's official response to the COVID-19 pandemic

The WHO declared the COVID-19 a pandemic on the 11 March 2020 and called on governments to take preventative measures to contain this pandemic.[2] A few days after the WHO declaration, the South African government declared a national state of disaster that allowed them to adopt emergency responses to the pandemic that entailed restricting people's freedom of movement and economic activities and empowering law enforcement forces to enforce public health protocols such as the wearing of face masks in public.[3] The measures were meant to minimise the spread of the virus through human contact. Emergency operation centres were set up; an inter-ministry committee was also put in place to intervene over the issues concerning the pandemic.[4] Moreover, a National Coronavirus Command Council (NCCC) was set up.[5] The formation of these bodies and policies helped reduce the spread of the pandemic in identified hotspots such as Nelson Mandela Bay, Ekurhuleni, and Tshwane.[6] The National Department of Health issued COVID-19 government strategic plans, which included screening and testing of COVID-19 at entry points and preventative measures to combat the spread of COVID-19.

About two weeks later, the first initial confirmed case of COVID-19 was announced.[7] The president imposed a three-week-long national lockdown, which was subsequently extended with additional two weeks.[8] The national lockdown was accompanied by measures, which restricted outbound air travel; all schools were closed and public gatherings were prohibited.[9] High-risk countries such as China, UK, the US, and Italy were included in the initial ban and South Africans who flew back from these high-risk countries were isolated in different isolation centres for 14 days of quarantine.[10] These practices were considered to be in line with the best practices to curb the spread of the virus and to protect the vulnerable. The lockdown was regarded as one of the earliest and most stringent in the whole world. The timely implementation of the lockdown and measures to curb the virus was considered an excellent measure by the WHO and other internal and external policymakers. The stringency index records indicate that South Africa adopted one of the strictest lockdown styles and government policies to minimise the spread of the virus. The stringency index below indicates South Africa's data from April to November 2021 through the two most dominant variants, Delta and

Omicron. The index varies from 0 to 100 (0: lowest strongest, 100: highest strictness) based on measures taken including the national lockdown, school and business closures, and travel bans. From the 2022 stringency index, the highest index value South Africa recorded is 69.00 in July and the lowest 38.00 in May.[11]

Mid-June 2020, the country was ranked fifth globally in accumulative cases, and the president formally requested technical support from the WHO.[12] In response, the WHO sent a team of specialists ranging from case management, infection control, and prevention and epidemiology and surveillance specialists who were dispatched at the national level among all nine provinces. Local experts and specialists were also deployed in identified hotspots in order to implement measures to flatten the surge of infections.[13] The country battled under four waves of high infections accompanied by an astronomical rise in deaths between 2020 and 2021.[14]

In response to the economic effects of the virus, the government allocated R500 billion to the social and economic relief package.[15] Funds were withdrawn from departmental projects, which could be delayed, as well as projects with a poor history or lack of implementation to redirect more funds into the COVID-19 responses. The funds were channelled into acquiring mobile testing units, establishing testing sites, mobile clinics, field hospitals, and employing community healthcare workers across the country to educate the public about COVID-19 and to conduct tests.[16] Funds directed at social relief increased by 41 billion, which led to an increase in social grants for children and the introduction of the special relief fund estimated at R350 for all the unemployed.[17] All retrenched and the recently unemployed receive the Unemployment Insurance Fund (UIF).[18] To fight acute hunger amid COVID, the Department of Social Development and the South African Social Security Agency (SASSA) and other private associations and agencies organised food parcels.[19] Qualifying small, medium enterprises, and companies received package relief supported through loans, grants, and the Unemployment Insurance Fund Wage Support Scheme. In the 2022 State of Nation Address, President Cyril Ramaphosa announced that the government's Social Relief Grant would be extended to the end of March 2023 as a means to prevent a humanitarian crisis (SONA 2022).[20] The SRD grant has brought millions of previously excluded people into the social security system, and it has offered support in times of need for workers in the informal sectors, young unemployed people, and the economically excluded people in rural areas.

Due to a shortage of vaccines, the government proposed a vaccine roll-out plan, which was implemented in three phases: the first phase was designated to cover the 1.2 million frontline healthcare workers; the second phase targeted elderly people and people with comorbidities; and the last phase was to cover the general population.[21] The target was to vaccinate 67% of the population from 2021 to break the circle of transmissions.[22] The target remains elusive to date. By April 2023, some 22 million adults had been vaccinated, making it 51% of the adult population in South Africa.[23] However, vaccine

hesitancy and misinformation were the biggest contributors to low numbers of vaccinations.[24]

In response to vaccine shortages and inequities in accessing vaccines and medical supplies, the South African government in collaboration with NantWorks has launched NantSA, a vaccine plant in Cape Town to manufacture COVID-19 vaccines and other medical commodities for Africa by 2025.[25] For this initiative, the South African government is commended again by the WHO Africa and the Africa CDC for supporting healthcare initiatives and putting health at the top of the agenda to increase self-sufficiency and manufacturing capacity in Africa.[26] Moreover, the South African government has been applauded constantly for its commitment to transparency through sharing with the WHO and the rest of the world emergence of new variants, notwithstanding the unique expertise by South African scientists, academics, and researchers.[27] Even though, trust in government has declined significantly with the rise of socio-economic challenges amid COVID-19. All spheres of government (local, provincial, and national) have suffered backlashes as the government failed to protect the livelihoods of many.

Despite the positive response to the pandemic, South Africa is still considered a low-health-budget country with limited resources inclusive of human capital. On a global scale, South Africa ranked the least in number of doctors per 1,000 people in 2019.[28] With 59.3 million citizens, the country battles to achieve the minimum standard of required physicians; however, the density of practising doctors has increased from previous years. South Africa has a long history of shortages of medical doctors with an average of 0.74 doctors per thousand population. The lowest value was recorded in 2007 with 0.70 and the highest value was 0.79 for 2019.

In terms of number of nurses per thousand population, South Africa is ranked the least with a decline from 1.31 in 2016 to 1.10 in 2019. The lowest value was in 2001 with 0.72 nurses per 1,000 people. South Africa falls short of WHO's recommended number of 3 nurses per 1,000 people; however, prior to COVID-19, there had been an increase in public health investment and the number of nurses increased in both public and private hospitals.[29]

South Africa's NDP[30] was adopted in 2012 to guide the efforts to eradicate poverty, inequality, and unemployment through economic growth and development by 2030.[31] It was set out to grow an inclusive economy and to eradicate corruption in the state. Nearly a decade after its development, the country is not close to achieving the NDP. The government aimed to reduce unemployment by 20% in 2015 and by 14% in 2020.[32] The available data show that South Africa is nowhere close to meeting these targets, questioning the reliability of these targets. Indeed, the COVID-19 pandemic caused shocks to the economy and further undermined the implementation of NDP with the result that poverty deepened, unemployment grew, inequality increased, and economic growth was stunted.[33] Before the outbreak of COVID-19, South Africa had an averaged GDP growth of 2.65%, which is relatively low on a per capita basis considering the 58 million population at the time.[34] The

economic growth rate of a low 0.2% in 2019 before COVID-19 was –8.2% by end of 2020–2021 financial year and recovered to 3% in 2022. The rate of economic decline that had grown gradually for a decade grew significantly more during COVID-19.

Rising levels of corruption and a growing sense of inequality in South Africa have negative correlation with levels of public trust. During the lockdown, the levels of poverty increased, and many communities were food insecure and dependent on government's aid for survival. These situations exacerbated inequalities in communities, where the poor plunged into deeper deprivation and COVID-19 measures such as washing of hands, sanitising, and social isolation were practicable to only the middle-class households because of lack of basic services such as water and, to some extent, overcrowding and lack of housing.[35] The level of inequality between private schools that tend to serve the rich and public schools that the children of the poor attend continued to deepen. The shift from contact learning to online learning as part of the measures to curb the spread of COVID-19 exposed the digital divide in terms of access to data and gadgets between poor and rich and middle-class families.[36]

The state and quality of public services that the poor depend on significantly declined during the COVID-19 period; as illustrated next, public service delivery declined from 5.5 in 2010 to 7.2 in 2017 and 6.90 in 2021.[37] The Public Service Index is measured on an average of 0–10, 0 being the highest and 10 representing the lowest, which is the absence of state functions to serve the public.[38]

South Africa and the return of the state

A state's response to COVID-19 can be categorised into two broad classifications. First, the state assumes the position of leading the society and adopting comprehensive health measures to reduce the incidence of COVID-19.[39] Second, the state is responsible for leading efforts to recover from the devastating socio-economic effects of COVID-19. South Africa is a middle-income country struggling with economic deficits and constrained public health systems, and the pandemic came at a time where the economy was having difficulties and corruption levels were alarming among top government officials.[40] Prior to the COVID-19 pandemic the scope of the governance was seen as declining and trust in public institutions was diminishing; this is evident by the low levels of public participation, poor public perception, and the levels of corruption in all spheres of the government. Monyaka and Maserumule[41] argue that the COVID-19 pandemic poses the same features as the apartheid, which include racialised poverty, unemployment, and inequality, where the poor fall into all sorts of deprivation, from lack of proper healthcare to food shortages and unequal access to basic services such as water and sanitation. The lack of service delivery questions the effectiveness of the government in power. In the case of South Africa, the government

effectiveness indicators reveal that from 1996 to 2020, the average value was 0.49 points ranging from 0.29 to 1.02 in 1996 and 2015, respectively. On the 2020 statistics the rate increased to 0.03 on a global average of –0.03. On a global scale it ranked 66 in 192 countries.[42]

In recent years, South Africa has witnessed higher negative public perception associated with the government's inability and unwillingness to effectively deal with corruption. Public opinion is largely negative with a number of incidents perpetually leading to lack of trust in public institutions at both the local and national level. Not only do South Africans believe that corruption has increased during the Ramaphosa administration, but they also witness an increased number of public officials' involvement in corruption scandals. These include the digital vibes saga, the asbestos corruption case, and other scandals around misappropriation of COVID-19 relief funds' top the list of recent corruption cases, all of which the government has failed to control.[43]

The Public Service Index measures the presence of state functions in providing public services; this includes the provision of basic services such as clean water, healthcare service, education, electricity, and public infrastructure for public use. This graph illustrates South Africa's Public Service Index and measures the effectiveness of government service delivery. From 2010 to 2011, South Africa recorded the lowest index points of 5.50 ranking between 103 and 102 (respectively) in 176 countries. During this period, the government was drastically failing to provide basic services to the public. The year 2016 marked the highest 7.2 index points, thereafter, followed by a slight decrease until 2020.[44] The effectiveness of government and governance goes hand in hand with public perception strategies to manage the public. The government effectiveness indicators measure the quality of public service and public policy implementation.

South Africa has also experienced several political and economic setbacks and corruption scandals involving senior government officials, which affected investor confidence.[45] Despite the high number of corruption scandals, the government has experienced backlash on its failure to control corruption. Since 2012 control of the corruption index has weakened from –0.12 in 2012 to –0.06 in 2014 and –0.03 in 2018.

Despite being the regional epicentre of the COVID-19 pandemic, South Africa's decisive approach to COVID-19 and invaluable efforts to contain the spread of the virus is commendable. These efforts positioned the country in a good standing in terms of practising the *all-of-government* and the *all-of-society approach*, approach proposed by the WHO to fight against the COVID-19.[46] President Ramaphosa's governance strategy was a prelude to South Africa's overall response to a catastrophic pandemic such as this one.

The government's ability to gather support from private entities proved that South African stakeholders could work together for a greater common good provided there was a deliberate effort to include the marginalised in society.[47] NGOs, private companies, individuals, and the civil society formations responded swiftly to the president's call for support for the

needy during the time of economic hardship exacerbated by COVID-19 measures.[48] Unprecedented unity of purpose and solidarity was witnessed among political parties and movements. The Solidarity Fund was set up to help communities and small businesses raise billions of rands in about two weeks, enabling the acquisition of many services that could not be provided for even by the reprioritisation of a normal budget.[49] Reportedly, personal protective equipment (PPEs), equipment for frontline workers, were donated to several health centres by private entities.[50] Private healthcare providers quickly expanded their ability to provide testing and treatment services at predetermined rates. The banking sector provided R12 billion in debt relief for over 120,000 small and medium enterprises.[51] In addition, commercial banks offered financial relief packages in the form of interest-free loans, three-month payment holiday, and other business rescue plans to help businesses recover from the harsh economic effects of COVID-19. Many South Africans developed resilience and a sense of adaptability due to a long history of poverty and deprivation, in the process developed some coping skills such as entrepreneurship.[52] The stringency helped contain the COVID rates but did not help reduce people's distrust in government.[53] The inconvenience caused by different levels of lockdown and by the loss of jobs and income have led to decline in public trust in government and deeper socio-economic challenges.

The health system was already under pressure before COVID-19 from various causes, most of which can be related to a history of neglect and a skewed political economy maintained after apartheid. A consistent decline in political stability has a positive correlation with lack of governance and the government's inability to control and manage state resources. Before COVID-19 the government was constantly accused of misusing state funds; more accusations and acts of corruption rose with the increasing number of COVID infections. More and more government departments are accused of misappropriating COVID-19 relief funds. Moreover, the country continues to witness high levels of violence related to public frustration with inadequate service delivery by the government, especially in relation to health, roads, water, and sanitation. Violent protests and labour unrest have become common in the past decade, increasing institutional and political instabilities markedly.

Prior to COVID-19, South Africa was already experiencing a decline in health spending, life expectancy rates, and the rise in the incidence of TB and HIV and AIDS. The illustration below indicates the health spending per GDP, life expectancy rates, death rates, the human development index of South Africa, TB index over the past years. The COVID pandemic therefore found an already struggling healthcare system, and its impact would worsen this to the point of near collapse for some health centres.[54]

South Africa's healthcare expenditure (GDP%) increased since 2007, and the COVID pandemic worsened the strain on the health budget (National Treasury, 2021). The highest percentage of public and private health

expenditure was 7.36% in 2018 and the lowest was 6.43% in 2007. This indicator excludes capital expenditures from infrastructure and medical commodities such as vaccines. COVID was also a key factor in explaining bigger fiscal constraints than before and lower growth than before COVID, according to the 2022 Budget Speech.[55] In turn, these conditions limited the capacity of government to meet the basic needs of the population, especially the millions of poor people bearing the brunt of South Africa's precarious human security. Pressures on the social wage, especially the social grants given to the vulnerable, had grown during COVID partly due to the addition of a COVID relief grant for the poor. This happened in the context of declining budget allocation to public health that continued right through the COVID years in spite of the emergency injection of capital for specific COVID responses such as the purchase of PPEs and vaccines (Budget Vote 2022).[56]

In South Africa, the average life expectancy from 1960 to 2019 was an average of 57.24 years at birth. In 1960, the life expectancy at birth was 48.41 years. In the 1980s, the life expectancy began to rise steadily.[57] From 1995 to 2005, the life expectancy declined again following severe outbreaks of TB and HIV and AIDS in all parts of the country affecting the overall quality of life. The reason for an increase in life expectancy between 2005 and 2019 can be attributed to better access to healthcare and vaccination.[58] This led to an increase in life expectancy to 64.13 years in 2019, the highest rate since the 1960s. This means when COVID broke out, South Africa was on a positive trajectory in terms of life expectancy. COVID meant this would turn for worse and contribute harm to human security.

These data illustrate South Africa's death rate per thousand people from 1960 to 2019, including deaths resulting from natural causes and excluding deaths arising from non-natural causes. The highest number of deaths occurred in 1960 with 14.4 deaths per 1,000 people and the lowest in 1991 with 8.04 people per 1,000 people.[59] By the 2000s, the leading causes of death and a driver of mortality were endemic diseases rather than infectious epidemics. The incidence of COVID would change this, as the rise in mortality that happened in 2020–2021 would be attributable to a communicable disease.[60] This meant the COVID changed the disease pattern, and this would badly affect the well-being of the poor especially.

The rise of the numbers of the COVID-19 had repercussions for development in South Africa, particularly human development. The three key dimensions of human development are education, life expectancy (a healthy long life), and a decent standard of living. Health is measured by life expectancy; education is measured by the knowledge one possesses and the years of schooling; and the standard of living is based on the gross national income per capita purchasing power parity (PPP) (UNDP 2021).[61]

The South African COVID-19 response is seen as quite stringent consistently. However, the number of deaths continued to rise with the rise of new variants. This means that the hard-line response to COVID did not succeed in

preventing deaths.[62] The lowest number of deaths was recorded as 54,350 in April and the highest was 89,843 in November 2021. The more relaxed the measures, the higher the number of deaths. For instance, between October and November, the number of deaths was very high, yet the country was on level 1, and in April, when the country was on alert level 5, the number of deaths was 54,350.

Any state's legitimacy is measured on a scale of 0–10, 0 is the highest index point and 10 is the lowest. For South Africa, the year 2007 recorded the highest index points of 4.3, ranking it the highest in terms of legitimacy among a total of 53 African states. In 2018, the 5.9 increase illustrated the lack of transparency and openness by the ANC-led government, which resulted in a decline in the level of confidence in public institutions. A decline in state legitimacy suggested that the public perception was that the government was not fulfilling its mandate and the citizens were deprived of their basic public services such as water, sanitation, and healthcare.[63]

The happiness index measures the overall well-being of citizens on a scale of 0–10. For this indicator, 0 represents the least happy and 10 represents the happiest. The overall happiness of South Africans has increased from 4.72 (ranked 105) in 2019 to 4.9 (103) in 2020, making it happier than some countries that were previously ranked higher, including Algeria, Turkey, Gabon, and Pakistan. For the past decade, Finland, Denmark, Switzerland, Iceland, Norway, Netherlands, Sweden, New Zealand, and Austria have been the top happiest countries, with populations showing satisfaction with service delivery.[64] The same countries occupy the 2020 top list, with some changing positions; Switzerland is now happier than Norway, and Luxembourg is now happier than Austria and New Zealand. Since 2020, South Africa's happiness index has improved, showing an increase from 109 in 2019 to 103 in 2020.

The fragility of the state as measured by the Fragile State Index (FSI) is shown to have grown in this context.

The FSI[65] is a critical tool that measures the risk and vulnerability of states before, during, and after conflict. It is based on three main indicators: economic, political, and cohesion. The indicators highlight 12 risk factors which are used to access the vulnerabilities of state. The factors are security apparatus, factionalised elites, group grievance, economic decline, uneven economic development, human flight and brain drain, state legitimacy, public services, human rights and rule of law, demographic pressures, refugees and IDPs, and external intervention. These factors determine the index point per country. The FSI should be interpreted with an understanding that the lowest index value indicates stability, and the highest index value indicates instabilities. From 2021 data, South Africa ranks 84 among 173 states with 70 index points, showing a slight decline from the 72.9 index points accumulated in 2018. This shows that state fragility is the biggest component of democracy accompanied by protests and violent strikes.

Implications of COVID-19 in South Africa

Since the outbreak of the COVID-19 pandemic, healthcare systems across the globe have struggled to respond effectively to the virus due to its unprecedented nature. However, Africa's response to COVID-19 has been under scrutiny because it has failed to respond effectively to different health epidemics.[66] In the case of Africa, the COVID-19 pandemic has perpetuated long-standing structural deficits of healthcare inequalities, raising strong concerns that some governments might adopt policies that could exacerbate the deleterious effects of these inequalities. It took over 90 days for the 54 African states to reach 100,000 active cases.[67] Throughout the continent, the numbers increased rapidly at an average of 11,000 active cases daily.[68] Egypt, Algeria, Ghana, Nigeria, and South Africa made up to an average of 71% of COVID-19 cases, with South Africa alone accounting for 43% of the continent's total cases and deaths.[69] This is despite the fact that South Africa had the most strident policies, perhaps as evidence that the policy stance failed to produce the outcomes.

Table 2.1 illustrates in figures the number of COVID-19 cases active in the African region by the end of 2021.[70] Seven million was a high figure given the impact of COVID infections on society as a whole (WHO 2021). The highly infectious nature of the disease sparked fears that Africa's public health systems could collapse, as it was clear that many health systems would not be able to cope with the rising hospitalisations and the increasing number

Table 2.1 COVID Incidence in South Africa

2020	*First case reported on 5 March 2020.*
	By the end of December 2020, South Africa had reported a total of 1,088,889 COVID-19 cases and 29,175 deaths.
	The highest daily number of new cases was reported on 24 July 2020, with 13,944 cases.
2021	The second wave of COVID-19 hit South Africa in December 2020 and peaked in January 2021.
	By the end of December 2021, South Africa had reported a total of 3,209,345 COVID-19 cases and 88,561 deaths.
	The highest daily number of new cases was reported on 13 July 2021, with 26,485 cases.
	The highest daily number of deaths was reported on 21 July 2021, with 734 deaths.
	As of 5 May 2023, South Africa has reported a total of 3,590,779 COVID-19 cases and 93,146 deaths.
2022	The highest daily number of new cases in 2022 was reported on 2 January 2022, with 21,222 cases.
	The highest daily number of deaths in 2022 was reported on 20 January 2022, with 844 deaths.

Source: The Authors.

of deceased health workers.[71] This led to panic among African governments, evident in the rush to impose lockdowns to contain the spread of the virus and the set-up of temporary health structures.

As the table shows, the COVID incidence can be split into three patterns by year. The first is the shock of the first year of incidence of this new feared disease. On 15 March 2020, after confirmed COVID cases had risen in a matter of two weeks from 2 to 61, the South African president declared COVID a national disaster.[72] Concerned about the increase in internal transmission of the virus, the national cabinet decided "urgent and drastic measures" were necessary. It decided to mobilise the powers of the Disaster Management Act to design an integrated disaster management mechanism to prevent and reduce the outbreak of COVID. The key measures were: to limit contact between infected people and the rest of the population through the lockdown and social distancing; to strengthen the capacity for public health surveillance and testing in order to identify and quarantine infected persons; to develop comprehensives measures to cushion the impact of the lockdown on the economy; and to establish a high-level National COVID Command Council chaired by the president to coordinate the implementation of these measures. Thus, the country went into a hard lockdown enforced stridently by security forces.[73]

By the end of 2020, South Africa had reported over 1 million cases of COVID-19 and over 29,000 deaths. The highest daily number of new cases was reported on 24 July 2020, with 13,944 cases. These numbers were staggering, and they highlighted the severity of the pandemic in South Africa. There were several factors that contributed to the rapid spread of COVID-19 in South Africa in 2020. One of the primary factors was the country's high population density, particularly in urban areas. Many people live in crowded informal settlements, which makes it difficult to practise social distancing and other measures to slow the spread of the virus.[74] Another factor was the country's high poverty rate. Many people live in crowded conditions with limited access to sanitation and healthcare, which makes it difficult to prevent the spread of the virus.

While these measures were successful in slowing the spread or the pace of the spread of the virus, they also had a disruptive impact on the economy and caused hardship for many people. Many businesses were forced to close, and many people lost their jobs, which contributed to an already high unemployment rate which is among such impacts illustrated in Table 2.2.

By April 2022, the COVID crisis had so subsided that the country decided to end the national state of disaster and relaxed all the measures put in place in March 2020 to the huge relief of the economic players for whom these measures had posed huge challenges. Announcing this, President Ramaphosa[75] said:

> *Of the 108,000 regular beds in the country, only 1,805 are currently occupied by COVID-19 patients. Of the 5,600 ICU beds in the country, only*

Table 2.2 Economic Impacts of COVID on South Africa, 2020–2021

• Unemployment: The unemployment rate in South Africa was already high before the pandemic, but it increased even further in 2020 due to the economic fallout from COVID-19. In the second quarter of 2020, the unemployment rate in South Africa reached a record high of 30.1%.	• Unemployment: The unemployment rate in South Africa remained high in 2021, with the official rate hovering around 32%. Many people lost their jobs during the pandemic, and the slow economic recovery meant that jobs were slow to return.
• Business closures: Many businesses were forced to close due to the lockdown measures implemented by the government to slow the spread of the virus. This included small businesses, which were particularly hard hit by the pandemic.	• Business closures: Many businesses continued to struggle in 2021, particularly small businesses that were hit hard by the pandemic. This was due to reduced demand, ongoing lockdown measures, and supply chain disruptions.
• Economic contraction: South Africa's economy contracted by 7% in 2020, which was the largest contraction in nearly a century. This contraction was due to a decline in economic activity, particularly in the manufacturing and tourism sectors.	• Economic growth: South Africa's economy struggled to grow in 2021, with the International Monetary Fund (IMF) forecasting growth of just 3.1% for the year. This was due to ongoing uncertainty and the slow roll-out of vaccines, which hampered the country's recovery.
• Government finances: The South African government's finances were also impacted by the pandemic, as it had to spend more money on healthcare and social programmes to support those affected by the crisis. This led to a widening of the budget deficit, which was already high before the pandemic.	• Government finances: The South African government continued to face financial pressures in 2021, as it had to continue to spend money on healthcare and social programmes to support those affected by the crisis. This led to a further widening of the budget deficit.

Source: The Authors.

> *175 are occupied by COVID-19 patients. This is part of a downward trend that is enabling us to return to normality in public health facilities. This shows that while the virus continues to circulate, it is not causing the same levels of severe illness that require hospitalisation or the same number of deaths. While the pandemic is not over, and while the virus remains among us, these conditions no longer require that we remain in a National State of Disaster. Going forward, the pandemic will be managed in terms of the National Health Act.*

Over time, the enduring impact of COVID-19 and the hard lockdown continue to be debated. But clearly a number of patterns are clear. South Africa's economy slowly recovered in the post-COVID period, and only bounced

back to the pre-COVID levels of economic growth in the first quarter of 2022. The pace of recovery depends on various factors, including global economic conditions, the electricity crisis that worsened from 2021, and the extent of government support measures.

The unemployment rate in South Africa remains high in the post-COVID period,[76] with job creation also progressing slowly. In the third quarter of 2022, the unemployment rate among youth younger than 24 years of age is 59%, among those between 25 and 35 is 41%, and among adults, it is 28% for the 36–44 years age group and 20% for adults aged between 44 and 54 years.[77] The government's support measures for businesses and individuals affected by the pandemic have only a negligible effect on jobs.

Consumer spending recovers slowly in the post-COVID period, particularly as many households have experienced financial hardship during the pandemic, despite the easing of lockdown measures and the return of some level of normalcy encouraging some consumers to spend more.

The pandemic has accelerated the shift towards digitalisation in many sectors, and this trend continues after COVID. Many businesses and organisations shifted to remote work models in order to comply with lockdown measures and social distancing guidelines.[78] This led to an increase in the use of digital tools and technologies for communication, collaboration, and productivity. E-commerce has always grown with consumers turning online for shopping. This has created new opportunities for businesses to expand their online presence and reach new customers. The pandemic accelerated the adoption of digital payment methods, and this led to an increase in the use of mobile payment platforms, such as SnapScan and Zapper, as well as digital banking services.[79] The shift to online teaching and learning in schools and universities led to investment in digital infrastructure and education technology; however, institutions have largely abandoned these after lockdown.[80]

One of the political ramifications of the COVID pandemic was to strengthen the democratic culture of collaborative and inclusive decision-making. The management of the COVID pandemic required extensive consultation among political parties for parliament to support emergency measures.[81] There was a visible attempt to give various political actors an opportunity to input in decision-making and in the making of rules governing the response to COVID. In turn, this led to greater demand for accountability with vigilant alternative political parties challenging the governing party and its government to account also for failures registered, such as incidents of corruption relating to special funds for fighting COVID.[82] There were critical voices about the growing militarisation of politics and public administration under the hard lockdown, suggesting that this threatened to corrode the essence of democracy.[83] Critical civil society also raised questions about whether the government was not using lockdown measures to display authoritarian tendencies. All of this contestation and engagement contributed to further consolidating the culture of democratic politics in South Africa.

Conclusion

The COVID-19 pandemic tested the state's capacity to provide essential services and to intervene effectively in emergency healthcare crises. The political leadership sought to have an inclusive and consultative process with each step of the national COVID response, which helped deepen democratic decision-making. Yet, there were voices that raised concerns and questions about the state of democracy in relation to how it builds or does not build a resilient society that can withstand calamities of the proportion that we saw with COVID-19. The pandemic tested South Africa's capacity to handle future epidemics or pandemics of a similar nature. This paper analysed Africa and South Africa's responses to COVID-19 and suggested that there has been a return of the state in African society, South Africa included, rescued from malalignment for failure to manage longer-term crises like poverty and underdevelopment. Suddenly, the state took a centre stage as per WHO guidelines and international best practice in building partnerships and social compacts against COVID. In the process, the many weaknesses of the state were also exposed such that it is not clear if the state redeemed itself from negative perceptions of the past decades of failure. In this context, the effects of COVID-19 on the wider African continent, and in South Africa in particular, suggested a need for systematic analysis of how the state seized upon its central role in defending society against what seemed like an existential threat.

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3 Bringing in the Big Guns

Military Response to Ebola in West Africa

Kayla Arnold

Introduction

Within the first weeks of the COVID-19 pandemic, with national lockdowns being instated worldwide, some countries' responses were distinctly physical by deploying thousands of soldiers to enforce COVID-19 regulations. France launched "Operation Resilience", China mobilised over 10,000 military personnel,[1] and 70,000 troops were deployed to help enforce South Africa's lockdown.[2] Traditional functions of combat and conflict were replaced with the building of hospitals and airlifts, transportation of medical supplies and healthcare workers, and, more controversially, the enforcement of quarantines and lockdowns.

But in countries that have had their trust in government, authorities, and institutions severely diminished through histories of conflict, colonialism, and instability, often with the armed forces at the hand of the repression, what does incorporating the military into the health response mean for public trust? And if militaries are mobilised, what role and functions are most suitable for them in contexts of low trust? Pandemics, disasters, and humanitarian crises allow militaries to evolve and adapt their traditional aims and functions. Health emergencies like COVID-19 and Ebola have showcased the need for an efficient, rapidly coordinated, multi-sectoral collaboration that harnesses the strengths and resources of both military and civilian counterparts. However, the AJP-9 NATO doctrine on civil-military cooperation and 2007 United Nations Oslo Guidelines emphasise that the military should only be brought into use as a last resort if there is "no comparable civilian alternative…to meet a critical humanitarian need".[3] Among various critiques, there are neutrality issues, as the deployment of military personnel to public health emergencies as part of broader military strategy means that their involvement is not politically, militarily, or legally neutral.[4] Furthermore, some have argued that the increasing militarisation of health has made public health less effective and less trusted.[5] These increasing overlaps between health, safety, and security characterise the broader securitisation of health worldwide, wherein the domestic population is increasingly interpreted as a potential enemy to be contained.[6]

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More recently, the conditions and considerations for effective civil-military collaboration in health emergencies have been recognised and explored in a new World Health Organization (WHO) guidance document entitled "National civil-military health collaboration framework for strengthening health emergency preparedness". It reiterates the concerns surrounding trust by noting that increased involvement of military forces in health emergencies could have a twofold result – it may provide reassurance for the public or contribute to a loss of trust based on varying historical, political, and social contexts.[7]

This chapter explores the military's impact on trust during the 2014 Ebola epidemic. To do this, the existing literature that references both Ebola and the military is used to unpack the different roles and functions that the military had during the 2014 epidemic and explore these functions concerning their interaction with trust. The approach to the literature is analytical, drawing on a tool created by Henderson et al. that operationalises strategies for trust maintenance during crises.[8] Trust is seldom explicitly mentioned concerning Ebola and the military; this tool helps draw out information closely linked to trust. It has been used in food crises and more recently adapted to trust during the COVID-19 pandemic.

Understanding the relationship between public trust, military involvement, and epidemic responses is crucial for human security. Human security, which encompasses the safety, well-being, and dignity of individuals, requires not only effective public health interventions but also the protection of human rights, the promotion of equitable access to resources and services, and the establishment of trust between communities, governments, and institutions. Two of human security's key components, health security and community security, highlight the importance of trust (for example, in institutions, in community members, or across political divides) in contributing to human security.[9]

This chapter considers how best to incorporate the military into epidemic responses in ways that build and do not harm, trust, and contribute to the discourse on the future of military intervention in humanitarian and health crises. Overall, it shows that trust is scarcely considered in the literature on the militarised Ebola response and explores the various positive and negative impacts of military involvement on public trust. It is argued that these varying perceptions of the military's participation in the health response necessitate that trust is explicitly considered within the planning and implementation of militarised health interventions and those insights from prior experiences such as Ebola be applied to future responses.

The chapter begins with an overview of the Ebola virus and early outbreaks, introducing the challenge of responding to Ebola in climates of low trust. After that, findings from the literature on military involvement are unpacked and explored in sections relating to the trust model of Henderson et al. before wrapping up with how this militarised response falls into the broader trend of the securitisation of health.

A crisis unfolds: early Ebola outbreak and response

Ebola virus disease (EVD) is a severe, acute disease characterised by high infectivity and high lethality in humans. The primary transmission process is human-to-human, with the virus existing in bodily fluids such as semen, blood, and genital excretions, as well as the skin of people in the contagious phase.[10] The first outbreak of Ebola was identified in the Democratic Republic of Congo (DRC) in 1976, with infrequent animal and human cases occurring in the following decades. However, the West Africa outbreak spanning 2014–2016 became the largest in history.[11] In February 2014, cases of Ebola were first confirmed in Guinea and rapidly spread across West Africa, primarily affecting Sierra Leone, Liberia, and Guinea, and with limited cases reaching countries including Nigeria, Mali, Italy, the UK, and the US over the course of the epidemic.[12]

Responding to Ebola amid climates of low institutional trust

When faced with an epidemic of this severity, trust emerges as a twofold research concern. The first concern is understanding what the presence or absence of trust does for the ability of health and government authorities to respond to health crises, and the second is understanding the impact of the epidemic on trust. Within the literature, trust in government has historically been an important determinant of public compliance with health policies, making a lack of institutional trust highly problematic for an effective epidemic response.[13] This first concern emerged as a significant challenge during the Ebola response, where pervasive, low levels of trust were recognised as an essential factor that hindered the ability of health and governmental actors to influence individual behaviour and elicit compliance with health regulations.[14] The nature of the Ebola response exacerbated this challenge, as contract tracing, safe burial practices, vaccination, and isolation require high public compliance.[15]

But how can something as intangible as trust be defined? Somewhat unsurprisingly, there is no consensus on a single definition for trust within various disciplines of research, as there is disagreement on numerous issues, including how to measure trust, whether the trust is uni- or multidimensional, which dimensions of trust are most important, and how citizens come to form trust judgements. However, scholars generally agree that trust incorporates confidence in expectations about the future actions of others and the belief that the "trustee will do what is right for the truster".[16] These tenets can be seen within the chosen definition of public trust, which connotes "a particular level of subjective probability with which an agent [the public] assesses that another agent or group of agents will perform a particular action and in a context which affects his own action".[17] This chapter takes this understanding of public trust as its point of departure alongside Henderson et al.'s model for trust maintenance,[18] with a brief overview given in Table 3.1.

Table 3.1 Model for Developing and Maintaining Trust during Pandemic Management

Strategy	*Description in the context of pandemic management*
1 Transparency	Providing timely information about level of risk, communicating openly, timely, and honestly with the public, substantiating claims, openness about what can be investigated, and accountability when things go wrong
2 Education of stakeholders and the public	Providing information in an appropriate language, informing the public about process and results
3 Credibility	Relating to independence of institutions from the government
4 Reputation	Relating to good public relations, during and after a crisis, and the importance of building trust before pandemics
5 Development of protocols and procedures	Presence of and development of crisis plans and ongoing surveillance of risk
6 Collaboration of stakeholders	Establishing trusted relationships with key stakeholders in the pandemic, including media, government, and public health officials
7 Putting the public first	Relating to prioritising the public, with the health and safety of people being paramount to pandemic management
8 Consistency	Providing consistent messaging and using credible information sources
9 Proactivity	Relating to the regular review and updating of public health advice and recommended practices, and prompt communication about emerging issues
10 Keeping your promises	Maintaining commitments, responding to public concerns

Source: Julie Henderson et al. 2020. "Developing and Maintaining Public Trust during and Post-COVID-19: Can We Apply a Model Developed for Responding to Food Scares?" *Frontiers in Public Health* 8(369): 1–7.

Despite the complexities that accompany quantifying levels of trust, distrust towards government, healthcare, and humanitarian workers were mentioned frequently by researchers and organisations working on the ground as a substantial challenge.[19,20] Some communities initially refused to believe that Ebola was real, and later suspicions became directed towards the international community with the emergence of numerous conspiracies, for example, that Ebola was intentionally introduced as a method of depopulation,[21] or that it was a conspiracy to attract international donor funding.[22] As the 2014 Ebola outbreak was concentrated in countries where health systems were already weak, the risks posed by distrust were considerably increased, especially when distrust led to social resistance and isolated incidents of violence against health and humanitarian workers.[23]

Roots of much of this distrust can be found in historical context, with Sierra Leone, Liberia, and Guinea having encountered centuries of violent atrocities

and having histories of armed forces policing civilians from slavery to colonial occupation and civil war.[24] This historical distrust in government and foreign agencies, combined with ongoing poverty, inequality, and corruption, had profound implications for the capacity to get the Ebola epidemic under control.

The early 2014 Ebola outbreak was met with a slow response, characterised by a lack of financial, human, and logistical resources, and overall coordination, with only a few non-state actors and organisations, most prominently Médecins Sans Frontiers (MSF), reacting swiftly.[25] When the WHO declared the virus a "Public Health Emergency of International Concern" in August 2014,[26] Ebola cases, mortality, and fear were already high. Local health systems and international organisations quickly became overwhelmed by the unknown threat of Ebola, and in an unprecedented move in September 2014, MSF called for international troops to support the Ebola response.[27] The decision was particularly significant, as MSF had previously been critical of the military's involvement in aid, stating that NGOs and military forces can "never truly coexist".[28] As Braillon scathingly remarked in *The Lancet,* "It seems wiser to rely on the military – they cannot do worse than the WHO".[29] Despite an initially slow response from the international community, this call proved a catalyst for action.

To this end, West Africa received many international military troops, with the UK taking the lead on Sierra Leone, France on Guinea, and the US on Liberia. This arrival included the US Department of Defence (DoD), UK Ministry of Defence (UK MOD), Canadian Armed Forces (CAF), and People's Liberation Army (PLA) from China to work alongside domestic militaries and the African Union-led military humanitarian mission.[30] The foreign militaries participated in various functions, including building mobile laboratories, quarantine centres, Ebola Treatment Units (ETUs), hospitals, and establishing air bridges to transport resources and personnel.[31] In Sierra Leone, the Republic of Sierra Leone Armed Forces (RSLAF) played a prominent role in coordinating the national Ebola response while supported by the British armed forces in "Operation".[32] Operation GRITLOCK had three foci: (1) training of healthcare workers, (2) care of infected healthcare workers, and (3) strategic support to Sierra Leonean responders.[33] The health response was predominantly locally coordinated in Liberia, with the US logistics, command and control, engineering, and training support.[34] The Chinese military was directly involved in handling Ebola cases by establishing and operating treatment units in Liberia,[35] contributing to mobile laboratory testing capacity and building hospitals and ETUs in Sierra Leone.[36]

As a responder from Save the Children expressed, the military was needed to "manage the risks that [the affected countries] could not contain".[37] However, their impact on public trust remains a key concern. The following section will explore the roles and functions that militaries played during the Ebola epidemics, with their results discussed and analysed through seven relevant components of trust from Henderson et al.'s model, namely transparency, education of stakeholders, and the public, reputation,

credibility, development of protocols and procedures, collaboration with stakeholders, and putting the public first.[38] The three remaining aspects of the trust model – consistency, proactivity, and keeping your promises – did not emerge as significant in the literature, so they are not included as significant dimensions.

Transparency

Henderson et al.'s trust model identifies transparency as essential in building trust. In the context of pandemic management, this translates to open communication, the provision of timely information about the level of risk, the substantiation of claims, and accountability when things go wrong.[39] Indeed, lack of transparency emerged as problematic for building trust during the Ebola epidemic regarding motives and communication. For example, the DoD used a classified "SECRET Internet Protocol Router Network" whether information needed to be classified, which proved a barrier to effective communication between the military and partner organisations.[40] Moreover, civil-military organisations lacked a common operating language, and it was highlighted that lack of face-to-face communication impacted the ability to build trust and mutual understanding.

Lack of transparency in foreign militaries' motives for involvement also damaged local trust. In an overview of the UK's deployment to Sierra Leone, the UK's stated mission was to reduce the risk of Ebola getting into the UK.[41] Moreover, Cabestan highlights that Chinese involvement addressed Ebola as a public health issue, competing with the West and "enhancing its role in establishing new international norms".[42] These motives contributed to a widespread interpretation of foreign involvement as "we care about Africans only when they get diseases that can harm us",[43] and highlight the difficulties in disentangling military humanitarian involvement from broader foreign policy and political agendas.[44] Historically, the potential of hidden agendas to erode trust has been seen in the wake of the search for Osama Bin Laden, where the disguising of a military objective as a fake vaccination campaign severely undermined the reputation of the Global Polio Eradication Initiative and damaged trust in health and humanitarian workers essential to provide healthcare services.[45]

Accurate and transparent communication is essential to building trust[46], and Joanne Liu, the former incumbent leader of the MSF Ebola response, acknowledged that responders could have been better at communicating to citizens and leaders on the ground.[47] The US DoD was unprepared for the extent of media requests encountered upon arrival in Liberia, and noted that there needed to be immediate, strategic communication from the DoD about why the military was involved in gaining the trust of Liberians.[48] For future interventions, this highlights an essential need for public relations specialists to accompany the military and improve targeted communications campaigns.

Education of stakeholders and the public

Another aspect of communication that contributes to trust during pandemic management is the education of stakeholders and the public.[49] While the military is not responsible for health communication and education, it can benefit from its potential to build trust. In Liberia, Guinea, and Sierra Leone's contexts of deficient literacy levels,[50] education and communication mechanisms were even more crucial strategies to building trust, as trust in incorrect information or belief in conspiracy theories or fake news can prevent adherence to prevention strategies.[51] Indeed, an unforeseen consequence of quarantines was that they hindered the spread of information and feedback mechanisms by cutting off social contact and created an environment rife with distrust, rumours, and misinformation.[52] Misinformation also extended to the topic of motives for military involvement, as seen with the circulation of rumours in Sierra Leone claiming that a political party had sent the troops to deliberately spread Ebola in a region of an opposing political party.[53]

Amid this mistrust, several examples were found where education and community communication were successfully used to build trust by the military response. The importance of education for trust was highlighted in an evaluation of the US military response, where the DoD augmented their Ebola support by initiating community outreach programmes, engaging face-to-face with civilians and establishing training centres.[54] These were identified as being integral to building trust within the community. Similarly, as Liberia suffered from weak healthcare and education systems, the Chinese military also undertook mass disinfection and protection measures in schools and factories and increased public health awareness by training on Ebola prevention and control.[55]

Reputation building between crises

To some, the arrival of almost 3,000 US military personnel to Liberia, and around 750 UK personnel to Sierra Leone, appeared as a "massive demonstration of goodwill" and a significant show of force and commitment.[56] To others, their arrival was more akin to an invasion.[57] Domestic and foreign military reputations significantly influenced trust during the Ebola epidemic response. Henderson et al. explain this by suggesting that actions taken by institutions before a crisis hits are powerful for controlling trust.[58]

Despite the discourse that involvement of the militaries was integral to early Ebola response,[59] there are also multiple cases where military reputations of violence and conflict negatively impacted trust. Both before and during the Ebola epidemic, the Nigerian military was associated with sexual violence, physical abuse, extortion, and unlawful detentions, a legacy that was identified as a barrier to effective civil-military relations during the Ebola epidemic.[60] The threat of sexual assault from military personnel significantly impacted community trust in military roles, as "the [community found] it

very difficult to collaborate with the military because of that fear".[61] In Sierra Leone and Liberia, some respondents expressed that the militarised response brought up traumatic memories of civil war and past atrocities committed by armed forces, and this meant they followed military instructions predominantly out of fear for personal safety.[62] Others argued that distrust lingered in areas that had suffered from military impunity during civil war years, with one citizen-journalist adding, "The neighbourhood watch rekindles memories of the war, with the Community Defence Unit set up to aid the warring factions then, and now enforcing the Public Health Emergency declared by the president".[63] In these contexts, mistrust is virtually inevitable.

Reputations for violence, and their impacts on trust, also changed over the course of the epidemic. This was evident in the "West Point Incident", which referred to violent events that occurred following the sudden, overnight establishment of a community-wide quarantine in Monrovia, Liberia. The heavy military presence resulted in considerable tension in the community, soon escalating into widespread protests during which a boy was shot in the leg by security forces. This event had profound implications on the military's reputation, even prompting the Liberian president to admit that the deployment of the military and police was a mistake that created more tension in society. Alongside other isolated incidents of violence, this exemplified fears and distrust about using security forces during health crises.[64]

In a study by Kamradt-Scott et al., most respondents found militaries involved in the Sierra Leonean and Liberian Ebola responses to be "open, engaging, and keen to learn", and their construction of ETUs, training of health workers, and direct medical care from military health professionals were well-received.[65] Respondents highlighted a clear differentiation between police and military forces, with the latter "generally seen as more honest and trustworthy", a reputation attributed in part to post-conflict reconstruction efforts.[66] During the Ebola epidemic, community perceptions of Nigeria's domestic military were more pessimistic, especially compared to Sierra Leone and Liberia's experiences. In Borno, 65% of the community viewed the military involvement negatively, with respondents describing them as "not friendly" and explaining that the "community's perception of the military in pandemic response is poor because they are…seen [to cause] unrest [in] the community".[67]

However, a limitation of Kamradt-Scott et al.'s study is that the respondents only consisted of health workers, I/NGO workers, and government ambassadors, which fails to capture the differing perspectives of ordinary civilians of trust towards health and military personnel.[68] Notably, Kwaja et al.'s study was the only one that explicitly addressed civilian perceptions of the military in the Ebola response.[69] While militaries provided significant support through transport, training, and logistics, there is much less in the literature that evaluates how this involvement was perceived by civilians, which not only neglects an essential aspect of evaluation but also makes it challenging to ascertain the direct impact of the military on public trust.

Moreover, foreign and national militaries largely fulfilled different tasks that influenced their trustworthiness perceptions. While international troops were responsible for providing logistical support, domestic militaries were consigned to disciplinary and coercive functions to ensure compliance with Ebola regulations. Benton explores the impact of this variation on trust: "the domestic military and police are mobilized against certain segments of the population in defence of elites and special interests, while foreign militaries were perceived to operate benevolently".[70] In contrast to the perceptions towards domestic militaries, foreign militaries' relatively more positive reputations may have benefited acceptance within local communities. Foreign militaries were also deployed along lines tied to colonial history and contemporary economic relationships. Both Sierra Leone and Liberia have strong historical ties with the UK and US, respectively, for example, with the UK's substantial contribution to ending Sierra Leone's civil war,[71] as well as strong military relationships involving exchange programmes and officer training.[72] However, foreign military interventions based on such strong ties to colonial history may also raise critiques on the ongoing need to decolonise humanitarian responses and development, which warrants further research.

Perceptions of credibility

While identified in the model as separate components, credibility links closely to reputation as they both relate to public perceptions and trustworthiness. However, the model's conceptualisation of credibility adds the dimension of independence, which they identify as particularly important in contexts of declining trust in public institutions.[73] During the early response, credibility appeared to play a role in the willingness of volunteers on the ground to accept foreign military involvement. Von Bertele emphasised the morale boost that the military-supported air bridge provided for volunteers and responders,[74] and a *Lancet* article reported that many NGO workers only returned to the Ebola response once military aid had been announced.[75] However, this could highlight a possible difference in the way emergency responders felt towards international military aid, as opposed to civilians. With most positive perspectives towards the military being expressed by NGO and INGO workers, this may be eclipsing attempts to understand local civilian perspectives, which are crucial to improving community-wide epidemic response adherence.

Furthermore, domestic militaries' attachment to local and national political conflicts provides an added challenge for credibility. Davies and Rushton touch on this point, suggesting that Liberia's relatively stable status at the time of Ebola contributed to the population's widespread acceptance of the military involvement, with the military not facing challenges relating to neutrality or other antagonisms.[76] More recent research on the conflict-ridden DRC has begun to unpack this challenge, noting the potential for communities to perceive military presence in coercive terms with implications on

public attitudes and behaviour, and recognise the need for research into public sentiment towards health workers and the military.[77]

Development of protocols and procedures

As Henderson et al.'s model identifies, developing protocols and procedures is another necessary dimension of trust maintenance during crisis management.[78] In a pandemic context, this involves ongoing risk surveillance and the development of crisis plans. During the Ebola epidemic, this aspect emerged as an area of considerable success for the US and Chinese foreign militaries. In an overview of the PLA, Xu et al. highlighted that collective decision-making, strong logistics, military management, and a collaborative work environment were critical strategies for success.[79] The PLA had strict procedures to ensure safety and security, emphasising the need for "unquestioning obedience" of their teams and a clear understanding of their roles and aims. Similar procedural clarity was not seen with the Nigerian military, with Kwaja et al.'s research highlighting that civilian and the military had very different views on what the military's responsibilities entailed.[80] However, a major limitation is that there is no mention in the PLA's strategy of engagement with local civilians.

The US's clear protocols regarding crisis response were also essential to building public trust and confidence in Ebola preparedness and response efforts. Diehl et al. found that the DoD effectively used established response processes to support interagency cooperation, and that the clarity and transparency of these processes promoted public trust.[81] Similarly, China benefited from its previous experience of the SARS epidemic and has continually updated and refined its procedures for civil-military cooperation in infectious disease prevention and control,[82] showing a capacity for flexibility which the trust model emphasises as crucial to building trust.[83] Comparing the PLA and the DoD experiences to, for example, the blurred lines of the Nigerian military roles and responsibilities, their clarity of roles was likely to have positively contributed to trust among local stakeholders and reiterates the benefits of transparency and local engagement.

Collaboration with stakeholders

Collaboration has long been debated within the literature on civil-military relations (CMR), and findings on civil-military collaboration during the epidemic can provide useful insights regarding the military's impact on trust. Henderson et al. identify collaboration with stakeholders, such as the media, NGOs, and health practitioners, as a salient way to build trust during a pandemic, particularly if the other stakeholders already have trust within the communities.[84] Findings from the literature surfaced how different styles of collaboration by foreign militaries connected to public trust and cooperation. For example, the US was adamant in remaining separate from the Armed

Forces of Liberia (AFL), tying themselves instead to in-country offices of the United States Agency for International Development (USAID) as a concerted effort to avoid the perception that their orders were coming from an external authority.[85] However, Diehl et al. also maintain that engaging with host militaries is vital for community acceptance.[86] They found that when the US military and AFL collaborated in building ETUs, it brought a greater degree of ownership, which boosted trust and confidence among the local population. They also cite the US's use of liaison officers as key to helping bridge communication and coordination gaps between different organisations.

The UK took a more heavy-handed approach to collaboration by embedding UK personnel within the RSLAF and assuming control of most coordination. In contrast, the relationships between the US military, INGOs, and NGOs in Sierra Leone were reported as good when the autonomy of each sector was respected.[87] It was mentioned that the collaborative aspect of trust was positively strengthened through the recognition that they were all working towards a common goal.

However, the authoritative directness of the military was sometimes perceived negatively by civilian organisations and affected the climate of collaboration and trust. Some respondents in Sierra Leone highlighted that coordination meetings were particularly "militarized and masculine" spaces with little space for debate, questions, or challenging of decisions.[88] As civilian organisations tend to rely more on relationship-building, this highlights an essential difference between civilian and military approaches that can impact on the building of trust. As civil-military collaboration is becoming more common, Forestier et al. highlight the importance of the military adjusting their leadership style to a "more civilian-style working relationship".[89]

Putting the public first

Core to the definition of trust is the belief that the trustee is "concerned about, and willing to act in, the best interest of the truster".[90] To be trusted, therefore, Ebola responders needed to be perceived as putting the interests of the public first. However, the often fear-inducing, highly securitised responses surfaced concerns about whether the military was fulfilling this intention, as well as questions about *whose security* mattered and security *from what*.[91] Incidents of people fleeing from military-imposed quarantine and the military using violence to enforce lockdowns,[92] in addition to police and military troops forcibly taking people to ETUs, contributed to feelings of criminality and fear among civilians.[93] In another example, inhabitants of a local community in Guinea were forced to flee and hide in the bush while their village was militarised, and their homes and properties looted.[94] Nguyen highlighted cyclical scenarios witnessed in Guinea, where vaccination teams were given military escorts to prevent violent resistance.[95] Yet, to communities already traumatised by histories of conflict and violence enforcement, this only served to magnify fear and distrust of responders. They further noted that whenever

armed forces accompanied Ebola teams, the levels of distrust and fear were "substantially higher", with fears of forced vaccination. These sentiments are particularly poignant in the wake of COVID-19 amid the revived use of militaries in countries' health emergency responses, with security forces such as seen in Nigeria once again coming under scrutiny for their abuse of power and excessive violence in their responses.[96] These experiences show the zones of ambivalence and indistinction in which domestic and foreign militaries operate, oscillating between "care and security, assistance and coercion".[97]

Trust was also affected on a symbolic level, with military uniforms and carrying of guns mentioned as adding to climates of fear and distrust within communities. While the high levels of protective attire worn during Ebola responses symbolised safety for some, for others it sparked fears and mistrust, which could be exacerbated by the addition of the military uniform in health contexts. Similarly, in Sierra Leone, the military uniform worn by arriving military health officials negatively contributed to existing feelings of distrust in institutions. Others questioned why military personnel still carried guns and wore military attire during non-combat activities.[98] It was recommended that the military remove their weapons in non-crisis contexts.[99]

Benton also suggested that the foreign military accommodation created a physical and symbolic disconnect between the public and the military, which contributed to community resentment.[100] Foreign militaries were housed in barracks-style accommodation behind high walls and guarded gates, with communication to patients only taking place through a fence. Benton argues that these "sharp divisions and segregations (…) shape how communities respond to interventions".[101] In addition, these securitised approaches, based on military-style risk avoidance, tended to revitalise distrust and distress among communities, sometimes leading to violent resistance. A more successful strategy can be seen in Guinea, where the WHO managed to defuse misconceptions about Ebola responders and build trust through placing their contact-tracing agents close to the community to help familiarise and build friendly relationships.[102]

While the international media tended to explain acts of community resistance and violence as acts of ignorance and recalcitrance, Benton argues that this neglects the deep-seated trust issues that have shaped how interventions are interpreted in these countries.[103] To reconcile community priorities with public health needs, policy and practice need to be willing to "address existing asymmetries" of power and the long histories of distrust due to communities experiencing structural and physical violence at the hands of security forces.[104] Like Benton's, analyses are crucial to understanding the social and anthropological aspects of securitised approaches to epidemic responses.

The broader picture: the securitisation of health

As seen through these examples of military support of Ebola, the ability to deploy rapidly, availability of resources, expertise, and efficient channels of

command and communication lends the military to be deemed well-suited to respond to humanitarian crises where rapid and effective relief are top concerns.[105] The use of militaries in humanitarian crises and disasters is not new, with examples of previous military support, including during the Haitian earthquake in 2010, the South Asian tsunami in 2004, and the 2002 cholera outbreak in Sierra Leone. However, the nature and severity of the Ebola virus resulted in the response being an unprecedented level of civil-military cooperation.

This militarised response to Ebola exemplifies the broader trend of securitising health worldwide. Within the fields of international affairs and global health, we have witnessed how the rise of cross-border health challenges has resulted in new forms of global health governance and the tendency for health issues to be framed as threats to national and international security. This perspective was accompanied by the proliferation of new terms such as "failed" and "fragile" states. These categories characterised the developing world as dangerous, unstable states needing Western intervention to maintain broader Western security, for example, as witnessed in humanitarian interventions in Afghanistan, Libya, and Iraq.[106] Giving rise to the entrenchment of global health security in global health policy and debates, a common outcome of this securitised approach has been that many complex social problems are met with militarisation. Indeed, over the past decades, the US military has become increasingly involved in global health activities, a trend that has been met with varying responses.[107] The UK has moved in a similar direction, using military medical capabilities to influence health effects overseas codified in their "Defense Healthcare Engagement" approach.[108] While China's military was not historically known for having cutting edge medical research, since 2015 the country has rapidly invested in this area, and the PLA's major role in the development of a COVID-19 vaccine is testament to the growing overlap of security and global health activities.[109]

Conclusions

So, does using the military in health emergencies help or harm trust? Evidently, it depends. The nuances and ambivalences regarding how the public relate to militaries and other responding institutions highlight how climates of trust are significantly moulded by dynamic cultural, political, and historical complexities. The involvement of the military in epidemic responses can have significant implications for human security. Militaries are often mobilised to provide logistical support, medical care, and other resources during health emergencies. However, the use of the military in a public health crisis can also raise concerns related to civil-military engagement, human rights, and governance. Trust in the military's role and actions during an epidemic can impact the public's perception of the government's response, and thus influence compliance with measures aimed at controlling the spread of disease.

The case study of Ebola during the 2014 West African outbreak shows that the different styles and functions of military involvement had differing impacts on public trust. This produces useful insights for best practice in civil-military communication, leadership style and attire, development of protocol, and reputation-building. The lessons drawn from the intersection of human security and epidemics in Africa highlight the critical importance of trust in pandemic management and humanitarian interventions, and several recommendations can be made for handling future health and humanitarian emergencies in Africa.

First, prioritising transparency in communication is essential for building trust among military and civilian stakeholders. Providing timely and accurate information, adapting militaristic style to civilian environments, and having clearly defined roles and protocols can foster mutual understanding and effective emergency management. Involving public relations specialists and establishing a common operating language can improve communication campaigns.

Second, community engagement should be prioritised in epidemic response strategies. Placing contact-tracing agents close to communities, building friendly relationships, and understanding the social and anthropological aspects of health interventions can help defuse misconceptions and build trust. Community priorities and historical distrust should be taken into consideration in designing interventions.

Third, addressing power asymmetries is crucial for building trust. Structural and physical violence by security forces in the past can contribute to deep-seated distrust among communities. Acknowledging historical grievances, working towards addressing power imbalances, and prioritising peacetime reputation-building can enhance trust in health interventions.

Lastly, the securitisation of health as a global trend needs to be critically examined and balanced with community needs and concerns. The use of military forces in health emergencies should be carefully considered to avoid abuse of power and negative consequences on trust-building efforts.

Understanding how military involvement affects public trust in the context of epidemic responses is crucial for shaping effective strategies that prioritise human security. Building and maintaining trust in health emergencies is essential to ensure that response measures are effective, equitable, and protect the well-being and rights of individuals, contributing to a holistic approach to human security.

Yet overall, trust has seldom explicitly been discussed concerning the militarised Ebola response. Due to this lack of data on militarised health responses and trust, many questions are still to be explored. Do different genders differ in their perceptions of the military being used in health emergencies? How do unique historical contexts and colonial ties affect differing attitudes towards the military? As the success of epidemic responses is dependent on public trust, this reinforces the importance of trust being accounted for within broader debates on military intervention in health and humanitarian emergencies.

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4 Unrelenting Criss-Crosses

Pandemic-Related Restrictions and the Ghana-Togo Border

Kwaku Nti

Introduction

Difficulties and complications stemming from the pandemic-related restrictions on travel as well as the eventual closure of the Ghana-Togo boundary have not only caused economic and social challenges for travellers within the West African sub-region but also further rekindled historical animosities among abutting communities, societies, ethnic groups, and towns, because of the original delineation and establishment of that boundary, all of which raise human security issues.

The Colonial Beginnings

Like many others across the African continent, the infamous Aflao-Lome border that serves as the official entry-exit point of the Ghana-Togo international boundary has always been fraught with issues. Unfortunately, it forms part of those landmark features established according to the dictates and interests of the colonising European nations and invariably reminiscent of the permanence of their influence on the continent of Africa.[1] These exclusive European colonial considerations concerning the various national boundaries across the continent received international legal establishment, entrenchment, and recognition at the infamous Berlin Conference on Africa.[2] Inarguably, the competing European colonising nations created the existing modern-day nations of Africa with their respective borders and boundaries. In this sense, the current Ghana-Togo border to the east and west of these two West African nations first emerged as a colonial boundary between the then British Gold Coast and German Togoland.[3] The approximately 1,098 kilometres or 682-mile borderline meanders its way from the Atlantic coastal towns of Aflao (Ghana) and Lome (Togo) in the south all the way to the north, ending on a common point on the southern stretch of the Burkina Faso border. The beginnings of the Ghana-Togo international boundary could be traced to its coastal section west of Lome upon an agreement on 14 July 1886 between the British and the Germans who had taken over the Gold Coast and Togoland, respectively. The inland extension along a range of ridges

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and confluences of water bodies, such as the Daka and Volta rivers, followed later in the Anglo-German accord of 1 July 1890, with a further northward extension agreed upon on 14 November 1899. Although the complete form existed during the closing stages of 1902, the final agreement and approval happened on 25 June 1904.[4]

The conclusion of the First World War and the subsequent promulgation of the League of Nations Mandate of 1919 occasioned the splitting of Togoland between Britain and France to clip the wings of Germany. This country acquired the infamous description as the disruptive force in Europe.[5] Consequently, the westernmost part of the former German colony or German Togoland transmogrified into British Togoland within the jurisdiction of British Gold Coast, with the larger half becoming French Togoland.[6] The finalisation of the details of this punitive measure happened on 21 October 1929, following extensive demarcation exercises on the part of the British and the French between 1927 and 1929.

As the Gold Coast inched towards independence, British Togoland, administered as part of the former, officially became incorporated and integrated as its Volta region following a United Nations Plebiscite.[7] When French Togoland became independent on 27 April 1960, the British and French common boundary agreement largely remained between the two sovereign West African nations except for slight and inconsequential re-demarcations in the 1970s. Obviously, these arrangements happened oblivious to nearby communities' cultural security and interests.

The Post-Colonial Era

Increasingly, especially during the post-colonial era, the constancy of border crossings in this part of West Africa had yet to lean season. Economic considerations such as trade, overland regional export and import transactions, governmental economic transactions, private enterprise cooperative endeavours, tourism, and related activities motivated these movements back and forth besides demographic factors.[8] Additionally, another element that worked hand in hand with the economic factor included political dealings, which accounted for a significant proportion of the border crossings for diplomacy, not excluding its dissident and disruptive dimension. Correlatedly, the quest to retain and revive shared time-honoured cultural contiguities and identities along indigenous lines equally informed those politically motivated border crossings. All these factors and others impinging on the socialisation dynamic became the principal elements for some groups of people in their quest to go back and forth across the Ghana-Togo international boundary.

Correspondingly, from a wider geopolitical perspective, border traversing during the post-colonial era received quite a tremendous surge given the Economic Community of West African States (ECOWAS) policy plans to facilitate, accelerate, and standardise development across the region. To this end, the regional body earmarked an ambitious infrastructural network in

the three critical areas of transportation, telecommunication, and energy. The transportation programme included the implementation of multimodal transport infrastructure and policies to promote physical cohesion among member states and facilitate the movement of persons, goods, and services within the West African community with special emphasis on increased access to member islands and landlocked countries. The principal infrastructure to ensure ease of movement revolved around the ECOWAS regional road transport and transit facilitation programme. As part of this endeavour, the trans-West African coastal highway project linked 12 countries in the southernmost part of the region. In this sense, then, the precise location of the Lome-Aflao border within the Lagos-Abidjan corridor of the project rendered it one of the busiest in the ECOWAS quest to ensure freedom of movement as the first principle in achieving the overarching vision of shared prosperity and well-being for all people within the region.[9]

Contemporary Era

The towering presence of Nigeria in this sub-region is quite instructive to the discussion of mobilities across the international boundary under discussion. Being the most populous country and one of the largest economies in Africa, Nigeria receives a large inflow of persons from different countries in the sub-region in much the same way as it produces a corresponding and larger outflow of its citizens across West Africa. A greater percentage of this flow and counterflow dynamic happens via the Lagos-Abidjan corridor of the trans-West African coastal highway on which the Aflao-Lome border perches. Therefore, this border, like others of its kind in the sub-region, remains a locus of brisk activities, including migration, trading, tourism, sight-seeing, loitering, recreation, provision of a wide range of auxiliary services, food vending, boarding, lodging, and some such related ventures. From the distant past to contemporary times, this wide range of brisk activities has become the bedrock of many individuals' livelihoods, especially from border towns and communities relishing beckoning opportunities for economic gain near and across that international boundary. Obviously, given these aspirations, any closure, limitations, or restrictions in getting near or across those boundaries spell not only frustration but also doom as nearly a whole gamut of activities would come to a standstill, thus threatening the fundamental human securities or freedoms which constitute the essence of their lives. To the extent that closures and limitations remain antithetical to these expectations, hopes, and aspirations emanating from mobilities across the frontier if the official routes become inaccessible, the unofficial openings beckon readily.

With the identification of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) in the aftermath of the respiratory illnesses in Wuhan, within the Hubei Province of China, as well as the increasing number of cases across the world, the World Health Organization (WHO) declared COVID-19 a global pandemic in March 2020. Given this declaration, the same

organisation unceasingly called on countries to take urgent and aggressive measures with the caveat that all countries can change the course of the pandemic, stating that "if countries detect, test, treat, isolate, trace, and mobilise their people in response, those with a handful of cases can prevent them from becoming clusters, and those clusters becoming community transmissions".[10] As the pandemic worsened, countries worldwide imposed various travel restrictions to gain time to implement effective preparedness measures rapidly. To this end, several countries in the West African sub-region, including Ghana and Togo, announced indefinite closures of their respective land, sea, and air borders.[11] That action implied a drastic cessation of access to official routes, leading to an unfortunate increase in activities across the unofficial or illegal openings. These pathways often meander through forests, other inaccessible places, and parallel and contiguous towns and communities along the international boundary of Ghana and Togo. All these unapproved routes or pathways, scattered variously across that boundary, invariably occur northwards of both Aflao and Lome in Ghana and Togo, respectively, because the Atlantic Ocean sprawls perilously in the southmost direction of these two border towns.

The Re-awakening of Latent Issues

Concerns of the Ewe Ethnic Group

Of all the contiguous border communities, societies, or indigenous peoples adversely affected, the larger *Ewe* group suffered the worst in the inconsiderate shifting of that international boundaries, first and foremost between colonial powers such as Britain and Germany, Britain and France, and then the sovereign states of Ghana and Togo. The *Ewe* people are mainly found in Benin, Togo, and Ghana.[12] While most of them reside between the south-eastern section of Ghana and the southern part of Togo, the total number of this group in the former country tends to be slightly larger than their counterparts. However, their constituent percentages relative to the other ethnic groups in the respective countries are intriguing because those in Togo constitute roughly 48%. In comparison, their kith and kin in Ghana comprise about 13%.[13]

Although the *Ewe* in their entirety never formed a single kingdom or nation originally, thereby governing and managing their affairs independently of each other, they, however, cherished the proximity and, by extension, their contiguity, given the many cultural similarities, family connections, as well as the pleasant interaction and security that those ties offered them. As patrilineal people, they took pride in the shared language and traditions of origin. With the northern or inland *Ewe* being mainly farmers, their southern or coastal counterparts do intensive fishing with some farming, while both groups, to varying degrees, also practice weaving, pottery, carpentry, blacksmithing, trading, and so on. The educated among both groups could

be found across professions such as teaching, law, medicine, engineering, and others in these categories, with an appreciable number of them in the civil service of their respective countries. Similarly, as with many African societies, cultures, and peoples, the larger *Ewe* ethnic group esteemed family, communal, and traditional ties.[14]

Growing frustrations emanating from current border closures have restoked past agitations over that international boundary between Ghana and Togo, notably the peremptory way the ethnic groups found themselves split into different countries, further balkanising them into Anglophone and Francophone peoples with glaringly disparate national economic statuses, despite the underlying widespread cultural similarities. Past political agitations recurred throughout the colonial, and post-colonial eras, especially in the 1960s and 1970s. The first murmurings from the Ewe groups during colonial rule hardly revolved around the issue of unification. Those denouncements demanded boundary adjustments to suit the purposes and conveniences of the various groups.[15] It largely took the articulation and the influence of the educated *Ewe* after 1919 for the ethnic unification agitation to come to the forefront.[16] This kind of demand, however, found expression in different forms, including but not limited to the creation of a sovereign *Ewe* state. In other renditions, some called for all *Ewe* to be included in the Gold Coast, or similarly, the integration of the entire French Togoland into the Gold Coast. Alternatively, others requested for the dissolution of the disruptive boundary to restore the sovereignty of the former German colony in its entirety intent upon bringing both *Ewe* groups together. However, all these agitations in that era subsided as the educated people among them on either side of the border gained ground in the participation of the economy and politics of their respective colonial states.

Between 1946 and 1958, that acquiescence could hardly hold a candle to the ever-present nagging nuisance of the presence of the border, causing the re-emergence of agitations for its annulment. In the immediate period before the Second World War, some individuals from the erstwhile German Togoland who had studied in Germany insisted on the recreation of that state to shore up their standing against the emergence of the English and French-educated generation. As short-lived as this group and their agitation became, they remained relevant in the emergence of other sentiments.[17] On the one hand, in 1946, the Ewe French Togoland movement preferred the end of French rule and the disestablishment of the boundary with the creation of an *Ewe* state or, again, the integration of all *Ewe* people within the Gold Coast. On the other hand, agitations in British Togoland demanded a reunification of both Togoland with a retention of its ties to the Gold Coast.[18] Equally, under the auspices of the All-Ewe Conference, the Ewe in the Gold Coast opted for either integrating all Eweland into the Gold Coast or retaining the British Togoland in the Gold Coast. Their common stance towards the disruptive border notwithstanding the fact that the entire *Ewe* ethnic group operated under different colonial conditions did not augur well for their

effectiveness. Furthermore, the choices offered in the plebiscite at the closing stages of European colonial rule ignored the *Ewe* unification question. They upheld the unification of the two Togolands and their separation from the Gold Coast or the integration of British Togoland into the former. Eventually, the supporters of the latter option carried the vote, ensuring the retention of the disruptive boundary between them and French Togoland.[19] As already intimated, given that these groups lived in two different countries with equally disparate conditions and immediate concerns, by the 1960s, they could still not make any clear headway in resolving the problems associated with their partition as the first step towards ethnic unification.[20]

However, in the 1970s, the revival of the waning agitation happened as the *Ewe* of Western Togoland petitioned the erstwhile Organization of Africa Unity (OAU).[21] The petitioners focused on "the wrongs which the people of this part of the world … suffering under colonial rule has been aggravated rather than abated under the rule of independent Ghana".[22] The petition, among other things, rehashed Western Togoland experiences given the strict border restrictions that created unfortunate occurrences where "people live in constant fear for their lives even when returning from their farms … they are arrested, fined, or imprisoned as smugglers". As if to strike a chord of sympathy within the OAU, the petitioners emphasised, "What meaning has this African unity for a poor village woman who cannot return from her ancestral water spring without fear of arrest?"[23] Calling for the removal of the boundary, the petitioners, on behalf of the inhabitants of Western Togoland, insisted, "Let the people go to join their kith and kin in the Republic of Togo. That is our home. We have our roots there. We belong to that place".[24]

Correlatedly, those who preferred reworking the boundary for all Ewe into Togo raised some socio-economic concerns, given the stark national disparate conditions between them on either side. Between the 1960s and 1970s, the economy of Ghana started experiencing challenges after what had generally been described as impressive growth in the 1950s. Some of these difficulties translated into diminishing government expenditure, especially subsidies, worsened by a shortage of local and imported goods, equally diminishing returns in farming earnings, and rising inflation.[25] Given the regional socio-economic variations, these challenges translated into widespread economic hardship, albeit affecting many ordinary people harshly. The Volta region, the main enclave of the *Ewe* in Ghana, became the hardest hit. This difficult situation came on the heels of the perception that the region remained one of the few endemic-poor places in the country. These local circumstances worsened as the depressing socio-economic element became the major cause of the emigration of people into other regions. Quite to the contrary, the *Ewe* areas across the boundary in Togo presented pictures of promise as their socio-economic circumstances relatively exceeded that of other groups in that country. Therefore, given the perceived discrimination against the *Ewe* in Ghana and the glaring prosperity of their kith and kin in Togo, some

of those in the former country called for a reworking of the boundary that would put both groups in the latter.[26]

Government Action and Reaction

At the governmental level, both countries in the past dabbled in border restrictions and even included closures as major measures in their diplomatic relations because of rampant smuggling and dissident political activities. Ghanaian *Ewe* farmers along the border came under the suspicion of smuggling cash crops such as coffee and cocoa to take advantage of the relatively attractive purchase prices in Togo. Additionally, cross-border smuggling of imported consumer goods frequently happened to the disadvantage of the respective governments of both countries. Subsidised, and therefore low-priced goods, from Ghana became increasingly available in Togo which, given its free port and trade liberalisation policies, had some of its abundant trade items such as imported clothes being smuggled into Ghana, amidst enormous tax revenue losses for both countries. To forestall these nefarious activities, both governments, at different times and often as retaliatory measures, engaged in border restrictions, tighter controls, and outright closures. These measures, in practice, compelled border control personnel to shoot recalcitrant offenders on-site.[27] Some *Ewe* in Ghana saw this course of action on the part of the government as nothing short of discrimination against them, particularly in the Volta region.

Again, after its characteristic intermittent ebbing, the strong sentiment for pursuing the ethnic unification scheme to call for the removal of the border came back up in the 1970s. Using the alleged discrimination against the *Ewe* in Ghana and collective neglect, some chiefs from the middle belt of the Volta region, collaborating with their counterparts in Togo, called for a mitigation of the ever-growing economic and social disparities among the larger *Ewe* forcibly split between two countries. Discussions along these lines became the subject matter of various meetings that these chiefs frequently held in Kpalime, Togo. Great efforts went into getting all chiefs of the Volta region involved, as well as expanding and securing popular support for the vision. But as always, mistrust, suspicion, and lack of clarity of the motives of the principal leaders stood in the way of developing a pivotal point and a sharp sense of direction to countervail the resoluteness of the government of Ghana. The latter indeed stood its ground in vehemently rejecting all calls for reconsidering that international boundary, with the related issues of better economic and political deals for the Ewe in Ghana being described as subversive and secessionist elements.

The Volta Youth Association (VYA) pressed the issue of discrimination in its remonstrations to successive governments of Ghana and the Volta Regional House of Chiefs, insisting on the lack of any legal justification for the integration and, therefore, the subordination of Western Togoland in Ghana. They further argued that the plebiscite had intentions of a union of

two territories typical of a federal nature between partners of equal standing. An outline of the litany of the underlying basis of their complaints included the scanty or non-Ewe representation in the higher echelons of government, the absence of development in the Volta region, and the treatment of people from the region who necessarily had to cross the boundary between contiguous towns because of socio-economic, family, and educational commitments. The response of the government of Ghana, swift in nature as always, hinged on the demands of VYA that sought to cause disaffection for the regime's policies regarding stemming smuggling activities across the border. The government further indicated that the association's endeavours threatened the country's territorial integrity since the call for the renegotiation of that United Nations integration correlatively touched on the nagging question of Togoland unification. The Ghanaian government wasted no time at all in massing up military intelligence and special branch officers to monitor the movements of the main activists of the association. Ultimately, their unpleasant tagging as secessionist and subversive elements forced them into exile in Togo and eroded any vestiges of the strong support the main activists might have garnered among the *Ewe* in Ghana. Aspects of these problematic issues revolving around this border would always bounce back; and the COVID-19 pandemic presented one such precipitant.

Contemporary COVID-19 Era Border Closures, Restrictions, and Issues

The 2019 global pandemic that became the key underlying cause of travel-related restrictions resulting in the closure of the Ghana-Togo international boundary led to immediate economic and social problems and a rekindling of past precedent occurrences. The restrictions and closure of the border between Ghana and Togo have impacted the economic front. From a large-picture perspective, the economy of the West African sub-region, dominated by the informal sector, is hardly diversified, with heavy specialisation in agriculture and export of primary products, as well as a limited financial and technological inclination, experienced an unfortunate setback. According to contemporary estimates, recovery from this upset could be expected to be a prolonged affair that would compound the lingering accumulated effects of the previous economic depression. Economic analysts and experts anticipate negative annual growths, some recession, and a contraction of the regional economy.[28]

Togo: Economic Challenges

Specific to these two countries, disruptions to the supply chain created crises that evinced in tremendous instability in consumer prices, especially in markets and other businesses that rely on the distribution of goods across the border. Inclusively, the cascading effects hit the moderate spate of tourism and other trade that largely depend on cross-frontier movements.

Given these situations, the livelihoods of low-income earners in these sectors within the respective economic communities became heavily undermined.[29] Furthermore, this incidence of disrupted cross-border activities largely interrupted plans and preparations for the anticipated continental economic integration. The preparations for the African Continental Free Trade Area (AfCFTA), meant to ensure a continent-wide free movement of goods and services, suffered a setback.[30]

Authorities in Togo, for instance, claimed that the situation affected the agriculture-dependent economy of the country that thrived heavily on cross-border movement. Therefore, to a greater degree, the closure blocked import-export activities between Togo and several of its neighbours, including Ghana, Burkina Faso, and Benin, the top export destinations. Amidst all these challenges and difficulties, the cost of public transportation became astronomical, causing a corresponding upward price of fundamental necessities and services.[31] Many taxi drivers in and around the border precincts who did brisk business getting travellers back and forth the frontier have lost customers. Again, many Togolese who made livelihoods off people crisscrossing the frontier repaired to their villages and hometowns to engage in other ventures to solve the various adverse experiences of the hardship. In one of the busy commercial centres, Deckon, right in the central part of Lome, with hundreds of companies, boutiques, and financial institutions, owners became demoralised as nearly everything, including the brisk buying and selling transactions, ended abruptly since most of their clientele comprised frontier traversers.[32] This troubling turn of affairs compelled business and trade associations to persistently apprise the already worried government officials in Togo of the potential of further economic decline should the border remain closed.

Ghana: Economic Challenges

On the Ghanaian side of the border, chiefs, elders, and other traditional leaders of border communities and towns passionately, amidst threats of demonstrations, called for serious efforts on the part of the government to end the restrictions and closures that disrupted the people's lives. When the Catholic Bishops' Conference paid a courtesy visit to Torgbui Amenya Fiti V, chief of Aflao, he reiterated his earlier appeals to the government to reopen the border in his hometown.[33] Torgbui Fiti lambasted the government for only being concerned with "politics, democracy, and votes". Insisting that just as the government remained fixated on those issues, he, as chief of his town, had a higher obligation to ensure the welfare of his subordinate chiefs and their people, which, more than anything else, hinged on movements across the frontier. Therefore, he bemoaned how his people, who depended on earnings from making back and forth frontier traversing across that international boundary to make a decent living, had been deprived because of the closure not only leading to loss of income but also causing the depressingly

declining activities for traders, business owners, and individuals in the service sector.[34] These appeals proffered insight into how unrelenting border crisscrossing essentially remained an inextricable part of the everyday lives of peoples, communities, and societies within those precincts. The chief averred,

> My people have been suffering since March this year. First, COVID-19, lockdown, and then border closure … We have no factories, no schools … My people crossover the border daily into Togo to engage in trading and even to fetch water.[35]

As part of the pandemic global response initiative, the potential of a continuing economic decline across the continent caused the International Monetary Fund (IMF) and the World Bank, the ever-ready Bretton Woods twin financial institutions, to earmark $50 billion for African countries in economic stimulus packages. The disbursement of this amount across the continent focused on the four main areas of immediate concern: saving lives, protecting poor people, securing existing and struggling jobs, creating new ones, and therefore laying the foundation for these countries to build back better after the pandemic.[36]

Unrelenting Criss-Crosses during the Pandemic

The range of brisk back-and-forth activities across the international boundary between Ghana and Togo from the years to contemporary times became the bedrock of the livelihoods of many across the sub-region who envisaged beckoning opportunities. These expectations include, but are not limited to, economic gain near and over the boundary, political, social, cultural, survival, and, above all, family commitments. To this end, any closure, limitations, or restrictions in getting near and across the main boundary, as well as its several patches in various places, spelt not only frustration but also crises of meaning and even doom, as nearly a lot of things including life would come to a standstill. And this was what happened during the COVID-19 pandemic. Hence, the need for their lives to continue within the framework of "business as usual", despite the closures, compelled people to resort to increased use of unauthorised entry and exit points.

Consequently, the Aflao unit of the Ghana Immigration Service (GIS) had a busy time arresting and processing defiant traders seeking to use unlawful exit routes into Togo. Besides the officially approved routes that remained properly marked and demarcated with facilities, structures, and stations for processing travellers, the international boundary in larger parts needed fences. At the same time, other places had scanty isolated concrete pillars. These unmanaged points remain useful for traders with non-negotiable reasons for stealthily going across the boundary in defiance of the closure. Chief Superintendent Frederick Baah Duodu, the GIS sector commanding officer at Aflao, in his report, detailed how, for instance, around 4.30 p.m.

of December 2020, his patrol team mounted surveillance in the town that led to the arrest of 39 traders made up of 33 women and 6 men. In another instance, the report indicated that 21 traders, all from Kumasi in the middle of the country, faced arrest and prosecution when after travelling such a long distance to the Volta region, they attempted to exit Togo at different unapproved routes.[37] These unapproved routes in distant places away from the watchful eyes of immigration officials and border patrol teams occurred invariably through the active support of individuals and residents of societies, villages, and communities along that international boundary. In some cases, these agents included a few corrupt immigration or law enforcement officials who preferred to profit from the restrictive measures and closure.[38] As the determined and defiant traders as well as smugglers become desperate to get across using unapproved routes, they also sometimes invariably bought their way through the offering of irresistible bribes paid to those corrupt border officials. Obviously, such tendencies stemmed from greed and poor and inadequate working conditions within the immigration service.[39]

The lives and livelihoods of many ethnic groups necessarily hinged on the frontiers and the multiple crossings of the border. In these instances, such communities would not tolerate any hindrances as evident in their equally defiant posture. In these critical situations, the unofficial openings beckoned readily when the official routes became inaccessible. Contiguous border towns communities such as Wurinyanga, Napkanduri, Bunpkurugu, Wawjawga, Kilingg, Nkwanta, Breniasi, Agbome, Denu, and Aflao, all these within the Ghana stretch, as well as Tami, Bantierk, Kpankpande, Passao, Biakopabe, Bidjabe, Dimouri, Kakpa, Bloma, Kpalime, Kpadafe, Agoueve, and Lome, in Togo, continued to use their networks of casually connecting unofficial pathways and byways that lead them to the opposite towns on either side of the border. Relatedly, people who live in these towns and villages boast of time-honoured cross-frontier economic and sociocultural relationships. Therefore, in their minds, the idea of the international boundary remained practically non-existent. To this end, they continued to cross over relentlessly at these several unofficial points despite the official cessation order. This defiant stance proved equally so in the case of some of these residents who described themselves as petty traders, teachers, and students, as well as family members in the sense of husbands, wives, concubines, children, boy- and girlfriends, who lived across from each other on either side of the border.

Pandemic-Related Restrictions and the Reincarnation of the Western Togoland Crises

The recent COVID-19-related restrictions and consequent border closures, as well as the lingering perceived claims of discrimination against the *Ewe* in Ghana, equally rekindled grievances on the part of a group of them from the middle belt of the Volta region to take concrete action on past agitations to, this time around, want to break away as an independent nation. This group

indeed declared itself a sovereign state on 25 September 2020.[40] Expectedly, the Ghanaian government, on its part, responded swiftly to quell that action.

The undercurrents of this crisis, as indicated earlier, goes as far back as problems associated with the presence of that international boundary initially established between the British and the Germans, later between the British and the French, then at the end of colonial rule, the integration of British Togoland into Ghana and finally the various agreements between the post-colonial governments of Ghana and Togo. Deep resentments towards these various arrangements melded with perceived discrimination against the Ewe as well as the relative lack of development of the Volta region remained alive, albeit latent, over the years. The resurgent active resentment saw the re-emergence of the Homeland Study Group Foundation (HSGF). In 2017, the arrest of a few group members for donning T-shirts with seditious inscriptions became a provoking issue.[41] In May 2019, some leaders of the HSGF boldly called for the independence of the Volta region and equally suffered arrest.[42] In connection with these occurrences, the Volta regional police command, with the support of the 66 Artillery Regiment of the Ghana Army based in Ho, further arrested other members of the HSGF for planning to protest the apprehension of their leaders.[43]

By the end of 2019, the HSGF blatantly went further to form a relatively well-trained group with uniforms, arms, and attacking mechanisms to boot. This element of daring, seriousness, and determination in the activities of this group raised deep suspicions of the possibility of "foreign" support and promotion.[44] On 25 September 2020, the armed group referring to itself as the Western Togoland Restoration Front (WTRF) also declared the "independence" of Western Togoland and took further action in that direction with attacks on targeted police stations, state interregional bus terminals, while mounting roadblocks on the outskirts of certain towns in the Volta region.[45] They devised smart plans to outwit and overpower the targeted police stations, arrested the few officers on duty, and seized arms from the armoury.[46] The Volta regional police command immediately called for troop reinforcements from Accra, the Ghanaian capital, eventually leading to the arrest of group members involved in all those actions.[47] The complaints and concerns of the group in undertaking those operations as well as the reaction of the government of Ghana all clearly mimicked that of the past.

The WTRF in its justification and defence undoubtedly invoked the demands of the erstwhile VYA. It held up the issue of discrimination regarding infrastructural development in the Volta region, formerly the British Togoland, and its disputed integration into Ghana. The WTRF brought back the matter of the infamous plebiscite, which they insisted constituted a federal nature union between two powers or nations of equal standing. Based on this argument, the group called for a dialogue with the government of Ghana to discuss the import of the plebiscite that made them equal partners.[48] It equally lamented the non-Ewe representation within the government of the country. After the detentions, the government, in the same manner as the preceding

regimes, reiterated that the demands of the group constituted a threat to the constitutional and territorial integrity of Ghana. Therefore, again as in the past, the government hardly hesitated in declaring the group, its leaders, as well as the arrested individuals, secessionist and subversive.[49]

Conclusion

The outbreak of COVID-19, which became a global pandemic sparking travel-related restrictions and border closures across the world, and in Africa as well, created problems along the international boundary between Ghana and Togo. Given that besides the economic dimension, boundary crisscrossing translated into a necessary daily routine for several ethnic groups that live in nearby contiguous towns, societies, villages, and communities, instances of defiance increased significantly. These defiant postures, also among traders and obstinate smugglers, signify the indispensability of border crisscrossing to the lives and livelihoods of many people. Interestingly, unrelenting back-and-forth traversing happens for ordinary people and manifests in related issues and consequent official responses regarding the Ghana-Togo international boundary. Recurrent cases of alleged discrimination, injustices emanating from the United Nations plebiscite that ensured the integration of erstwhile British Togo into Ghana as its Volta region, and the competing interpretations, group action, as well as government reactions have all been relentlessly invoked during the recent global pandemic-related travel restrictions and border closures. Evidently, the efforts on the part of Ghana and Togo to deal with the COVID-19 pandemic, in all its manifestations along their common international boundary, have been issue-laden with an admixture of past and contemporary ones, further presenting complex outcomes which, more than anything else, worsen the already insecure human security conditions in these two countries.

Notes

1 These boundaries across Africa remain unchanged except for a couple of countries in the northeastern part, specifically Somalia and Sudan, with all these demarcations disregarding the diverse cultural and ethnic considerations.
2 The German anthropologist Claudia Rauhut argues that Otto von Bismarck organised the Berlin Conference of 1884, the aim of which was to divide Africa up among the European imperial powers, precisely to assert a role for Germany in a European expansionist project that Britain and France hitherto dominated. J. Lorand Matory. 2018. *The Fetish Revisited: Marx, Freud, and the Gods Black People Make*. Durham: Duke University Press, 17–18.
3 The colony, Gold Coast, became Ghana upon independence at the end of British rule on 6 March 1957.
4 Ian Brownlie. 1979. *African Boundaries: A Legal and Diplomatic Encyclopaedia*. Institute for International Affairs: Hurst & Co., 250–279.

5 Robert W. Strayer. 2011. *Ways of the World: A Brief Global History with Sources, Volume 2: Since 1500*. Boston: Bedford/St. Martin's, 979–984.
6 It is important to note that all the German colonies in Africa went to Britain and France as part of the larger punitive design at the Treaty of Versailles.
7 The 1956 British Togoland Status Plebiscite, administered in British Togoland on 9 May 1956, required residents to choose between continuing as a Trust Territory or being integrated into the nearly independent Gold Coast, recently renamed Ghana. Although 58% voted in favour of integration with Ghana, the other residents in south British Togoland wanted to remain a United Nations Trusteeship and, therefore, separate from Ghana.
8 Trans-border commerce between Ghana and Togo reifies the significance of the socio-economic dealings among their respective traders. For instance, formal border crossing trade between the two countries in 1996 accounted for more than two times the value and volume of overland trade with any other neighbouring country ($18.9 million as opposed to $88.8 with La Cote D'Ivoire which happened to be the second highest). Gayle A. Morris and John A. Dadson. 2000. *Ghana Cross-Border Trade Issues: Research Report*. Washington: United States Agency for International Development (USAID) Bureau for Africa Office of Sustainable Development, 5.
According to Ghana Immigration Service Reports, 5,000 to 10,000 people cross the Aflao-Lome border.
9 David Brown. 1980. "Borderline Politics in Ghana: The National Liberation Movement of Western Togoland". *The Journal of Modern African Studies* 18(4): 580.
10 World Health Organization (WHO). 2020. Director General, opening remarks at media briefing on COVID-19.
11 The announcement of the closure in Ghana came on 22 March 2020.
12 Albert Adu Boahen. 1975. *Ghana: Evolution and Change in the Nineteenth and Twentieth Centuries*. London: Longman Group Ltd., 1. See also, Emmanuel Kwaku Akyeampong. 2001. *Between the Sea and the Lagoon: An Eco-Social History of the Anlo of Southern Ghana*. Athens: Ohio University Press.
13 In Ghana, the various ethnic groups and their respective percentages include the Akan 47.5%, the Mole-Dagbon 16.6%, the Ewe 13.9%, the Ga-Dangme 7.4%, the Gurma 5.7%, the Guan 3.7%, the Grusi 2.5%, the Kusaasi 1.2%, and the Bikpakpaam people 3.5%. In Togo, the breakdown included Adja-Ewe/Mina 42.4%, Kabye/Tem 25.9%, Para-Gourma/Akan 17.1%, Akposso/Akebu 4.1%, Ana-Ife 3.2%, other Togolese 1.7%.
14 Nearly a greater number of Ewe communities on both sides of the border celebrate their historic migration in the eighteenth century from Nuatja, as a resounding symbol of their acclaimed unity. These events are celebrated in their respective communities through various festivals, especially the yam festival for those into farming, with a few others sometimes masked as significant festivals of cultural unity.
15 David Brown. 1974. "Anglo-German Rivalry and Krepi Politics, 1886–1894". *Transactions of the Historical Society of Ghana* 15(2).
16 D.E.K. Amenumey. 1964. *The Ewe People and the Coming of European Rule*. M.A. Thesis, University of London, 70–71.
17 Samuel Decalo. 1976. *Historical Dictionary of Togo*. Metuchen: Scarecrow Press, 39.

18 Ibid.
19 It bears pointing out that, in addition to the Ewe, other groups lived in British Togoland and along that international boundary did not have that pressing need for ethnic unification as the former hence the retention of that line.
20 D.E.K. Amenumey. 1969. "The Pre-1947 Background to the Ewe Unification Question: A Preliminary Sketch". *Transactions of the Historical Society of Ghana* 10(1): 77.
21 The Organization of African Unity has been renamed the African Union.
22 Brown. 1980. "Borderline Politics in Ghana". 584.
23 Ibid.
24 Ibid.
25 Boateng, E.O. 1978. *Inflation in Ghana: Problems and Prospects*. Legon: ISSER, 5–10.
26 K. Ewusi. 1977. *Rural-Urban and Regional Migration in Ghana*. University of Ghana, Legon: ISSER, 15, 16, and 33.
27 Ghana Immigration Service Report. 2020.
28 COVID-19 Pandemic: Impact of Restriction Measures in West Africa – Analysis, World Food Program (WFP). 2020.
29 Togo's relatively small economy and heavily within the tertiary sector experienced a great deal of decline from 5.1% in 2018 to 1.8% in 2020. COVID-19 Pandemic: Impact of Restriction Measures in West Africa – Analysis, World Food Program (WFP). 2020.
30 The African Union Commission recommended postponing the AfCFTA launch until more congenial circumstances than the current one.
31 According to Hawa Cisse Wague, World Bank Resident Representative for Togo, the COVID-19 pandemic has had dire economic consequences for Togolese households, particularly the poorest and most vulnerable.
32 COVID-19 Pandemic: Impact of Restriction Measures in West Africa – Analysis, World Food Program (WFP). 2020.
33 The Catholic Bishops Conference, a well-respected body with great political influence in the history of Ghana, held their 2020 plenary session in the Keta-Akatsi Catholic Diocese at Akatsi, in the Volta Region. Ghana News Agency (GNA). 2020.
34 Ibid.
35 Ibid.
36 IMF Emergency Assistance to Africa on COVID-19: Finance, Debt Relief, and Policy Reform. 2020.
37 Ghana Immigration Service Report on the Aflao border. 2020.
38 Ibid.
39 Ibid.
40 Ghana News Agency. 2020.
41 Ibid. 2017.
42 Ibid. 2019.
43 Ibid.
44 Ibid.
45 Ibid. 2020.
46 A group of the WTRF went to the police station to lodge complaints against certain people they had brought for the officers to arrest. In the process, the large

group overpowered the few officers on duty, put them in the police cells, and took over the station. Ghana News Agency. 2020.

47 Ghana News Agency. 2020.

48 Ibid.

49 Ibid.

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5 The Impact of COVID-19 on Human Security and Development in Ethiopia

Zeru Maru Woreta

Introduction

COVID-19 appeared as one of the major global challenges of the 21st century, putting human security in jeopardy. According to Angaw,[1] the pandemic is the worst health crisis planet Earth has ever faced in the last 75 years. The pandemic caused irreversible damage to the world population's social, economic, and personal well-being. Due to the pandemic, the global economy was affected, with the impact on those countries with low economies was much distressing. The fact that the pandemic has come with a new system of social distancing and isolation also impaired the social fabric of communities. Particularly in Africa, where social systems are strong, with almost everyday life filled with limitless social interactions, the new social order was too hard-hitting for people to adapt to. Moreover, people at both household and individual levels have experienced incalculable psychological damage. Some people have lost loved ones and their family members and were direct victims of the infection. In Africa, the negative impact of the pandemic on human security was much worse and more compact than anywhere else, as many countries already lacked the economic and infrastructure capacities required to cope with the challenge. Furthermore, many countries had conflicts, mass rallies, and protests when the pandemic started, making control of the pandemic strenuous. Many African countries are also confronted by the mass displacement of people hosting millions of refugees and IDPs. The author uses Ethiopia as an example to explore the impact of the COVID-19 pandemic and the lessons learned about human security and well-being in Africa.

Ethiopia's economy at a glance

Ethiopia is among the few ancient civilisations whose history of state formation goes back thousands of years. The country has passed through several historical and sociopolitical changes over time, and these changes define the life of the present-day generation. The cultural heritage sites found through archaeological explorations and those physically observable structures in

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different places in the country are concrete evidence of this ancient character. The archaeological findings found in the city of Yeha, the obelisks of Aksum, the semi-monolithic Church of Yeka,[2] the rock-hewn churches of Lalibela, and the fossilised remains of Lucy Australopithecus Afarensis excavated in 1974[3] are among the prominent marks of long history, rich and diverse culture, and civilisation in the country. Despite this long history and ancient civilisation, the country is one of the poorest nations in the world, known for the misery of its people from ethnic conflict, recurrent famine, and displacement. Millions of people live below the poverty line with inadequate basic infrastructure, including access roads, essential health and educational infrastructures, reliable energy supply, etc. For instance, reports show limited access to a reliable power supply with over 65% of the population[4] in the country not connected to the electric power supply. These infrastructures are affecting the country's efforts to reduce poverty, thus hampering the path to sustainable socio-economic development. It is with this notion that the wider public argues that Ethiopia's huge investment in the energy sector with the construction of the Grand Renaissance Dam is justifiable and a critical development agenda for the country. Simultaneously, in recent decades, the country has become one of the fastest-growing economies globally, perhaps among the few nations that have recorded consistent growth for over 10 years. This was evident between 2010/2011 and 2019/2020 when the economy grew at an average of 9.4%,[5] the Human Development Index showed a 66.1% increase, and life expectancy showed a 19.5% increase.[6] According to the 2020 UNDP[7] report, the per capita has increased by 189.3% between 1990 and 2019.

By expanding the foreign investment and industrial park development and construction of mega projects such as the Grand Renaissance Dam, the country is making a strong statement to enhance its capacity to keep up sustainable economic growth. As such, the US$4 billion worth of dam construction is believed to be at the heart of Ethiopia's manufacturing and industrial dreams when it fully generates 6,000 megawatts of electricity,[8] and it is expected to supply power domestically and to neighbouring countries. With all these signs of progress observed (up until the recent sociopolitical processes disrupting progress and hope), one could conclusively argue that the country has been on the right path with huge potential for sustainable poverty reduction and economic growth. The UNDP 2022[9] report indicated that Ethiopia's economy is the largest in East Africa, with US$111.3 billion in 2021.

While this positive progress is recognised, Ethiopia's gross national income is still among the lowest in the world. Ethiopia is categorised as the least-developed and low-income country by the United Nations and the World Bank. In connection with this, the UNDP 2022 report indicated the deterioration of both HDI and poverty values for Ethiopia in 2020–2022 due to the experience of several shocks such as COVID-19, the civil war in northern Ethiopia, and draught.[10] Similarly, according to the 2020 Global

Multidimensional Poverty Index,[11] Ethiopia ranks 173 out of 189 countries with a HDI of 0.485. This figure puts the country in the low human development category. The World Bank assessment report of 2020 also reveals that while poverty has fallen in Ethiopia, there is uneven progress when comparing urban versus rural areas. As a result, the same assessment recommends several areas of improvement, including substantial investments in children from poor households and children in rural areas who currently have very low access to critical services and low educational outcomes.

While striving for growth, prosperity, and development, Ethiopia also confronts challenges of internal and cross-border displacement of people uprooted by civil war and ethnic conflict. This situation itself impacts the overall development efforts the country is making, as those conflicts are costing the country millions of dollars and many young populations who could have contributed to the economy. However, the COVID-19 pandemic has occurred at this turning point in development, which badly affected the country's progress towards sustainable economic growth in many ways.

Preparedness and policy response to the pandemic in Ethiopia

Ethiopia has faced different health challenges in its long history. For instance, health problems such as smallpox have a long history in Ethiopia that dates back to the Axumite Period.[12] Evidence of other epidemics, such as Cholera, was also identified in the country in 1634. Since then, according to Pankhurst,[13] Ethiopia has encountered at least five cholera epidemics in the 19th and early-20th centuries. In those times, the country used different mechanisms (including traditional cures in old times) to manage health problems. Since the COVID-19 infection was reported in other countries, Ethiopia tried to respond to minimise the impact of the pandemic in its territory. Accordingly, initially, the government had set up COVID-19-related working groups in the different government structures, with the deputy prime minister chairing the task force at the federal government level. In due consideration of the matter as a national issue, similar arrangements were made at regional and lower administrative levels, where different committees were established to engage in the prevention and control activities, which include awareness creation, information sharing, and mobilisation of resources.[14] The prevention and control tasks were also brought to the wider public, such as to the country's different public and religious institutions. As part of the efforts, the government also managed to televise major religious events and public commemorations to minimise the spread of the virus in the community. According to Angaw,[15] this measure of the government was a locally contextualised policy response which is different from what was seen in most African countries. In addition, as part of the response, the government created a conducive environment for producing PPE and testing kits in the country, which enabled the full replacement of sending samples to South Africa for testing,[16] which was the case at the beginning

of the outbreak. According to Lanyero et al.,[17] a coordination structure was established to support the prevention and control operations taking place in the country. According to these sources, the Office of the Prime Minister led the strategic-level coordination task force. In contrast, the National Disaster Risk Management Commission managed the multi-sectoral level coordination and the tactical level led by Public Health Emergency Operations Centres.[18] When the number of cases increased, Ethiopia declared a state of emergency in April 2020, which resulted in the closure of public services such as schools, bars, and nightclubs and the banning of mass gatherings.[19] According to Lanyero et al.,[20] the country has also collaborated strongly with international and regional organisations such as the World Health Organization and the Africa Centres for Disease Control and Prevention, which enabled the establishment of the first COVID-19 testing laboratory in the country in February 2020. Furthermore, the government set up the Public Health Emergency Operations Centres and the incident management system before the first case was detected in the country. This enabled coordination, readiness, and meaningful response actions. According to Lanyero et al., in the beginning, there was a strong political will and commitment on the part of the government, which facilitated a coordinated multi-sectoral readiness and response to the pandemic which, apart from the health sector, included sectors of education, trade and industries, transport, culture and tourism, as well as law enforcement bodies to play their roles.[21] In this process, Ethiopia has also contextualised and applied the lessons learnt at the global level into its response and control efforts.

Despite all these levels of preparedness and policy response measures undertaken, the control and management of the spread of the virus were challenged by different factors. The ethnic conflict that forced people to flee, the country's deep-rooted poverty and economic hardships, cultural and religious interpretation of the pandemic, and lose control of government systems over the application of the protocols by the public were some of the factors. Particularly, with the introduction of the state of emergency and the restriction of movement and closure of public working places without tangible alternative solutions, many people were seen struggling to cope with the economic hardship, thus violating the preventive protocols and restrictions put in place for their safety. Hence, the preparedness and control efforts could have been done better than the observed actions.

The impact of COVID-19 on the economic sector in Ethiopia

In countries like Ethiopia, which are ridden by recurrent conflict, internal political crises, and natural hazards, the impact of the pandemic is multitudinous. In Ethiopia, from 3 January 2020 to 29 March 2023, there have been 500,444 confirmed cases of COVID-19, with 7,573 deaths. Global financial institutions such as the World Bank, the African Development Bank, and the International Monetary Fund also noticed the negative social and economic

impact on Ethiopia. According to the World Bank publication, in Ethiopia, the adverse impact of the COVID-19 pandemic on economic activity was expected to continue in 2021 and rebound in 2022. In the past decade, particularly before the COVID-19 pandemic started, Ethiopia witnessed consistently higher economic growth, evident in poverty reduction achievements. For instance, according to World Bank,[22] the population below the national poverty line decreased from 30% in 2011 to 24% in 2016. Ethiopia is the second most populous nation in Africa, and with those signs of economic growth, the country was supposed to strive to maintain results gained over the years. It was aiming to reach the lower-middle-income status of its people by 2025. Yet, the country is still one of the poorest nations in the world, with a per capita income of $850,[23] and many challenges are confronting the country in this regard. Despite these challenges of unemployment, food insecurity, ongoing conflict, and political instability, there was optimism that the country would ensure its economic growth by utilising its natural and human resources had it not been confronted by internal political problems and the pandemic in the past few years. In previous years, particularly before the recent change of the government, the country was able to make many practical actions, including spending a significant budget targeting the poor and foreign investments and advocating for donor financial support, including debt omission to finance the ongoing projects.[24] Thus, even in the absence of COVID-19, the country must have undertaken different areas of improvement such as enhancing job creation and promoting good governance to overcome the challenges confronting its economic growth. Ethiopia also experienced the worst locust invasion in decades in 2020,[25] which negatively impacted the development efforts by affecting the food security and livelihoods of millions of people. There is also a notion that the unhealthy political environment manifested in the form of civil unrest, ethnic conflict, and displacement could negatively impact the efforts undertaken for economic growth as investment, tourism, and export business would be compromised in such situations.

With the experience of the COVID-19 pandemic, the country's economy has further been in jeopardy with situations of increased prices of essential food commodities, rising unemployment, and an increase in the number of people living in poverty. Specifically, according to Dione,[26] following the report of the infection in the country, 42% of registered businesses ceased operations, while 37% reported no revenues in the capital Addis Ababa. Furthermore, the tourism industry was another sector severely hit by the pandemic. As the country is rich with many tourist attractions, the tourism industry contributes significantly to the economy. Yet, it was impossible to keep up its influence in the time of COVID-19. Because of pandemic-related travel restrictions and fears, the number of tourists visiting the country dropped drastically, affecting the country's revenue from the sector. There was a complete shutdown of services in most towns across the country, with travel restrictions and social distancing policies instituted, causing a severely negative impact, particularly on the tourism and hotel industry.[27] To

substantiate this with concrete figures, according to Smith Travel Research cited in Biota,[28] hotel occupancy in Ethiopia dropped to 43%, and revenue per available room declined by 30.5% for the week ending 14 March 2020. Similarly, the World Travel and Tourism Council in 2020 estimated that more than 50 million jobs in the travel and tourism sector could be at risk globally, and manifestations confirmed this global analysis in Ethiopia. According to the International Air Transport Association, in April 2020, it was estimated that because of COVID-19, Ethiopia could have only 2.5 million travellers resulting in a US$0.91 billion revenue loss and putting at risk 120,400 jobs.[29] In this connection, Ethiopian Airlines were also affected with limited or no passengers travelling for a sustained period, particularly in 2020, the pandemic.

Furthermore, with the onset of the COVID-19 pandemic, people could not move from place to place to meet their subsistence needs, and directly or indirectly, every Ethiopian national has faced the economic challenge of the COVID-19 pandemic. International flights were suspended in many countries, and those available flights charged triple. In addition, those Ethiopian nationals entering the country through any available flight options were charged to cover the cost of two-week hotel accommodation with an average daily rate of 50 USD. Thus, economically, at the individual and household level, the COVID-19 pandemic caused many Ethiopians significant expenses to manage when they travelled back to their country. Furthermore, there were reports of people taking advantage of the pandemic and increasing the price of commodities in the capital of Addis Ababa. In some places, the price increased ten times higher than the regular price for some commodities. On some occasions, it wasn't easy to find essential items in shops as the public was panicking, and those who had the money were buying in stock. The government tried to take some corrective measures to the extent of closing shops suspected of contributing to the inflation of the price of commodities. Still, it was not sustainable and did not work as such. To show the impact of the pandemic on the economy with concrete figures, the African Development Bank[30] reported that Ethiopia's economy grew by 5.6% in 2021 from a 6.1% growth in 2020. This is primarily because of the COVID-19 pandemic and civil conflict. Similarly, Focus Economy[31] indicated in 2022 that the Ethiopian economy would see growth of 4.9% in 2022 and 5.5% in 2023 due to the ease of the impact of the pandemic.

Precisely, according to some reports, from the economic shocks, the service sector was the most negatively affected by the COVID-19 pandemic, and the slowdown of growth was more noticeable in transport and communication, hotels and restaurants, wholesale and retail trade, public administration, and defence.[32] A study conducted by Aragie et al. projected that if the COVID-19 situation was not managed, the Ethiopian economy could further lose approximately 4.3% to 5.5% of its annual GDP. The same study also stated an estimated reduction in labour income between 4.2% and 5.2%. The study further stated that COVID-19-related adverse shocks would lead

to household income losses ranging between 3.9% and 6.4%. According to the World Bank report, Ethiopia has experienced a collapse in external demand since April 2020 due to COVID-19. While merchandise exports, excluding gold, increased by 5.8% overall in 2020, there was a decline of 4.1% noted during the period from July to December in the same year. According to this report, the sectors most affected since the onset of the pandemic are garments, textiles, and exports of fruits and vegetables. Overall, according to Sánchez-Martín et al.,[33] the GDP growth went down to 6.1% in 2020 from 9.1% in 2019. Similarly, according to the United Nations Office for the Coordination of Humanitarian Affairs[34] report, due to the increase in unemployment caused by COVID-19, the number of people living below the poverty line was projected to increase from 26 million in 2019/2020 to 31 million in 2020/2021. The same report also highlighted remittance as an important source of income for many families in Ethiopia, and it was estimated to have fallen by around 23% in 2020 because of COVID-19.[35] These are some of the negative impacts of the COVID-19 pandemic observed in Ethiopia's economic sector from 2020 to 2022.

The impact of COVID-19 on the health sector in Ethiopia

The health sector is one of the sectors which Ethiopia is striving to improve as part of its development endeavours. The country has made reasonably big improvements in this area in the past decade, particularly before the Tigray war broke out. According to reports, Ethiopia has achieved Millennium Development Goal #4 three years ahead of the target, with an under-five mortality rate maintained at 68 per 1,000 live births in 2012, while maternal mortality was reduced by 39% in 2016. Modern family planning methods among reproductive women increased from 6% in 2000 to 35% in 2016, and demand for family planning increased from 45% to 58% in the same period.[36] Similarly, according to Assefa et al.,[37] under-five and maternal mortality declined by 73% and 71% between 1990 and 2019, and life expectancy at birth increased from 47 years to 65 years over the same period. The incidence of tuberculosis has declined by 61% between 2000 and 2019, while tuberculosis mortality has declined by 79% during the same period. In addition, according to the Ministry of Health of Ethiopia,[38] The number of acquired immunodeficiency syndrome-related deaths dropped by 81% between 2000 and 2019. The introduction of a three-tier public healthcare delivery system and the Health Extension Program that provides primary care services at health posts are among the very good examples of the improvements the country has been making.[39] Despite the efforts to improve the quality and access of health services, there is still a huge gap in this sector. Referring to some of the key global health indicators, according to Assefa et al.,[40] in 2019 the country's Universal Health Care Services Coverage Index was 39%. Similarly, the coverage for non-communicable diseases, reproductive, maternal, neonatal, and child health, and infectious diseases shows

a gap. Furthermore, the national universal healthcare service capacity and access coverage were reported to be only 20%, with large variations across regions, ranging from 3.7% in the Somali region to 41.1% in the Harari region.[41] The ratio of physicians per 1,000 people in Ethiopia was reported at 0.0769 in 2018.[42] These indicators are good examples that the country has yet to go a long way to improve the health sector.

In this situation of the health sector, the COVID-19 pandemic emerged as a terrible health challenge. When the pandemic started, the country needed more preparation as there were already limited facilities and health personnel to deal with the matter. Because of the inadequacy of the existing health facilities, the government was forced to open temporary COVID-19 admission centres such as hospital tents in different corridors, including the Millennium Hall in the capital Addis Ababa, putting basic supplies, equipment, and health personnel in place. The other challenge was that due to the priorities given to COVID-19 prevention and control, there were reports that other regular health services were compromised, putting the lives of many patients who require special treatment and regular medical follow-up at risk. Thus, the emergence of COVID-19 was a health challenge and, at the same time, an additional burden to regular healthcare services. In this regard, in Ethiopia, because of COVID-19, a total of 500, 946 individuals were infected, and 7,574 individuals lost their lives from 3 January 2020 to 26 July 2023.[43] There is also an argument on these figures that the infection and death rates might be under-reported, and the actual figure could be higher than this. This argument is based on observations of the level of public gatherings, rallies, and day-to-day activities in the country during the pandemic. The public needed to fully comply with the preventive and control protocols in the capital and elsewhere. Of course, the internal political and security problems manifested in the form of ethnic conflict, civil war (such as the case of Tigray, Amhara, and Afar regions), national elections, and mass displacement of people made it difficult for the public to strictly follow the protocols in addition to other economic, religious, and cultural factors. Thus, according to Abagero et al.,[44] the pandemic negatively impacted the capacity to provide personal protective equipment in health facilities, the delivery of maternal, child, and newborn services, and prevention and treatment of childhood illness, including immunisation services. Apart from the health risk of COVID-19 to the broader public, healthcare workers were also negatively impacted in many ways. Studies conducted in 2022[45] showed that healthcare professionals in the country saw fewer patients than usual during the COVID-19 crisis and were worried about the risk of contracting and transmitting the risk themselves.

The social-psychological impact of COVID-19 in Ethiopia

The social-psychological impact of COVID is a grey area and was not given due attention. The pandemic has brought so many complications to the social

and psychological well-being of the Ethiopian public. As such, the social fabric of the population was seriously threatened or damaged. Ethiopian society is very communal, doing things together in times of adversity and happiness. Due to the pandemic, especially initially, it was not possible to attend social events, including burials of deceased friends and families, weddings, and religious congregations, which caused stress, anxiety, and frustrations. Deaths were mourned, and burial events were attended by very few people, which was not the usual Ethiopian social event in times of adversity. There were also moments when those big public events, such as religious congregations, were televised live, limiting the people's social interaction and physical presence. In the beginning, the way the COVID-19 infection was presented to the public by the media was itself a source of anxiety and fear for many people. There was a lot of panic and stress, especially for the poor who could not support themselves should they be locked down for days and weeks.

Psychologically, almost all Ethiopian nationals have faced the emotional challenge of the COVID-19 pandemic. Due to the COVID-19-related loss of relatives and loved ones, many people got distressed at the individual and household levels as families were socially avoided and stigmatised, for other people were concerned that they might have contracted the virus if they got closer to the families of the deceased. The way the media presented the pandemic initially was also destructive as it depicted horrifying images of the death of people from Italy and China. In addition, due to their engagement in helping COVID-19 patients, some health professionals faced stigma and discrimination from the public to the extent that they were ousted from their rental houses in the City of Addis Ababa. The travel restrictions, business closure, and increased commodity prices also added to the psychological pain for many, as survival in that situation was very difficult.

The impact of COVID-19 on the education sector in Ethiopia

As noticed globally, the education sector was one of the sectors worst affected by the COVID-19 pandemic. Though those developed countries managed to cope with the situation by converting the mode of learning into e-learning and remote learning modalities such as online classes, particularly in higher education institutions, the situation in Ethiopia was utterly different. Due to the lack of information technology infrastructures, including reliable internet connections, universities and colleges could not apply the online classes. Thus, the teaching-learning process had to be halted partially in the first five months of the pandemic reported in the country. This was also a situation for pre-primary, primary, and secondary schools.

On 16 March 2020, Ethiopia closed all pre-primary, primary, and secondary schools, and it was feared this measure could aggravate the existing inequalities in access to education for children. Thus, children needed to catch up and gain valuable time for schooling. According to Sánchez-Martín et al.,[46] this situation also caused poor children to be out of the school feeding

services. This is the case for children in Addis Ababa, where public schools undertake a twice-daily feeding programme. There was also a concern that the school closure could trigger the risks of gender-based violence and permanent dropout of girls. Therefore, the sustained impacts of losing valuable schooling time jeopardised the capacity of low-income families and their children to build human capital and potential earning for their living.[47] Most primary and secondary students had no opportunity to learn during school closures. Regarding possibilities for distance learning, the household survey conducted by Sánchez-Martín et al.[48] revealed that only about 29% of primary school students and 39% of secondary school students were engaged in distance learning activities in June 2020. This meant that seven out of every ten primary and six out of every ten secondary students had no opportunity to learn. Thus, as one of the key development sectors, the education sector has suffered the most from the impact of the COVID-19 pandemic in those developing countries such as Ethiopia.

The impact of COVID-19 on the forcefully displaced people in Ethiopia

COVID-19 emerged when Ethiopia was highly confronted by massive, forced displacement of people. Forced displacement refers to persons forced to leave or flee their homes due to conflict, violence, and human rights violations.[49] In Ethiopia, the major causes of the displacement observed are violence and ethnic conflict within and from outside, such as in Eretria, Sudan, South Sudan, and Somalia. According to the UNHCR 2023[50] situation update, the country hosts 884,294 registered refugees and asylum seekers fleeing violence and conflict from neighbouring countries. Most of them are sheltered in camp settlements, receiving basic humanitarian assistance and protection services with support from the international community and the government of Ethiopia. In addition to refugees, the country has been seriously confronted with internal displacement of its own people due to the ongoing ethnic conflict occurring mainly since 2018. According to a UNICEF 2023[51] situation report, the country has an estimated 4.51 million IDPs. This number includes those displaced from Amhara and Afar regions uprooted by the conflict between the government and the Tigray forces. The war broke out following the attack committed against the national defence force by the Tigran regional state, and it caused the displacement and killing of hundreds of thousands of people. Following the unilateral ceasefire taken by the federal government partly due to the pressure from the international community, the Tigray rebel group, which was also labelled as a terrorist group by the national parliament of the Federal Democratic Republic of Ethiopia, committed another round of attacks in the neighbouring regions of Amhara and Afar. This situation resulted in renewed internal displacement of hundreds of thousands of people in the country. Though a peace deal has been signed between the two parties on 3 November 2022 in South Africa,[52] the humanitarian situation in the country remains dire with new displacement being recorded almost

every day due to the ethnically motivated killings and mass evictions in other regions as well. Thus, the country is confronted hugely with this internal political and security crisis and the road to peace and stability seems far away.

Even in the absence of COVID-19, as a significant social event involving the human element, forced displacement affects people's social-psychological, livelihood and physical security. Some experiences of forced displacement could also lead to sustained and irreversible political and economic challenges to communities and countries. According to Kaczmarek,[53] "forcibly displaced populations uprooted by violence, disaster or climate change face challenges such as maintaining social connections, retaining their languages, and practising their community and cultural knowledge". There is also a study conducted by Turner & Gorst-Unsworth indicating the impact of internal displacement on the mental health of individuals. Similarly, it was noted by Roberts et al.[54] that individuals face the risk of developing PTSD, the absence of medical facilities, the threat of rape or sexual abuse, and lack of food or water, as well as unnatural death of family or friend in time of conflict and forced displacement. The impact could be deadly for refugees who leave their country of origin behind and are forced to face a new situation in a foreign country.

In this time of a deteriorating security situation in which millions need humanitarian assistance, the COVID-19 pandemic occurred in Ethiopia. Thus, the pandemic posed an additional challenge to the country to assist the displaced population. It was an additional survival challenge for forcefully displaced populations uprooted by violence and human rights abuses. The pandemic was a critical protection concern for the forcefully displaced population relying entirely on humanitarian aid, putting the population at further risk of health problems, protection, and safety concerns, including the lack of basic services. In this regard, there were already visible negative impacts of the pandemic on these populations, including health and protection risks, interruption of essential services, and disruption of livelihood opportunities. In fact, there were visible indicators of the scaling down of humanitarian operations due to COVID. For instance, UNICEF reported that the COVID-19 response delayed some essential health services, such as measles and polio immunisation campaigns.[55] Furthermore, refugee children were forced to stay at home due to discontinuing the teaching-learning activities. At the same time, there were concerns that the supply chain could be disrupted due to the limited movement of goods and services into those settlements. In addition, due to movement restrictions, those skilled and abled refugees could not go out to make an income. The COVID-19 pandemic, coupled with the ongoing conflict in the country, has compromised the means of livelihoods of the population as the government adopted containment measures. This situation was similar to the International Organization for Migration report,[56] which states that the pandemic has significantly decreased migrants' and displaced persons' access to employment and income-generating opportunities. Similarly, reports from OCHA[57] revealed protection concerns and

the inability to meet the humanitarian needs of displaced people, returned migrants, women, children, persons with disabilities, and older persons. According to Wieser et al.,[58] some of the primary coping mechanisms that refugees and nationals use include relying on savings to cope with reduced income and reduce food and non-food consumption, affecting the household's health and nutritional well-being of the members. This survey on refugees in Ethiopia found that access to schools for refugee children was a challenge before the pandemic and continues to be a challenge during school closures related to COVID-19.

According to Council of Europe,[59] the displacement-related psychosocial and economic challenges for displaced populations have been aggravated by the pandemic and related measures and restrictions. In Ethiopia, in all humanitarian settlements where displaced populations are staying, services and facilities are supported by resources from the donor community. These resources are limited as compared to the humanitarian needs on the ground. This is partly because there are competing humanitarian needs worldwide because of natural disasters, conflict, and violence. Thus, the emergence of the COVID-19 pandemic complicated the humanitarian situation by adding pressure to the already limited resources. There have been reports from the humanitarian community that health services were overstretched by accommodating the need within the available services and facilities. For instance, according to UNHCR,[60] in the attempt to scale up COVID-19 prevention and control activities, some operations had to strain regular essential health services.

Accordingly, taking note of all these impacts of COVID-19 on the life of the displaced population, different measures were taken by different humanitarian actors, including the United Nations High Commissioner for Refugees, the government, and other humanitarian actors in Ethiopia. In most places, the humanitarian actors instituted the prevention and control mechanism, including providing PPE kits, setting up isolation centres with supplies, and implementing a business continuity plan to ensure the continuity of services provided to the affected population. In this regard, there were positive indicators that, with the utmost efforts made by the humanitarian actors, the UNHCR and the government of Ethiopia, the awareness level of the displaced communities had increased, enabling them to minimise the risk of contracting or spreading the infection.[61]

Furthermore, to address this very challenge of the forcefully displaced communities, the government and the humanitarian actors increased assistance such as providing hygiene items, water, and sanitation services. However, it was also noted that access to schools for refugee children was a challenge. All teaching-learning activities had to be suspended as part of the COVID-19 prevention and control interventions in refugee camps. In the remote refugee camps with no or limited telephone and internet connectivity, designing other alternative means of education like online classes or radio lessons was very difficult, if not impossible. However, there was an experiment in some

camps to carry out distance learning by providing educational materials such as books so that children staying at home could refresh themselves with the lessons until formal classes resumed. Regarding the livelihoods of displaced communities, the COVID-19 pandemic has badly affected household income, with a report of about 27% of refugees whose incomes were either reduced or disappeared. In this connection, a survey conducted by Wieser et al.[62] also indicated that refugees lost jobs because of the COVID-19, and about 28% of refugees interviewed responded that they had a job before the pandemic. Additionally, those skilled and able refugees could not leave the refugee settlements to engage in income-generating activities.

Apart from the direct impact on the displaced populations, the humanitarian staff were also exposed to the pandemic, negatively impacting the quality and timely service delivery. On some occasions, challenges were observed in the supply chain due to the disruption of the movement of goods and services because of COVID-19-related restrictions.

Furthermore, COVID-19 was a challenge to the country's already fragile security and political situation. As a result, the election in Ethiopia was postponed due to the pandemic creating political tension among the different political parties in the country. The election was supposed to be conducted in May 2020. However, it was postponed first to August 2020 and then again after COVID-19.[63] This situation created division among the political elites, and the Tigray regional government undertook its own election without following the federal government's directives. This escalated situation later contributed to the full-scale bloody civil war and the displacement of millions of people from their habitual places. Thus, though COVID itself is not the direct cause of the war, the rescheduling of the election because of the pandemic has fuelled the tension between the federal government and the Tigray regional administration.

Conclusion

Pandemics such as COVID-19 could be deadly and bring multifaceted challenges to countries. It can exacerbate political tensions and could imminently contribute to bloody conflicts and mass displacement of people. The life of vulnerable populations could also be further endangered due to such pandemics. However, pandemics could also bring opportunities by shaping the lifestyle of communities. The spirit of interdependence and supporting one another seen during COVID-19 could be a positive lesson, and countries should nurture it further for application in other human crises situations in future. Pandemics could also shape human personality towards self-discipline and pre-planning for life. The experiences of scaling up humanitarian services and adoption of business continuity plans were among the positives. In African countries, while political will and leadership could make a difference in managing pandemics, government actions should have continuity, and other socio-economic and political interests should not overtake such

actions. Evidently, response plans in many countries needed strong economic support packages. It was also learnt that religious and cultural interpretations could challenge the prevention and control efforts. Countries should also implement comprehensive national preparedness and response plans that include forcefully displaced people. In this way, ensuring human security across the continent can be possible during pandemics.

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6 From Civil War to Ebola to COVID-19

The Untold Saga of Liberia's Developmental Challenge

Veronica Nmoma Robinson

Introduction

Despite monumental advancements in science and technology, once again, Ebola and COVID-19 brought to the forefront the continued threat of pandemics to human security with far-reaching global consequences. COVID-19 presents the most substantial threat and profound international human security crisis of the 21st century affecting nearly all countries, including the African nation of Liberia. Liberia's calamities began with a civil war that lasted 14 years. The civil crisis was one of the world's most savagery humanitarian crises led by warlords and an army of drugged child soldiers. The civil war devastated the country's economy, resulting in the death of a quarter of a million people and thousands mutilated and raped as the world powers were slow to act. Then came Liberia's encounter with Ebola beginning in 2014. The Ebola virus epidemic struck the country, first hitting the Sub-Saharan African state of Guinea and then spreading to Sierra Leone and Liberia. With human security fast deteriorating and out of control, the World Health Organization (WHO) in August 2014 declared the virus a public health emergency of international concern. As if the country has not had enough disruptive calamities to human security, and just as Liberia was declared Ebola-free on 1 June 2016, the WHO, on 12 March 2020, said COVID-19 was a global pandemic. Liberia's development efforts were disrupted a third time due to the COVID-19 pandemic.

Civil War

Before the arrival of the American settlers, Liberia, a country in West Africa formerly known as the Grain Coast, was founded in 1822 as a refuge for formerly enslaved people from the Americas. The settlement was established with the assistance of U.S. government agents and the American Colonization Society, and the settlers were known as Americo-Liberians. The West African territory achieved independence in 1847, and the constitution was modelled after the United States. The Americo-Liberian leadership named its capital city Monrovia after U.S. President James Monroe. The

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Americo-Liberians discriminated against and separated themselves socially, politically, and economically from the indigenous population for more than 150 years. What started as an attempt to oust Liberian President Samuel Kanyon Doe degenerated into ethnic massacres and a state of anarchy. The political and economic structure of pre-civil war Liberia was characterised and overwhelmed with widespread poverty and inequality due to income disparities, deep social divisions, and fractionalisation that challenged the human security of its local population. The indigenous population's political and economic marginalisation ultimately fuelled the years of civil war. "There was no doubt that the war has been fuelled by ethnic animosity and individual struggle for power while ignoring the national interest" of safeguarding human lives, preserving the national economy, and fostering development.[1] Similarly, Kieh, in analysing the root causes of the Liberian war, contended that "The various regimes that managed the Liberian state from 1847 to 1980 failed to promote national unity, human welfare, and democracy".[2]

The civil war ravaged the Liberian economy transforming the country into one of the world's poorest nations. The crises destroyed critical infrastructure, suppressed economic activity, frustrated development, and seriously strained the African governments' meagre resources. Before the civil war, the country's economy thrived on producing agricultural and export commodities, chiefly rubber, cocoa, palm oil, coffee, logging, iron ore, gold, and diamond. During the 14 years of civil wars, the country's export and import trade stopped, transforming Liberia into a war economy where warlords looted, engaged in systematic pillaging of resources, and competed for monopolistic control of Liberia's precious metals traded in the black market as all legal trade came to an end. As stated,

> The aim of the Liberian revolution has long been lost as warring factions struggle for power and in the process has inflicted needless suffering and destruction among the innocent civilian populace they claim to represent and the economy they vowed to preserve.[3]

At the end of Liberia's 14 years of war, more than a quarter of a million (250,000) people were killed out of a population of about 3 million. Approximately 1 million were displaced and became refugees in several African countries. Liberia had all but collapsed, the economy shattered, shrunk by 90%, and GDP at –29%. Because of Liberia's special relationship with the United States, many Liberians blamed the United States for not intervening to end the gruesome genocide, contain the flight of displaced people, and save the economy and the livelihood of millions of Liberians. In U.S. defence, some may argue that

> With the demise of communist power or the end of the Cold War, the basic nature of power relationships in the international system has changed, and

> that this change is a vital factor in explaining the lack of U.S. political or military intervention in Liberia.[4]

However, with the war over in 2003 and following the ascendency of President Sirleaf (2006–2018) and later George Weah (2018 to present), the country regained democratic stability. The bridge and barrier of discrimination and marginalisation appeared broken, with natives occupying competitive positions in Liberia's unitary government. As President, Sirleaf's new government's ambition was to move Liberia forward from the shatters of war to that of reconciliation, poverty reduction, and development. However, the new government faced mounting challenges and needed funds for reconstruction and development. President Sirleaf contacted Liberia's Western allies for developmental assistance and debt forgiveness. Addressing Members of the European Parliament in 2006, President Sirleaf stated, "Liberians were committed to moving from the crisis of the past to the opportunity of the present, building a new Liberia from the ashes of an old turbulent past to a future of hope and promise".[5] A new poverty reduction strategy was implemented in April 2008 to achieve sustained growth and development. The strategy rested on four frameworks.[6] However, with the global recession of 2007–2009, Liberia's development effort was interrupted as declining economic activities challenged it. Tensions mounted as prices for food, gas, consumer items, and services increased. Layoffs, unemployment, salary cuts abound, with a significant decline in the price of Liberia's essential export commodity, mainly rubber. Liberia's development pursuit was frustrated as it informed the U.N. that it would be unable to timely achieve its Millennium Developmental Goals set with the target year 2015. Despite the global recession, Liberia's economy grew to earn an average annual growth rate of 7% between 2006 and 2014.[7]

President Sirleaf continued her development goals, building schools, hospitals, and government agencies, fighting for human rights, attracting foreign direct investment, and securing massive debt reduction. The U.N. lifted trade sanctions imposed during the war, and once more, Liberia could engage in international trade. Besides the sustained annual GDP growth of 7%, Sirleaf grew the national budget from $80 million in 2006 to $672 million in 2012.[8] According to Sirleaf, a noble peace prize winner, a recipient of the 2012 Gandhi Prize for Peace, and a recipient of the U.S. Presidential Medal of Freedom, "One of the best successes of my administration is that we have restored hope", she says, "there's a lot yet to do, and positive momentum is contingent on ordinary citizens – women and men alike – seeing the reconstruction process begin to touch their lives".[9]

Ebola

Liberia emerged free of civil crisis only to face epidemiological warfare after years of remarkable economic progress and impressive economic growth.

The citizens were gripped with fear as the nation experienced the highest number of deaths from the Ebola outbreak since the end of its civil crisis. The eruption could not have occurred at the worst period in the country's history against the effects of its catastrophic humanitarian crisis and a weak, fragile economy. Ebola, a deadly disease, was discovered near the Ebola River in the Democratic Republic of the Congo in 1976. Scientists are unsure about the virus's origin. However, many believe fruit bats may be the source animal in spreading the virus to humans through body fluid contact and transmission. However, the outbreak in the West African region occurred not first in Liberia but in a rural setting of southeastern Guinea and, within weeks, spread across borders to neighbouring countries of Liberia and Cote d'Ivoire. The 2014 Ebola epidemic was considered more catastrophic and devastating than all previous Ebola virus outbreaks combined.[10]

However, it was not until 23 March 2014 that the WHO informed the world of cases of Ebola virus disease (EVD) in southeastern Guinea, marking the onset of the West African Ebola epidemic, in response to the virus's rapid spread, WHO declared Ebola a public health emergency of international concern. In that regard, Chan emphasised that the Ebola epidemic is "The most severe acute public health emergency seen in modern times. Never in recorded history has a biosafety level four pathogen infected many people quickly over such a broad geographical area".[11] Shortly after the West African outbreak, Ebola disease cases were confirmed in seven countries: the United States, the United Kingdom, Italy, Mali, Senegal, Nigeria, and Spain. The detection in other regions of the globe confirmed that the virus is no longer confined to African countries; in coordination with international public health partners, WHO advanced a containment strategy. Although Monrovia, Liberia's capital, was most severely affected by the dearest consequences, the virus rapidly spread to all 15 Liberian counties.

With the enormous impact and cases in Liberia, Guinea, and Sierra Leone, the Ebola outbreak killed approximately 11,300 people in the Mano region between 2013 and 2016. In Liberia alone, the pandemic caused the horrific loss of roughly 4,810 human lives, with total active cases estimated at 10,678 out of a population of 4.36 million. Some studies show the incidence of under-reporting as there were more Ebola cases than the numbers reported.[12] Nevertheless, the Ebola pandemic caused not only humanitarian and epidemiological consequences threatening the health and safety of Liberians but also paralytic economic costs leaving a lasting catastrophic impact on the divergent division of the country's economy as economic activities plummeted. On 1 June 2016, the WHO finally declared Liberia Ebola-free. In the end, President Sirleaf, in a press conference with President Obama, explained,

> The one critical element in all of this is our people, particularly the community people. They took charge; they said we are not going to die, we are not going to lose our livelihoods, and we are not going to reverse the gains

> we have made over the ten consecutive years of peace. They took responsibility, leadership, and ownership.[13]

Government Response/Measures to Contain Ebola

The Sirleaf administration officially declared its first EVD case on 30 March 2014. The virus surprised Liberia, the first of its kind in West Africa. Initial international response to the West African Ebola crisis was slow in handling and providing resources to address the epidemic.[14] The global community was criticised for the lack of rapid response. By the time the world community responded, the Ebola virus pathogen was out of control, exponentially growing, crossing borders, and breaking all barriers. It was not until late in August that WHO coordinated and announced a roadmap for containing the Ebola virus outbreak. According to Leach, the epidemic exposed longstanding global health governance challenges besieged by poor communication and coordination.[15] Along the same line, accusations abound about Liberian government officials and the Ministry of Health for the slow response in handling the Ebola epidemic.[16] Government treatment capacity 2014 was limited and insufficient due to the lack and scarcity of efficient, skilled medical professional workforce, resources, inadequate health infrastructure, logistics, low and inadequate government health expenditure, medical equipment, and weak medicines supply systems. With only 50 medical doctors for its 4.3 million population, Liberia lacked the social infrastructure to respond to an epidemic of that scale and magnitude.[17] Hospitals were overwhelmed and flooded with patients as health centres rejected and turned away infected and non-Ebola patients from receiving treatment.[18] The government also lacked the proper response mechanism for monitoring and mitigating the virus. Hence, the disease spread "like wildfire", causing a 90% fatality rate among the population.[19]

As a medical doctor from the Centers for Disease Control and Prevention (CDC) observed, by July,

> the virus had overwhelmed Liberia's health care system… Health workers lacked such basic resources as personal protection equipment, the masks, and gowns needed to protect them from the bodily fluids that spread the virus. A patient infected 21 health workers at one hospital before his case was diagnosed with Ebola. Sixteen nurses, nurse aides, X-ray techs, and lab techs died.[20]

Liberians' distrust of their government was another contributing factor to the spread of the virus. The administration's slow and inadequate response to the Ebola outburst created uncertainty and insecurity. Due to the government's suspicion, many believed that Ebola was a propaganda tool manifested by their government to attract and receive foreign aid.[21] Conspiracy theories abound, and with little or no knowledge about the virus, Ebola brought fear

and insecurities among the Liberian population to the extent that healthcare workers that risked their lives were stigmatised and rejected by the communities they served.[22] Consequently, the U.S. government and its Center for Disease Control, the WHO, and non-governmental organisations in collaboration with Liberia's Ministry of Health, worked relentlessly in establishing and monitoring surveillance systems and contact tracing technologies.[23]
While many blamed the Liberian government, others praised President Sirleaf's leadership in putting together a package of interventions with community engagement playing a critical role. Staff from the local WHO office in Liberia went from village to village inspiring local chiefs and religious leaders to take responsibility for bringing awareness and education of the disease to their communities. In addition, community task forces were established to create house-to-house awareness; conduct contract tracing; report suspected infected cases; and call health teams for support. In addition, the administration declared a curfew, closed borders with neighbouring countries of Guinea, Sierra Leone, and Cote d'Ivoire, and recommended the closure of weekly markets. In late October and mid-November 2014, the number of Ebola-related deaths began to drop, and the number of survivors grew. The deployment of foreign medical teams from various nations, financial and human resources, and logistic support, the international community coordinated by WHO and the Liberian Ministry of Health played a significant role in combating and ending the Ebola virus epidemic.[24] President Obama, at a February 2015 press conference with Liberian President Sirleaf, commended her leadership in undertaking such a difficult task. In the words of Obama: "President Sirleaf came under the challenging circumstance and has worked steadily to solidify Democracy, reduce corruption, and deliver basic services to an impoverished country. Last year proved to be a very difficult challenge because of Ebola. What is extraordinary is President Sirleaf's leadership … We have made extraordinary strides in driving back Ebola. Because of the extraordinary courage of health workers, the communities, President Sirleaf, and her administration, what could have been an even more devastating crisis has been controlled. Normal life returned to Liberia,"[25] and indeed a restoration of hope.

Consequences of Ebola Disease on the Liberian Economy

Liberia's goal of becoming a middle-income country and achieving higher levels of human development remains far-fetched as it faces formidable challenges. Even though the country's gross domestic product (GDP) has grown progressively since the end of its second civil crisis, Liberia's gross national income per capita of $1,258 remains one of the world's poorest countries, ranking 175th out of 189 nations. More than 50% of Liberians live in abject poverty and below the international poverty line of $1.90 a day.[26] However, Liberia was making remarkable economic progress after the civil war and before the Ebola crisis. It was one of the fastest-growing economies globally,

ranking sixth among the top ten nations with the highest GDP growth internationally.[27] Crucial export commodities of iron ore, diamond, timber, and rubber fuelled the high GDP growth. As such, the improvement in overall economic health resulted in an impressive GDP growth rate of 6.9% in 2011, 8% in 2012, and 7.2% in 2013. However, when Ebola hit, it economically impacted Liberia, frustrating its development agenda. Most economic sectors were affected for an extended period. As a result, the 2014 pre-Ebola GDP growth projection of 5.9% was revised to 2.5%. The endangerment of Ebola and low commodity prices for Liberia's chief exports catalysed the declining GDP growth rates from 8.7% in 2013 to 0.7% in 2014.[28]

Agriculture (Impact)

The agriculture sector is the single largest occupation and employer, accounting for the country's 39% GDP, and is a significant source of livelihood for over 60% of the country's population.[29] The outbreak adversely affected agricultural production and market chains. Farms needed more farm workers. A significant impact was on the transportation of agricultural commodities to consumption sites, thus impacting crops and higher consumer food prices. Rubber, Liberia's main export commodity, fell short of its projected export revenue. The drastic decline in rubber and rubber export prices affected the livelihood of farmers and farm labourers who depended on their income for survival.[30] In addition, rice and cassava, prominent Liberian staples, saw their prices spiking, increasing over 150%.

Mining Sector (Impact)

Liberia's lucrative mining sector, accounting for 14% of the economy, was drastically hit by the Ebola epidemic as the outbreak scared off international investors who considered Ebola a high risk. Before the EVD outbreak, the World Bank Group projected a 4.4% growth for the mining sector; that percentage was revised to 1.3%.[31] Iron ore is the topmost contributor to the country's export earnings accounting for some 43% of overall export earnings. The share of diamond contribution is 8.3% and gold contributes 2.6%. The Ebola outbreak delayed and decreased the mining of diamonds, gold, and iron ore as mining projects stopped.[32] Mining and mineral development operations were postponed or cancelled by Liberia's two largest mining companies – Arcelor Mittal and China Union-Liberia. The Liberian economy was further compounded as it suffered a 30–60% decline in commodity prices of iron ore, gold, rubber, and bauxite relative to pre-Ebola prices.

Manufacturing and Services (Impact)

Liberia's small manufacturing sector, dominated by the cement and beverage sub-sectors, accounts for about 4% of GDP. The industry was affected by

reduced demand because of the pandemic. The service sector remains the country's most significant GDP contributor, accounting for 46.6% of total GDP in 2015. The service sector, particularly travel, transport, restaurants, and hotels, was substantially impacted as it affected domestic and international income sources. Trade and hotels are the most significant contributor to the sector.

Employment (Impact)

The Ebola virus pandemic substantially affected and impacted urban and rural and rural wage and self-employment sectors. The severity of the economic impact of the Ebola epidemic was evident from the mobile phone survey conducted in October 2014. As indicated by the study, in November alone, approximately 51% of wage earners and 64% of the self-employed were no longer working, with women experiencing the most job losses.[33] Those in the non-agricultural self-employment economic sectors experienced the most significant and sustained impact than wage and agricultural workers. The economic impact of the virus also manifested in a significant decrease in income. Mercy Corp reported a considerable reduction in household income, with 41% of households experiencing dramatic reductions in income, with the average monthly income decreasing by about 3,000 LD.[34] Those in the informal sectors (self-employment), of which women constituted some 67%, were also heavily impacted as markets where they conducted business were shut down.[35]

GDP Growth and Fiscal Revenue (Impact)

Before the outbreak of Ebola in 2014, Liberia's economy grew impressively at about 8%. And after the civil wars, from 2004 to 2013, its per capita GDP grew at a steady annual average rate of 4.8%. Mineral projects were the foundations of the World Bank's short-term forecasts of increases in GDP for Liberia. However, the country's GDP growth was revised from 5.9% to 2.5% due to contractions in major economic fronts and a decrease in exports. The Ebola pandemic and declining global prices for Liberia's prime export commodities put a brake on the recovery and paralysed economic activities resulting in declining GDP growth of 0.7 in 2014 to 0.3 in 2015. And between 2013 and 2019, the country's per capita GDP fell by 14%.[36]

Furthermore, businesses suffered, and revenues declined as major airlines suspended flights and international companies' employees left the country. Restrictions on movements, market closings, night-time curfews, closed borders, quarantine of communities, trade, and travel exacerbated further decline in revenue. Many households developed daring coping strategies with possible long-term implications. These included exhausting their savings capital, selling off investments, consuming productive assets, and delaying investments.[37] Liberia's deficit was estimated at 4.8% of GDP in 2015, and

according to the World Bank, the three most Ebola-impacted economies suffered an approximate loss of $2.8 billion. Liberia's share was $300 million. Others like Huber et al. provided a range from $2.8 to $32.6 billion, and the economic and social burden for Liberia, Guinea, and Sierra Leone was estimated at $53.19 billion (2014 USD).[38] Approximately $5.2 billion was pledged by international donors to the three affected nations towards recovery efforts.[39] According to the World Bank, Liberia was hardest hit fiscally, and the overall fiscal effect of the Ebola epidemic was high and costly, leading to "declining revenues, increasing Ebola-related and health expenditures, and worsening fiscal deficits. Government revenues declined across the board, including direct taxes".[40] The U.S. administration of President Obama, a partner in the fight against Ebola, assured President Sirleaf: "We are going to work with President Sirleaf to find ways to strengthen the economy, rebuild infrastructure to make sure some of the development goals set previously are accelerated".[41]

COVID-19

As Liberians will say, "When a snake has bitten you, the sight of a lizard frightens you" (African proverb). COVID-19, the highly infectious respiratory disease, was first discovered in Wuhan city, China, at the end of December 2019. Ambassador Samantha Power noted, "Since the emergence of Covid-19, the Chinese government initially focused as much on seeking to suppress the truth as it did on suppressing the virus".[42] It is no wonder the disease was out of control. With a fast and greater transmission rate, the pathogen quickly spread to most nations, first in Asia, Europe, then America, and finally reached the shores of Africa. However, on 8 March 2020, Liberia confirmed its first case of coronavirus, notably from an infected government official returning home from Switzerland. Following the confirmation of a third case in March, the Liberian Ministry of Health and Social Welfare declared the coronavirus a national health emergency. A few days later (4 April 2020), the Liberian government reported its first death from the virus.

Government Response/Measures to Contain COVID-19

Within three days of its first reported death, the Liberian government of George Weah wasted no time appointing a new National Response Coordinator for the Executive Committee on Corona Virus to effectively coordinate a pandemic response to contain the breakout and reduce its humanitarian and economic impact. The committee carried out several aggressive measures, including a national compulsory mask mandate (wearing) in public places. The national state of emergency imposed initially for three weeks was extended to six weeks. President Weah acted quickly, suspending travel to and from nations with 200 plus coronavirus cases and cancelling non-emergency

essential trips by government officials. Furthermore, Weah closed borders with Guinea, Cote d'Ivoire, and Sierra Leone. Following Weah's declaration, all 15 counties in Liberia were placed under quarantine, restricting travel between counties except for travel and movement between Montserrado and Margibi counties. Initially, on 10 April, a compulsory stay-at-home order was imposed on residents of Montserrado, Margibi, Nimba, and Grand Kru counties. Still, it was later extended to all counties in the country.[43] Other measures included closures of public entertainment places, schools, beaches, places of worship, and businesses providing personal care services, a limitation on the number of persons entering grocery stores, banks, and riding public transportation. According to Liberia's health law, the government can make and enforce rules for areas threatened by a pandemic. As the Minister of Health, Wilhelmina Jallah, stated, "Flaunting any rules made is a crime, on conviction, punishable by a fine, a custodial sentence not exceeding one month, or both".[44]

Once the coronavirus response team was in place months before identifying the first coronavirus-infected patient in March, the next step was the acquisition of testing instruments, case investigation and management, contact tracing, infection prevention and control, psychological support, logistic and laboratory services, and dead body management. Through avenues like a radio broadcast, the Ministry of Education delivered faster. It improved pre-recorded daily radio educational content to various academic levels and communicated health messages to the public. In addition, civil societies and community-based organisations engaged in COVID-19 educational awareness campaigns, teaching residents about infection prevention and distributing sanitary materials to empower the resilience of communities against the COVID pandemic. One of the motivating broadcasts had a coronavirus awareness song by President Weah.[45] Indeed, Liberia's improved radio broadcasting and community engagement in the mass education of its population was one significant critical effort in slowing down the spread and effectively dealing with the coronavirus. Besides, the country's educational leaders "had a head start over counterparts in other countries when devising a Covid-19 distance learning program".[46]

Liberia followed China's model of isolating anyone who tested positive despite no symptoms. It focused on monitoring and breaking the chain of transmission, and those who tested positive were transferred to isolated facilities. Although the government took immediate and swift policy measures to contain the socio-economic impact of COVID-19, however, some of those measures, restrictions on movement, work, business closures, lockdowns, quarantines, travel, and trade, led to the significant decline in Liberia's overall economic activity and a rise in social tension.[47] Traders, vegetable sellers, and farmers experienced a decrease in overall sales due to food trade restrictions. Mullah's empirical evidence demonstrated the causal relationship between COVID-19 and its impact on food security and health consequences due to COVID-19. According to Mullah,

> Covid-19 pandemic has over time been transformed into a grave economic threat to food security in manners of lockdowns, economic decline, food trade restrictions and rising food inflation thereby destabilising respective progress in food supply chain systems in terms of food availability, food stability, food utilisation, and food accessibility.[48]

Luckily, Liberians received their first COVID-19 vaccination on 1 April 2021. Liberia had 7,400 documented COVID cases with 294 deaths.

Consequences of the COVID-19 Pandemic on the Liberian Economy

The Ebola pandemic disrupted the Liberian economy's gains following the civil war's end. Also, COVID-19 interrupted the gains made following the country's battle with Ebola. Just as the government was working to remedy huge macroeconomic imbalances, dwindling foreign exchange from the Ebola outbreak and the coronavirus pathogen hit the fallout from the slump in the global commodity markets, Liberia. Like Ebola, the coronavirus posed an existential threat to public health and human security and a socio-economic threat to Liberia's vulnerable population of over 5 million. The slowdown in global economic activity from the pandemic depressed foreign demand for the country's essential export products and posed a significant threat to the Liberian economy. Within Liberia itself, the precipitating price increases of necessities, the rising rate of inflation, and the depreciation of the Liberian dollar furthermore facilitated economic slowdown. The pandemic slowed Liberia's effort to implement its Pro-poor Agenda for Prosperity and Development (PAPD). Revenues budgeted for socio-economic development were redirected towards managing and containing COVID-19. Except for the price of gold, all of Liberia's exports suffered a significant decline, and the Liberian economy contracted by 2.3% in 2019, and real GDP contracted by 2.6% in 2020.[49] According to the Central Bank of Liberia,

> The economy contracted by an estimated 3.0 per cent, from a contraction initially projected at 2.5 per cent in the first half of 2020, resulting in a nominal GDP loss estimated at US$109.3 million. The suspension of business, imposition of travel restrictions, and social distancing had consequences and toll on the country's economy. It translated into adversity on the services subsector that further contracted by 12.7 per cent, from negative 7.5 per cent recorded in 2019.[50]

Agriculture (Impact)

Agriculture and fishery account for 27.3% of the country's economic output. The decline in demand and lower global prices for Liberia's major export, rubber, diminished agricultural sector output growth, resulting in low export revenues. The COVID outbreak exacerbated high levels of food insecurity

and malnutrition. Key agricultural companies reduced their workforce in fear of infection and a slowdown in activities. Rubber output significantly fell as farming industry employment declined, slowing operations. The price of rice, an essential staple in Liberia, rose by approx. 8.3% in 2020, and the cost of palm oil also increased. Rising prices for local staples affected consumer price inflation, household consumption, and food security.

The Liberian mining sector was most affected by the hit on global commodity prices, and the coronavirus pandemic drastically reduced world demand for the country's strategic minerals, iron ore, and diamonds. The mining and forestry sectors account for 23% of the GDP. Iron ore, a major commodity, accounted for 42% of Liberia's exports in 2019 and 20% of its economic output. Fortunately, the cost of gold was not affected. Gold accounted for 40% of export earnings over 2018–2019 and remained the country's export earner when the prices of Liberia's essential export products were down. Gold prices rose 9.9% during the first half of 2020, while rubber fell by 20%.[51]

Manufacturing and Services (Impact)

The manufacturing sector accounts for 6.5% of Liberia's economic output. The manufacturing and services sectors were primarily affected by the COVID-19 pandemic because of reduced production and consumption. The declining global demand impacted productivity and growth in major subsectors. Furthermore, the decline was exacerbated by government measures designed to contain and halt the pathogen spread. The service sector in Liberia is the GDP's highest contributor accounting for 45% of economic output and 60% of non-agricultural work. Because of the COVID pandemic and the impact of restrictive government measures, the industry was hard hit and estimated to decline by 1.7% in 2020.

Employment (Impact)

Coronavirus significantly impacted employment, with many heads of household not working in 2020, resulting in declining economic activities and growth. Many small and medium-sized businesses in Liberia operate in the informal sector, of which 80% of the country's workforce constitutes the sector. This sector was the hardest hit economically by the COVID-19 pandemic as it suffered from declining revenues, a significant drop in income (–13%) for households, and increases in food prices and layoffs. Women constituted the majority in the informal business sector and were the most affected. The absolute poverty rate increased due to the COVID pandemic.

Fiscal Policy (Impact)

Liberia's fight to mitigate coronavirus disease faced significant challenges of huge macroeconomic imbalances worsened by diminished fiscal reserves.

And according to the World Bank, "A highly concentrated export structure, dependence on imported food and fuel, a heavy reliance on external aid, a narrow revenue base, and a structural fiscal deficit render the economy extremely vulnerable to external shocks".[52] The reduced economic activity induced by the pandemic weakened and reduced government revenue by an estimated 2.2% to 9.8% of GDP.[53] Besides, the government faced substantial fiscal challenges as much revenue was directed to COVID-19 response measures, and revenue shortfall resulted in lowered economic activities. And to minimise the socio-economic impact of COVID-19, the Liberian government adopted fiscal and socio-economic measures. The Central Bank of Liberia, in March 2020, implemented monetary and financial policies reducing financial charges to ease the economic burden of COVID-19. The government's fiscal conservation effort included generous financial support from international credit and grant organisations like the World Bank, International Monetary Fund (IMF), African Development Bank, U.N. Agencies, European Union, and other development partners. Their loans, grants, and credits assisted in alleviating the fiscal gap for 2020.[54] With such assistance, the Liberian government implemented 60 days of food distribution, suspended charges on imported goods, and provided its citizens with complimentary water and electricity during the lockdown period. The government's turf macroeconomic policy emphasising tighter monetary and fiscal policies resulted in the reduction in inflation pressures from its peak of 31.3% in 2019 to 16.95% in 2020 and down to a single-digit 7.82% in 2021. In acknowledgement of Liberia's effort, Khwima Nthara, World Bank Country Manager for Liberia, stated, "The Government must be commended for making tough policy choices that have resulted in this positive turnaround in macroeconomic fundamentals, especially under a challenging COVID-19 environment".[55]

Liberia's total loss from Ebola was 3,145 deaths out of 7,635 cases, with a high mortality rate of about 41%. In comparison, Liberia had 294 deaths out of 7,400 documented COVID cases. Unlike Ebola, Liberia appeared to be at low-to-moderate risk and experienced fewer economic and sociocultural challenges. Unlike COVID-19, the Ebola disease epidemic is mainly limited to three West African nations with widespread Ebola transmission: Guinea, Sierra Leone, and Liberia. The virus was detected with a limited and insignificant number of cases in a handful of countries of Spain, Italy, Senegal, Mali, the United States, Nigeria, and the United Kingdom. Unlike the Ebola pathogen, COVID-19 was a global pandemic that affected nearly all countries worldwide, hence a global pandemic. In comparison to the Ebola epidemic, three months after the first reported case of COVID-19, the pathogen had spread throughout most of the world, with active cases reported in 88% out of 195 WHO member state nations, and only a handful of countries (24) had not reported COVID-19 cases as of 30 March 2020.[56] As of December 2021, that number has dwindled to about 12 countries and islands located mainly in the Pacific and Atlantic Oceans without reported cases of COVID-19.

The Liberian government, the WHO, and its international health partners were slow to act in the case of Ebola. It took time to implement containment measures, and the compliance mitigation measures were weak. The Liberian health system was heavily compromised during the Ebola outbreak. Healthcare workers lacked training and were vulnerable, overwhelmed, and unprepared to handle the magnitude of Ebola cases to the extent that hospitals were closed. In the case of COVID, lessons from the Ebola experience facilitated the containment of the virus, resulting in fewer deaths and minimal economic impact. In some Ebola cases, clinicians in Liberia and Sierra Leone frequently refused to treat patients.[57] The first cases of Ebola were thought to be malaria. President Sirleaf explained this to President Obama at a press conference. "Liberia did not know how to confront the unknown enemy; we did not know what it was".[58] The wrong diagnoses contributed to the loss of many healthcare workers, as many were unprotected and infected with the disease. Unlike COVID-19, they were 881 confirmed Ebola infection cases and 513 deaths among healthcare workers in Liberia, Sierra Leone, and Guinea.[59]

The human toll (deaths) and economic impact of the COVID-19 virus in Liberia were far less than the number of fatalities and economic disruption caused by the Ebola virus. The following reasons for the low number of COVID-19 deaths and, therefore, less severe economic impact compared to Ebola have to do with the measures taken by the government as discussed in the following. Unlike the Ebola disease that took Liberia by surprise, resulting in delayed effective response and thousands of lives lost, a coronavirus response team was in place months before identifying the first coronavirus-infected patient in March 2020. The government realised from Ebola that surveillance and contract tracing are crucial to interrupting and breaking the chain of infection of the disease in the communities. With that in mind, the Liberian government requested the support of WHO and international health partners in implementing contact tracing. One of the first steps taken was the acquisition of testing instruments, education, and training of healthcare workers on case investigation and management, contact tracing, infection prevention and control, psychological support, logistic and laboratory services, and dead body management. In addition, an emergency response system was established to handle and respond timely and effectively to COVID-19 infection cases. Therefore, in coordinated efforts with WHO, and in contrast to its disastrous Ebola experience, Liberia was in a state of preparedness strengthened by a robust health system to face and contain COVID-19 pandemic more so than the non-Ebola-affected African countries.

Drawing from Ebola, in 2018, Liberia took a decisive step in the significant investment in the health sector, budgeting approximately 7% of GDP. Substantial improvements were taken to improve and strengthen the weak healthcare system, such as recruiting and training more medical human resources and employing doctors, nurses, public health specialists, and caregivers who had experience working with Ebola. Revenues generated by

the Liberian government, including financial assistance from global partners, were shifted to address the complications and impacts of the COVID-19 disease outbreak. Anyanwu and Salami stated: "The year 2020 witnessed a huge increase in government indebtedness, as economic activity and government revenues sharply fell, whereas pandemic-related spending rose appreciably".[60]

Another reason for the low number of COVID-19 deaths and less severe economic impact is that with Ebola, it took a long time to implement containment measures, and community compliance was weak as they lacked confidence and trust in the government and its healthcare workers. With COVID-19, most Liberians embraced government COVID-19 containment measures. Unlike Ebola, the Liberian government immediately imposed strict policies becoming among the first countries to introduce airport screening, hand washing, and social distance measures. It immediately placed travel restrictions and mandatory quarantine periods, particularly for travellers from Europe and Asia.[61] Unlike Ebola's slow and sluggish response and support from the WHO and international partners, with COVID, the Liberian government, with assistance from international partners, embarked on swift, significant measures to cushion income and job losses and mitigate some challenges for the fragile economy.[62]

Another significant factor accounting for the low number of the population actively infected with the corona pathogen, the number of deaths, and the short-term economic rebound have to do with the country's demography. When the COVID pandemic became uncontainable in Italy, the United States, and Spain, many were concerned that when the COVID outbreak reached the shores of Africa, it would deal a severe blow disseminating the population with the continent becoming the worst affected. As such, the human and economic cost of COVID-19 was expected to be higher in Liberia and Africa. However, Liberia's demographic data signify the importance of age in explaining the spread of COVID-19 on mortality and, indirectly, economic productivity. Its demographic profile is dominated by its youth population comprising over 62% of its under 25 years population, a median age of 18, and some 3% aged 65. The risk of severe sickness and death from COVID-19 increases with age. Most deaths from COVID-19 occurred in people 65 and older. Analysing the age pattern of COVID-19 deaths, Liberia, with a dominant youth population, is less susceptible to COVID-19 deaths than advanced nations with predominantly more senior people aged 65 and older. Yakubu Lawal, in his explanation for Africa's low COVID-19 mortality rate, concluded that "Africa's lower COVID-19 mortality rate is due to the lower population mean age, lower life expectancy, lower pre-COVID-19 era '65 years+ mortality rate', and smaller pool of people surviving and living with cardiovascular diseases".[63] Despite its weak healthcare system, Liberia, like many African countries, experienced a lower COVID mortality rate than some prosperous and advanced economies with technologically advanced health infrastructures.

The economy is rebounding after contracting for two consecutive years, and economic growth since 2021 has been driven principally by the mining sector on the back of renewed global demand. Diop noted, "Even as these [Ebola-affected] countries implement their respective economic recovery plans, the long-term economic and social impacts of such a prolonged and devastating outbreak will undoubtedly put many families and communities at risk".[64] Whereas, with COVID, within a year, the Liberian economy took a different turn in 2021 as the economy began to rebound by 3.6% compared to 2020, when the growth rate was –3. This drop resulted from the coronavirus strict mitigation measures implemented by the government. Inflation was at its height in December 2020 at 13.1%. In 2021, inflation reduced to less than 6%. President Weah, with the assistance of the World Bank, IMF, and international partners, stabilised the economy, growing at 3.6% in 2021. Unlike Ebola management, with COVID, the economic improvement resulted from proper management, increased revenues, and spending consolidation between fiscal and monetary policies. President Weah said, "We have remained committed to the independence and autonomy of the Central Bank of Liberia in support of economic reforms for a stable economy". He added, "Based on the sound management and good performance of our economy, Liberia received $345.3 million U.S. dollars in August 2021 under the general Special Drawing Rights allocation to IMF members".[65] The economy is projected to expand by approximately 4.9% in 2022–2023.[66] What is significant is that the COVID economic recovery period was shorter than the extended number of years in the case of Ebola. As a result, businesses and the population were able to return shortly to economic activity and productivity by the end of 2020 with less negative impact on economic growth and development.

Conclusion

Liberia remains a case study and exemplary for most African nations dealing with future epidemics and pandemics based on lessons learned in handling Ebola and COVID-19 with less threat to human security. By all indications, the civil war, the Ebola crisis, and the COVID-19 pandemic have devastatingly impacted the Liberian economy, transforming Liberia's way of life. However, based on the general economic decline (decreases in Liberia's GDP and GDP growth, massive increases in poverty, unemployment rate, food insecurity, and inflation), COVID-19 slowed down the post-war economic recovery effort but not as much as Ebola. The assumed extensive economic catastrophic havoc did not occur with COVID-19 because of swift, appropriately targeted government policies and corrective measures. Confident in Liberia's seeming success in mitigating the effects of the coronavirus, Finance Minister Samuel Tweah stated: "Liberia is expected to return to economic growth this year due to the Coronavirus Crisis. We thought the economy would collapse, but it did not happen". He added, "That suggests strong

resilience. We are optimistic".[67] Therefore, the civil crisis, in the long run, collapsed the economy. In the medium term, the Ebola epidemic severely impacted/disrupted economic progress and developmental gains in the Liberian economy following 14 years of civil crisis. COVID-19 pandemic, in the short-term, stalled and further frustrated the development efforts gained following the ongoing recovery from the Ebola epidemic of 2014–2016. And, unlike most African nations, Liberia was better prepared and experienced to handle, manage, and confront the challenges of the ravaging virus than Ebola and non-Ebola-affected African countries.

Unlike Ebola, the general Liberian population was better positioned to fight COVID-19 based on the lessons of historical precedence. The public was better equipped to comprehend the coronavirus pathogen's preventive measures: virus infection, prevention, mode of transmission, signs, symptoms, contacts, directions for assistance, and expected behaviours needed to prevent the massive spread of coronavirus. Even though Liberia was challenged to fight the coronavirus pandemic with an improved but still weak and defunct health system, however, based on a rapid response strategy, quick intervention strategies of containment, management of the community spread of the COVID disease, and application of the lessons learned from the Ebola experience, World Bank's financing, and technical advice, in addition to the assistance from the U.S. Centers for Disease Control, and help from other international partners, the curve gradually flattened making Liberia stand out in terms of performance and in reducing socio-economic impact. However, essential improvements were taken to improve and strengthen the healthcare system following Ebola, but more is needed. Liberia needs to invest and upgrade its healthcare infrastructure to strengthen local capacity and adequately handle future emergencies of epidemic or pandemic proportions. Although government's strict measures of mandated lockdowns, suspension of air travel, and restrictions on movement, public places, and trade caused severe socio-economic dislocations in the economy, however, in the long run, the benefits of saving human lives, improved human security, and long-term positive economic growth outweighed the cost.

Furthermore, Liberia's extensive dependence on external financial flows is worrisome. However, with easing of containment measures, ongoing vaccinations, renewed global demand for Liberia's essential export commodities, implementation of targeted policies and structural reform, tighter monetary and fiscal policies, productivity-driven growth, increased domestic production, and an increase in domestic revenue base through resource diversification of export and non-export commodities, application for debt forgiveness, and with real GDP projected to rise to an average of 4.1% during 2021–2022, Liberia is on its way to less reliance on foreign financial assistance and a future of robust economic recovery and sustainable development.

Nevertheless, Liberia should focus on policies emphasising scientific and technological education, investment in untapped natural resource potential, inter- and intra-African trade enhancement, improving and rebuilding

infrastructure, and reducing extreme poverty through its Pro-Poor Programme. Such structural reforms will rapidly facilitate Liberia's chance of recovery and achieving its developmental agenda. As stated by Khwima Nthara,

> There is cause for cautious optimism. Successful containment of the outbreak and implementation of the right mix of policies could position Liberia to benefit from an accelerating global recovery. Under such a scenario, it will be important to ensure that the benefits of the recovery are widely shared through interventions that target the poor.[68]

From all indications, what is significant is that the government's swift, targeted policies, corrective measures, and vaccinations, COVID-19 stalled Liberia's developmental progression in the short-term but did not wipe out post-war or post-Ebola development gains. With proper coronavirus management, Liberia reduced the number of lives lost and rescued an otherwise compromised economy from unsustainable havoc. In comparison to many African countries (including the Mano region previously affected by the Ebola disease), it is evident that Liberia had one of the lowest confirmed numbers of COVID-19 cases and kept the number of infections low compared to other countries in the globe.

Yes, Liberia could not manufacture the COVID vaccine. Still, the key in its fight against the pandemic was its success in developing a strategy for controlling COVID-19, hence minimum loss of human lives and less drastic economic doom.

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7 The Economic Impact of COVID-19 on Small and Medium Enterprises and Its Immediate Local Mitigations in Africa

Special Focus on Zambia

Rosemary Chilufya

Introduction

This chapter explores the economic impact of COVID-19 on Zambia's small and medium enterprises (SMEs) and the local countermeasures adopted in Zambia using structuration theory, and a human security framework as a possible response to the COVID-19 pandemic. The force of the pandemic is a truly global threat to the survival, livelihood, and dignity of all, implying it is beyond a health crisis. The pandemic has led to a global economic crisis on multiple fronts. Of particular concern is the failure of existing paradigms to encapsulate the pandemic effectively. Relating to this, the renewed interest in human security offers an alternative framework to offer alternate answers to people's lives. In the context of the COVID-19 pandemic, human security calls for people-centred, comprehensive, context-specific, and prevention-oriented responses that strengthen the protection and empowerment of all people and their communities.[1]

SMEs are fundamental to Zambia's economic growth. They constitute most businesses in Zambia and play an important role in improving the human security of citizens through job creation and economic growth. The sector is estimated to account for 97% of all businesses in Zambia and contributes 70% of the gross domestic product. Accounting for 88% of employment, SMEs also play a key role in society as they tend to employ a large share of the most vulnerable segments of the workforce.[2] A key aspect of SMEs is their contribution to safeguarding people's livelihoods. Despite their large footprint, SMEs face significant challenges in Zambia, particularly in accessing financing, limiting their growth potential. Furthermore, the pandemic affected small businesses more severely than larger ones. SME operations mostly involved reduced sales (75%), difficulty accessing inputs (54%), and demand depression, which led to reduced sales and business revenue, resulting in the termination of employment of many workers in the SME sector.[3] The government proposes to address this through the Eighth National

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Development Plan (8NDP). This framework will provide an enabling environment for forming businesses and cooperatives, facilitating mentorship and business services, and promoting access to domestic and external markets. Special focus will be given to providing access to finance for micro-, small- and medium-enterprises (MSMEs) and cooperatives.[4]

SMEs faced additional challenges from the COVID-19 pandemic, raising implications for human security. Significant global economic impacts have occurred due to reduced productivity, loss of lives, business closures, trade disruption, and decimation of the tourism industry.[5] Globally, as of 21 June 2023, there have been 768,187,096 confirmed cases of COVID-19, including 6,945,714 deaths, reported to WHO, and a total of 13,461,344,203 vaccine doses had been administered. However, with particular attention to Zambia, from 3 January 2020 to 21 June 2023, there were 345,961 confirmed cases of COVID-19, with 4,060 deaths reported to WHO. As of 9 April 2023, 13,614,983 vaccine doses had been administered.[6] Although there have been numerous studies on the economic impacts of COVID-19 globally, there have been far fewer studies specific to the Zambian experience. In one such example, Geda attempts to show the macroeconomic effects of the COVID-19 pandemic in Zambia by focusing on GDP and sectoral GDP growth and employment, as well as the external sector. The analysis shows that for small countries dependent on a single (or a few) primary commodities, the recovery of the global economy is crucial for their growth and development.[7] Previous studies of the economic impact of COVID-19 on Zambia's SMEs and its immediate countermeasures have been descriptive and did not ground their work in any theoretical frameworks. Empirically, investigating the economic impact of COVID-19 on Zambia's SMEs and exploring immediate countermeasures to ease the impact present an opportunity to understand and discover contextualised mitigation measures against COVID-19 issues. Therefore, this study investigated how COVID-19 constrained and enabled SMEs, why SMEs act, how SMEs act and interact with issues related to COVID-19.

Impact of COVID-19 on SMEs

Only a few studies have explored the challenges SMEs face under COVID-19. For instance, Mwaanga et al. pointed out that most of the SMEs' monthly revenues had decreased by more than 50%.[8] A reduction in the number of customers and the high cost of inputs often failed to pay workers. Furthermore, only 4% of the SMEs accessed financial support from the government, but their businesses remained the same. Based on these findings, policy recommendations were made to help SMEs survive during the crisis. The small-scale businesses in Zambia contribute to the overall economy of Zambia and depend on a robust middle class for their survival and sustainability.[9] The findings also warned that overtaxing the middle class in Zambia

risks a collapse of small-scale businesses as the demand market for their products and services slumps.

Some workers in the sector were sent on unpaid leave. Zambian government interventions included encouraging digital channels and contactless mobile payment mechanisms to avoid the spread of COVID-19.[10]

Challenges in Handling Business Affairs

During COVID-19, the SME sector continued to have difficulty operating at full capacity. The country's workforce has been massively downsizing, leading to increased unemployment rates. Some businesses have been forced to close due to being financially fragile.[11] There is rising inflation, demands for high wages, and an overall higher cost of inputs such as fuel and electricity. In an indication of the difficult environment, the Bank of Zambia established a Target Medium Term Refinancing Facility (sometimes referred to as Stimulus Package) with an initial amount of K10 billion. This stimulus package was approved to enable financial service providers to on-lend to local SMEs and households that the COVID-19 pandemic had impacted.[12]

Mitigation Measures against the COVID-19 Pandemic

Others either abolished or reduced tariffs and taxes on imported foodstuffs and other essential products. However, some have imposed export restrictions and export licensing requirements on medical supplies, masks, ventilators, hand sanitisers, and food supplies.[13] The United Nations Development System (UNDS) offered a socio-economic response framework, which consists of five streams: health first, ensuring that essential health services are still available; protecting people, social protection and basic services; economic response and recovery: protecting jobs, supporting SMEs, and the informal sector workers; macroeconomic response and multilateral collaboration, guiding the necessary surge in fiscal and financial stimulus to make macroeconomic policies work for the most vulnerable and strengthening multilateral and regional responses; social cohesion and community resilience: promoting social cohesion, investing in community-led resilience, and response systems. Strong human security features connect these five streams.[14] Additionally, other interventions were initiated by some stakeholders in development to help boost the SMEs through the UN COVID relief fund given to developing countries – part of which was allocated to the SMEs in Zambia, the World Bank Relief fund, and at the national level.

Human Security in Mitigating COVID-19

Human security emerged in the 1990s and denoted a challenge to the traditional national security worldview that broadly dominated politics and budgetary decisions. Human security has shifted from a national to an

individually focused agenda in security scholarship. That is, from national security to human security. Human security encompasses economic, food, health, environment, personal, community, and political issues. The concept attracted attention in some policy settings, such as multilateral organisations, broader civil society, and within some academic security studies circles. It needs to be more utilised, either as a concept or as a policy framework. States are experiencing a resurgence of traditional security politics in a transitional international order, which overshadows the nuances of the human security concept. However, the COVID-19 pandemic has exposed gaps in the analysis of the national security approach. As with the case of SMEs in Zambia, it insufficiently explains the outcomes of a health crisis that has implications for all other forms of security. This suggests we seriously reconsider the utility of the human security approach. The potentiality of violence and abuse may be better studied by examining the underlying economic security issues. As more and more people lose jobs and livelihoods, the need for survival start to define insecurities and vulnerabilities. Health security is one of the main drivers of all other insecurities. The fear of spreading disease, the stigma attached to the virus, the abandonment of the sick, and all other comprehensive aspects of the pandemic have created a monumental security challenge. To date, little has been written to suggest the ideal framework to support mitigation efforts to the threats COVID-19 has made to people's survival, livelihood, and dignity. In this regard, from the few studies that explored the alternative frameworks, the interest in the human security framework has renewed with vital energy.

Theoretical Framework: Structuration Theory

Structuration theory, developed by Giddens, seeks to conceptualise the dualism of individuals and society as the duality of agency and structure.[15] Structure refers to *the structuring properties allowing the binding of time-space in social systems, the properties of which make it possible for discernibly similar social practices to exist across various periods and space, and which lend them systemic form.*[16] Central to structuration theory is the notion of human agency, the capability of people to engage in purposive actions with both intended and unintended consequences. Giddens defines human actors as knowledgeable agents who have the competency to utilise resources and may control other people in purposive interaction contexts. Human actors base their interactions on knowledge of the world, capabilities, and social rules of conduct. Their interactions carry intentions, meanings, power, and consequences that lead to changes in the structures that govern their actions. Agents are simultaneously autonomous, involving a continuous flow of reflexively monitored activities and constrained by dependence on a social collective. Actors' knowledgeability is crucial because actors draw upon structure, rules, and resources to constitute social systems.[17]

Giddens's concept of structure in structuration theory has entirely different connotations[18] and is more a case of social systems exhibiting structural properties. The structure is embodied, existing "only as memory traces, the organic basis of human knowledgeability, and instantiated in action". Giddens's theory of structuration emphasises that social life is a product of the active flow of ongoing activities and practices that people undertake, and such recurrent practices reproduce institutions of society.[19] According to Giddens's notion of duality of structure, structural properties such as rules (procedures, conventions) and resources (allocative resources and authoritative resources) are embedded in action and are implicated in the production and reproduction of social systems; they are "both medium and outcome of the practices they recursively organise".[20] The process in which the actions of human agents both structure society and are structured by society through social practices is defined by Giddens as structuration.

Structuration theory could provide COVID-19 pandemic researchers with a theoretical approach that allows its economic impact to be conceptualised as social systems in which the community is a crucial element implicated in individual group action and interaction. Some authors have advised researchers to particularise theory in a study to "substantially obtain more substantial results".[21] Following this recommendation, this study particularises structuration theory concepts within the realm of the economic impact of COVID-19 pandemic action and the interaction of SMEs with suppliers of medicinal plants in Zambia. As governments worked towards mitigation efforts, SMEs have also embarked on local remedies applied to other diseases before but applied to the COVID-19 pandemic.

Criticism of Structuration Theory

Structuration theory has been extensively used in empirical research, yielding valuable findings and new insights into the impacts of social structure on human interaction. However, for empirical enquiries, it has encountered criticism for being too theoretically abstract to explain social phenomena and further criticism for its overemphasis on ontology rather than epistemology.[22] Structuration theory's high level of abstraction in explaining social phenomena was considered a challenge for empirical research because of its complexity, the contradictory interpretation of concepts, and attempts to conceptualise the dualism of agency and structure. Structuration theory is complex, articulating concepts from psychoanalysis, phenomenology, ethnomethodology, and action theory.[23]

Responding to critics, Giddens has maintained that structuration theory is not a research method but rather "an eclectic approach to method, which again rests upon the premise that the research enquiries are contextually oriented".[24] He expressly referred to the fundamental aspects and guidelines for empirical analysis proposed in the final chapter of his *Constitution of Society* (1984), which emphasised that social research needs to be sensitive

to the importance of the double hermeneutic characteristics of social science (cultural and ethnographic aspects), the complex skills of actors in social interaction (methodological bracketing for institutional analysis level), and time and space as contextual features of the constitution of social life.

In a later reply to critics, Giddens reaffirmed that structuration theory should be selectively applied rather than imported as *en bloc* concepts in empirical research. The theory should be utilised as a "sensitising device" rather than a research method.[25]

Methodology

Structuration theory advocates understanding and interpreting a social phenomenon; hence this study employed an interpretivist approach and, in so doing, focused on understanding why people (in SMEs) behave as they do (concerning the economic impact of the COVID-19 pandemic) within their specific sociocultural contextual settings. This research used qualitative methodology with the case study method. Qualitative research emphasises the study of qualitative data through interviews, observations, case studies, texts, visual demonstrations, and personal reflection to interpret how social reality is constructed and how meaning is shaped.[26]

In this research, a case study strategy was utilised to explore the economic impact of the COVID-19 pandemic on SMEs in Zambia and to understand how the COVID-19 pandemic enabled and constrained the actions of SMEs, including the interaction between suppliers of medicinal plants and society. Case studies offer the researcher insights into the phenomenon's particularity and complexity from multiple perspectives.[27] While case study is sometimes misperceived as *the weak sibling among social science methods*, the strategy is most relevant when the phenomena are too complex to explain the assumed causal relationships in real-life contexts.[28]

Data were variously sourced from documents, including print and electronic media, telephonic, audio and non-audio (such as email) interviews, observations, and by conducting on-site checks where necessary. Respondents from associations of the SMEs that participated in the study were the Alliance for Zambia Informal Economy Associations (AZIEA), Cross Borders Association of Zambia (CBAZ), Mobile Money Booth Operators Association of Zambia, Association of Vendors and Marketeers (AVEMA), Mobile Phone Accessories Association, Representative of the lodges that were closed because some of staff and clients tested positive to COVID-19, Association for Hospitality and Hotels Catering, Public Transport and Taxi Drivers Association, National Association for Small and Medium Contractors (NAMSSC), CBAZ District Markets Associations, Zambia Congress of Trade Union (ZCTU), Older Persons Associations, and Zambia Federation of Blind, Federation of the Disabled. Information from Google, newspapers, magazines, and social media, such as testimonies of survivors through radios and televisions, were gathered from March 2020 to March 2023. Sources

that emphasised hospital treatment with orthodox medicines were excluded. This is because traditional medicines had already been established as medicine that could cure specific ailments. Claims without dates and verifiable locations and identities were also excluded. Suspected postings by herbalists and traditional medical practitioners TMPs, which could be viewed as promotional adverts, were excluded.

Findings

Economic Impact of the COVID-19 Pandemic on SMEs in Zambia

Data from all SMEs in Zambia show that the COVID-19 pandemic has negatively affected all SMEs similarly. It has weakened or destroyed SMEs' economic and social activities at all levels of the Zambian society where SMEs work, consequently affecting people's nutrition and psychological well-being. Respondents at national, provincial, district, and local community levels bring out various stories about how the effects of the COVID-19 pandemic have hurt their constituents. Some cite themselves as case studies by narrating how they used to live before the pandemic and how they are living now. The economic impact refers to how COVID-19 has negatively affected the economic well-being of all categories of SMEs throughout Zambia by either reducing or halting their economic activities and sources of income. All the respondents testify to this. For instance, in an interview with AVEMA, the economic impact was summarised as follows:

> *With COVID-19, customers are no longer coming to the markets for fear of contracting* the *disease as it is perceived in to be crowded markets. This has led to a reduction in sales. Like the vendors and hawkers, those with little capital between K50 – K200 have their businesses gone down. Companies that used to buy their goods have scaled down on their staff for those with big shops and businesses resulting in reduced buying of their goods.* [29]

Another respondent commented on the reduced numbers of tourists due to the closure of the International Airports, and said the following:

> *The Curios Association was closed on 27 March 2020 as a government measure to prevent the spread of COVID-19, and we were told to stay home. 95% of the members are villagers. They just come here to trade and go back to the villages in the evening. We depend on tourists to buy our curios. With the airport's closure, restaurants, bars, and hotels, we have no customers for our business. There is no one to buy curios. There is no business. Because we have no money, we cannot even manage to buy materials to use when making curios.*[30]

In addition to the decrease in tourists, related to the closure of borders, government officers had identified a large drop in cross-border trade, negatively impacting tax collection:

> *Curios have been closed because there are no customers, and businesses have drastically reduced. Taxi operators are negatively affected as they depend on people's movements. With the closure of airports, schools, nightclubs, bars, lodges, hotels, and borders, they have no customers because people are not moving. Cross-border traders are also negatively affected because borders are closed, and they cannot do business.*[31] The closures of businesses and lack of movement by people appeared to have affected both businesses in terms of profit as well as the customers in terms of access to products they needed. Another respondent connected fewer customers to reduced profit by stating, "*Since we have fewer customs, our profit has drastically reduced. So, I think that things cannot continue like this. Therefore, there is a need for interventions to help us continue with our businesses and our customers accessing their products and services.*[32]

The above data can be interpreted using economic power and economic relationships. The data imply that respondents hold the view that the COVID-19 pandemic has weakened the economic power of SMEs in various parts of Zambia. This is because, from the above episodes, the economic power of SMEs has shrunk. The respondents attribute this to inadequate economic relationships between SMEs and their clients. Because economic interactions have weakened, many cannot trade, resulting in either the decline or death of their economic activities. The respondents realised the situation was unsustainable and voiced a need to produce interventions to return to normal business operations. Apart from the interventions suggested by WHO to governments worldwide, the local people also started local interventions or homemade care solutions.

WHO Interventions

The WHO recommended that the best way to prevent and slow down the transmission of the COVID-19 virus and protect oneself and others from infection was by washing hands or using an alcohol-based rub frequently, not touching one's face, and maintaining social distance.[33] To mitigate the spread of the virus, other measures introduced at both global and individual country levels included total and partial lockdowns, which included banning and restricting international flights and movements and closing national borders, which compelled most people to stay home except for a few essential workers.[34] This meant restricting physical interactions, whether it was social or business interactions. Some of the measures are no longer tenable. Furthermore, there has been a shift to vaccination.[35] At the time of writing

this chapter the WHO declared that COVID-19 no longer represents a "global health emergency" in May 2023.[36]

Zambia recorded the first confirmed two cases of COVID-19 on 18 March 2020. By 6 June 2020, there were over 1,089 cases in Zambia, with 912 recoveries and seven deaths. At the time of writing this chapter, on 14 April 2023, COVID-19 cases in Zambia increased to 343,415 with 4,057 deaths, and a total of 13,614,983 vaccine doses had been administered.[37] The number of confirmed cases of COVID-19 in Zambia remained low compared to many countries, especially in Europe and North America. Although this may be due to limited testing, the above statistics suggest that cases of COVID-19 in Zambia have increased since 18 March 2020, when the first two cases of COVID-19 were recorded up to the time this study was undertaken[38]. To prevent the spread of the pandemic, all Zambians and non-Zambians were told by the Zambian government to embark on health guidelines recommended by the WHO and Zambia's Ministry of Health. These included staying home and staying healthy, avoiding going to crowded places, maintaining social distancing, regular hand washing with soap, hand sanitising, and wearing face masks. People in the country were encouraged to test for COVID-19 virus, self-quarantine those suspected to have COVID-19 virus for 14 days, and quarantine those testing positive for COVID-19 at isolation centres. Like many other countries, the Zambian economy was partially locked down by closing most airports, bars, restaurants, lodges and hotels, schools, colleges, and universities. This led to restrictions on public buses, discouraging people from unnecessary travel, and restricting public gatherings to a maximum of 50, among other measures.[39] These measures restricted the degree of physical interactions between and among people at all levels of Zambian society. In summary, the global interventions established by WHO are well documented, known and visibly applied. Other than the prescriptions by WHO, local citizens in Zambia had been proactive in sourcing homemade care solutions.

Homemade Care Solutions

Given the above impacts, the citizens also developed homemade care solutions traditionally sourced from parents, grandparents, and guardians through childhood. Local people resorted to using local-based solutions in combination with the solutions provided by health authorities. The desire to resort to homemade care solutions took a surge following remarks by then Republican President Edgar Lungu, who urged citizens to start using homemade care solutions to prevent the spread of the virus. The Zambian leader said homemade care solutions were some of the best-tested remedies health experts recommended. Asked why they resorted to homemade care and traditional remedies, most respondents echoed that as they grew up and suffered from coughs and colds, their parents and guardians would always boil leaves from neem trees and cover themselves to inhale the steam. One respondent from Kabwe District said that *when we were growing up and*

felt sick my mother would boil the leaves, and after the water had boiled, she would cover us with a cloth and let us breathe in the hot air.[40] Another respondent who grew up in the village said their grandparents always recommended steaming whenever the grandchildren fell sick. This also aligns with the then Minister of Health, Dr Jonas Chanda, who emphasised that local homemade care and traditional remedies were vital in managing less severe and non-symptomatic patients at home. *This is what we had always used before the western medicines came*.[41]

One of the members of the Traditional Health Practitioners Association of Zambia (THPAZ), supported the move, saying it had proven effective in healing various ailments like malaria and flu in the past. The practitioner reiterated that homemade care remedies should be used to supplement the conventional methods provided by health experts. The age of COVID-19 has facilitated this traditional homemade care remedy to resurface among Zambians as a helpful approach to the prevention and adjuvant treatment of the disease.[42]

The sale of the local medicinal plants and their subsequent mixture by owners of SMEs and the rest of the community brought several benefits, such as increased demand. As the suppliers of these plants sold them, their profits increased. The local people had their local knowledge enhanced, and the SME's income increased.

Increase of Medicinal Plant Use during the COVID-19 Pandemic Period

The research revealed that it had become a daily practice for some families to take a mixture of different spices at different intervals. Some were taking them daily. For example, a member of the Traditional Markets Association, a Monze, Southern Province resident, stated that she bought fresh spices and made a mixture of garlic, ginger, and turmeric for her family to avert flu-like illnesses such as COVID-19. *I ensure that each of my three children takes a hot cup of ginger drink every evening before they go to sleep and steam once a week to prevent colds and COVID-19. I prepare and serve this every day after work. It also helps to boost the immune system*.[43]

The suppliers noted increased demand for traditional remedial herbs like ginger and garlic. A trader from AVEDA, who sold various herbal medicines in the Kamuchanga compound in Mufulira, expressed joy at the rise in business by saying, *I have seen that my business has now picked up. More people are coming to buy spices like ginger and garlic*.[44] Zambian traders appear to have benefited from selling medicinal spices during the COVID-19 pandemic. Furthermore, one of the bus and taxis association members, who was found buying ginger and garlic, said he bought the herbs every week because he had heard that it was effective in curing and preventing many diseases, including COVID-19. This respondent started using the mixture based on word of mouth. The medicinal plants were reportedly effective at alleviating COVID-19 symptoms.

Another trader at the New Town market, who sold fresh ginger, neem, and eucalyptus leaves in Kasama, said, *spices with medicinal elements sales have more than doubled during the COVID-19 period, and sellers are continuously running out of stock*.[45] Traders dealing in herbs and spices were realising substantial returns from their general merchandise and ginger and cinnamon, which were common ingredients for homemade care remedies in local communities of Zambia. Another trader dealing in spices reported that *I am always running out of ginger and cinnamon these days. The two herbal spices are selling like hotcakes*.[46] A member of the Cooperatives for Small Scale Farmers in Eastern Province, Chipata, attributed the rise in demand for ginger, neem, tree, and cinnamon to the herbal spices' medicinal properties, which according to her, was well documented. However, the seller did not encourage the public to use the remedies without proper diagnosis. According to her, using medicinal plants and spices to treat suspected cases of COVID-19 should not be encouraged, as health experts should verify the proper diagnosis and treatment of the virus. *I implore customers not to let their guard down just because they can access homemade care remedies. In addition, they have to observe social distancing, wearing facemasks, and sanitising their hands*.[47]

Improved Profit

Some traders selling these medicinal herbs and spices commented that their profits had gone up three times compared to the previous year. One of them specifically said, *I am making three times profit more than I used to last year from the sale of cinnamon, garlic, turmeric and ginger*.[48] Furthermore, one of the sellers of the spices suggested that the increased sales of the spices presented an enormous opportunity for agribusiness. She said *the fact that my shop is constantly running out of spices like ginger, cinnamon, garlic, and other spices that have gained popularity during this period of COVID-19 implies that there are opportunities in growing and processing herbs and spices in Zambia*.[49]

The findings revealed that the economic impact of the COVID-19 pandemic constrained the SMEs' activities. However, increased demand for local medicinal plants, combined with a desire to keep their business operating, enabled certain suppliers of medicinal plants to make substantial profits compared to previous years.

Conclusions

In this chapter, structuration theory has provided lenses for examining the influences of social and cultural structures on the economic impact of COVID-19 on SMEs in Zambia and subsequent local countermeasures to alleviate it. The central concern of this approach is the ongoing interplay

between structure and agency. In this study, such theoretical lenses have been beneficial in understanding the economic impact of the COVID-19 pandemic on local economic structures SMEs in Zambia, WHO interventions, Homemade Care Solutions, an increase in medicinal plant use during the COVID-19 pandemic period, and improved profits for select herbal traders.

The economic impact of the COVID-19 pandemic on the local economic structures of SMEs has been well-established in Zambia. The current global pandemic has highly constrained the SMEs in Zambia. Following the action taken by the medicinal plant suppliers, it is evident that the COVID-19 pandemic also increased the supply and demand for fresh spices. This led to an increase in sales. As specified in the findings, mixing different spices to relieve sicknesses such as flu was not new. However, what was new was to use the same mixtures against COVID-19. Structural theory refers to this as memory traces, therefore using localised roots. The interaction between local medicinal plant suppliers and the societal structure enhanced the agency among the SMEs. They drew on existing structures and enhanced the production and reproduction of structures through modalities – interpretive schemas such as cognitive knowledge, facilities such as the capability to allocate resources or influence others, and social norms such as values that govern individuals in encounters.

Structuration theory has provided lenses for examining social, national, and cultural influences on the impact of COVID-19 on the Zambian economy and government and citizens' immediate countermeasures. The description of structures in the findings signifies the availability and use of local plants and their mixing. Structure, existing *only as memory traces*,[50] is more a case of social systems exhibiting structural properties, i.e., rules, culture, and norms that actors embed in their minds and thus influence how they perceive and interact with their social system. Giddens emphasised that regularised social practices constitute social systems: *We should see social life not just as a society out there or just the product of the individual here, but as a series of ongoing activities and practices that people carry on, which at the same time reproduce larger institutions*.[51] For example, memory traces what could have been learnt from the forefathers and mothers.

The theory also facilitated the discovery of the complex nature of the interplay of the economic impact of COVID-19 and the immediate countermeasures by government and citizens, particularly factors mediated by the interplay of social relationships, supply and demand financial gains, distinctive cultural values, and norms. Both the government and local citizens draw their countermeasures from existing structures, WHO, and sociocultural space, respectively. The social structures, culture, nature of work, time, space, and perceptions of government officials and local citizens influenced their countermeasures. In contrast, their culture and work practices reinforced or changed these systems to enable their interaction in particular contexts.

Implication of Economic Impact of COVID-19 on SMEs on Human Security

The human security approach is amenable to the challenge at hand. The first lesson is that context-specific responses are vital. Local people were proactive in sourcing their remedies within their local realities by using local medicinal plants to reduce the spread of COVID-19. There is a need to investigate the effectiveness and safety of claimed medicinal products by the pharmaceutical industries and researchers. Another lesson from the application of human security is that prevention-oriented responses must be enhanced, particularly at the local level. More research is needed to establish how much Africa depends on local remedies to alleviate certain symptoms of global pandemics such as COVID-19. The human security approach would support the development of community-based mitigation plans that highlight the interconnectedness and cross-sectoral consequences of global pandemics on people and communities.

The impact of COVID-19 highlights existing insecurities of economically insecure people in all societies, both rich and poor, as in the case of Zambia and its SMEs. The findings in this chapter have exposed the national security model, which focuses more on military interventions, as one that can hardly solve the COVID-19 pandemic. The pandemic goes far beyond the direct medical impacts of COVID-19. The severe state of the economy indicates being unprepared for and unable to respond to the COVID-19 pandemic. For example, its impact on the economic strength of Zambia's SMEs will have long-term consequences. Therefore, through the experience of COVID-19, human security exposes the limitations of the traditional national security paradigm when the measure of success relates to the fundamental welfare of individuals and communities. It also challenges the idea of discrete sectors or realms of security. National security cannot be independent of the population's public health, refuting the idea of an international-domestic dichotomy. The differences between the WHO's and government's interventions and local people's proactivity in sourcing local remedies signify the greater need for local-global links. This would lead to disseminating best local practices and institutionalisation, regional application, and localisation of global measures. Global implementation and local implementation have the potential to be connected – and linked to the sustainable development goals. Global implementation of human security approaches includes providing global public goods, using global governance norms and mechanisms, and promoting people's efforts to change their mindsets and pursue more transformative lifestyles. Local implementation includes the two main human security strategies of protection and empowerment, based on the existing frame of human security.

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8 Economic Security in Nigeria amidst COVID-19 Pandemic

Lessons and Mistakes

Michael Ihuoma Ogu and
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Introduction

Insecurity in Nigeria has remained a significant hindrance to growth and development in the state, especially recently. The various devastating incidences include farmer-herder clashes, an increasing rate of kidnapping for ritual and ransom, and indiscriminate failure. Successful assassinations, political, religious, and ethnic violence, insurgencies, civil unrest, and secessionist agitations have destroyed lives and properties and adversely affected social infrastructure, educational facilities, government and private property, foreign investment, and health care service delivery within the state. Despite Nigeria's image as the giant and "big brother" within the African region generally and especially the West African sub-region, the government continued to struggle under the burden of security challenges threatening the state's existence. Ndubuisi-Okolo and Anigbuogu observed that "the alarming rate at which the economic, political, social and religious affairs of the nation are dwindling at present is a real symptom of insecurity".[1] Similarly, they argued that insecurity threatened Nigeria's efforts at industrialisation, sociocultural tranquillity, and sustainable development. In addition to the above-listed consequences, the number of refugees and internally displaced persons (IDPs) have continued to tower high. In 2018, there were approximately 1.9 million IDPs in Nigeria, 228,000 Nigerian refugees living in Cameroon, Chad, and Niger, and numerous Africans seeking asylum in Europe, claiming they were fleeing Boko Haram or prosecution for their sexual orientations.[2] Insecurity remains among the most significant hindrances to industrialisation, healthy living, freedom of worship, national growth, and sustainable development because businesses thrive tremendously in an atmosphere devoid of rancour, economic, social, religious, and political quagmire.[3] Arguing further about the security situation of Nigeria, Lyman asserted that despite the affluent resources at the disposal of Nigeria, the rising afflictions within the state lie at the foundation of the arguable popular belief that Nigeria is becoming a strategic failure.[4] On 28 February 2020, the first case of the COVID-19 virus was reported in Nigeria after spreading rapidly through Europe, Asia, and America. In response to the outbreak in Nigeria, there have been

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a series of policies and programmes around public education and public health campaigns, fiscal and monetary regulations, restrictions in various sectors of the economy, and arguable social protection response plans for members of society.[5] Highlighting the areas of impact of the COVID-19 pandemic on Nigeria, Andam et al. argued that major economic impacts of the pandemic would occur through four channels emanating from external and internal forces, namely, government revenue shortfalls, reductions in remittances, direct impacts of "lockdown" policies of restricting movements and suspending economic activities within several states including the Federal Capital Territory (FCT), and indirect impacts of the lockdown policies on the rest of the country outside of the affected sectors or areas.[6] A simulated assessment of the economic impacts of the COVID-19 pandemic in Nigeria projected that national GDP would reduce sharply in 2020 and that Nigeria would likely experience a recession, 13.1% loss in output (USD 1.2 billion) in the agriculture sector, which represents the largest share of employment in Nigeria; a temporary increase in the national poverty rate by 14%, meaning that 27 million more people would fall into poverty as a result of COVID-19.[7] Studies have been done to investigate the effect of COVID-19 on economic activities.[8] A recent study examined the effect of COVID-19 on economic aggregates in developing countries like Nigeria.[9] The lessons and errors from Nigeria's response to and management of the impact of COVID-19 on economic security have received insufficient attention in the recent literature, and this is the gap that this chapter intends to fill.

Human security is an overarching framework within which this book is situated, and this chapter succinctly demonstrates the need for human security-focused research, especially in Africa. Human security provides an important perspective to the identification and critical evaluation of macro challenges from a micro perspective, and this chapter provides this view of the impacts of COVID-19 in Nigeria, highlighting the lessons and mistakes that have been made. Human security is reflected at every analysis stage for the study, focusing on economic security within this context. Prevention is one of the hallmarks of human security. The paper aims to identify areas that must be addressed to prevent similar challenges for the Nigerian economy in the event of another health crisis of the same scale. This reflects the purpose of this book and the central agenda within which all of its chapters have been developed and curated. This chapter aims to highlight the nature of economic security in Nigeria, vis-à-vis the overall nature of security within the state, and evaluate Nigeria's response to the pandemic and the implications of these responses, to reveal the lessons from the pandemic experience so far.

Economic Security in Nigeria: A Thematic Review

Economic security in this chapter refers to access to basic education, housing, health, and social protection infrastructures. The International Committee of the Red Cross defined economic security as the ability of

individuals, households, or communities to cover their essential needs sustainably and with dignity.[10] Corroborating this view, the International Labour Organization (ILO) identified seven components of economic security namely, income security (adequate actual, perceived, and expected income that is earned or provided by as social security and other benefits), labour market security (opportunities for adequate income-earning activities), employment security (protection against loss of income-earning work), representation security (entails individual and collective representation – individual representation entails individual rights enshrined in laws and access to institutions, and collective representation refers to right of any individual or group to be represented by a larger body that can protect their interest), job security (worker's ability to pursue a line of work in conjunction with his or her interests, training, and skills), work security (working conditions in organisations that are safe and promote workers' well-being), and skill reproduction security (workers' access to opportunities to develop capacities and acquire the qualifications needed for socially and economically valuable occupations).[11]

The economic environment in Nigeria has been seriously challenged by insecurity, poverty, and rising unemployment. Ito asserted that many Nigerians have trouble meeting their basic needs of food, clothing, and shelter,[12] while Aghaulor observed that over 1.1 million Nigerians have become extremely poor in just four months, bringing the total number of Nigerians living below $1.90 per day to 88 million, overtaking India.[13] Sadly, these statistics have not changed much, especially with the economic fallouts from the pandemic, growing insecurity, and policy inconsistencies within the Nigerian state. Another factor impeding economic development is the growing rate of unemployment. According to Ekpo, unemployment in Nigeria grows at about thrice the rate of growth of the economy, arguing that the high rate of educated unemployed Nigerians implies that there are new entrants into the labour market annually that further increase the unemployment rate and make education unattractive.[14] Ekanem and Emanghe also observed that unemployment after a long period of time affects the psyche of individuals, threatens the family system, and exposes the bankruptcy of economic policies.[15]

The World Bank published a report in 2021 to discuss the implications of the COVID-19 pandemic on economic development in Nigeria and observed that Nigeria's economy plummeted by 1.8% in 2020 as a result of the COVID-19 crisis and resultant capital outflows, intensified risk aversion, low oil prices, and shrinking remittances. The report also indicated a 27.0%, 23.3%, and 7.6% decline in exports, imports, and fixed capital formation, respectively, some of the worst percentages since the global financial crisis of 2009, even though private consumption increased by 2.2%.[16] High data and broadcasting services consumption after the lockdown and COVID-19 restrictions resulted in a 13.2% increase in information technology and communications. Although there was a 2.2% increase in demand for health

services, with arguably minimal improvement in healthcare infrastructure, trade declined by 8.5%, accommodation and food services by 17.8%, transportation and storage by 22.3%, and real estate by 9.2%.[17] While total employment in services has fallen below the levels they were before the pandemic, agricultural sector was the least affected by the COVID-19 pandemic, as crop production, which represents 90% of total agricultural production, facilitated expansion in staple foods like rice, corn, beans, and cassava for domestic consumption. Although the nature of the government response and efficiency of response measures is a point to consider, Olapegba, among other scholars, observed that misconceptions among Nigerians about COVID-19 prevented numerous individuals from exercising personal maximum preventive measures against the virus.[18] In addition to some of the other consequences of the pandemic highlighted in other sections, Jacob et al. rightly observed that the COVID-19 pandemic was significantly detrimental to the education sector; higher institutions were on lockdown; there was marked reduction of international education, continued disruption of the academic calendar, and cancellation or postponement of local and international conferences, all of which created a gap between the teaching and learning, loss of human resources in the educational institutions, and a cut in the higher education budget.[19] While these statistics are the most recent by the World Bank at the time of writing this chapter, it is arguable that the economic security situation in Nigeria will worsen in the next year or two, especially because 2023 is an election year, and many politicians will be focused on either getting elected or re-elected. Already, education in Nigeria has been truncated by the Academic Staff Union of Universities (ASUU) in the first two quarters of the year 2022 resulting in more frustration in the educational system and higher crime rates. Also, the global oil crisis (complicated by the Russian invasion of Ukraine) has also resulted in even higher oil prices in Nigeria.

Unfortunately, these challenges to economic security in Nigeria are intrinsically tied to the more complex and worsening nature of insecurity and criminal activities across the country, which the COVID-19 pandemic in the recent past has further complicated. Hence, any meaningful effort to improve economic security in Nigeria must address the arguably overwhelming security challenges of internal displacement, incessant killings, kidnappings, terrorism, secessionist agitations, and income/wealth inequality.

Frustration and Aggression from COVID-19 in Nigeria

Insecurity of any kind can arguably be classified as a motivation for frustration and/or aggression. The origin of the frustration-aggression theory (also known as the frustration-aggression hypothesis) is credited to the work of John Dollard, Neal Miller, Leonard Doob, O.H. Mowrer, and Robert Sears titled *Frustration and Aggression*. Dollard et al. argued that "the occurrence of aggressive behaviour always presupposes the existence of frustration and,

contrariwise, that the existence of frustration always leads to some form of aggression".[20] Frustration-aggression theory can be applied to medical research, psychology, ethnology, and sociology studies. In fact, it has been argued that frustration-aggression can be used to study animal behaviour.[21] Additionally, the theory also provides some explanation for aggression within society[22] and between societies.[23] According to Gurr, in the analysis of individuals and societies, aggression and violence are most likely a result of repeated and prolonged experiences of frustration, which in this context have been worsened by the COVID-19 pandemic.[24] Feierabend and Feierabend described what Gurr referred to as "systemic frustration", explaining societal frustrations that arise from scarcity and inaccessibility of resources, persistent systemic injustice, absence of social infrastructure, and rising hunger and poverty levels, among others.[25]

The literal interpretation of the frustration-aggression theory above by Dollard et al. implies that aggression would not occur without some form of frustration, and aggression is a definite consequence of frustration.[26] Following criticisms around this conclusive assumption, Dollard and his colleagues provided further insights to the argument by asserting that rather than result in outright aggression, frustration is more likely to instigate aggression, along with several other consequences, like depression and prejudice.[27]

According to Breuer and Elson, frustration is not an affective state but rather an event.[28] This is important because understanding frustration as an observable event allows for objectivity in describing and testing its link to aggression. In the same vein, the acts of aggression vary depending on whom the acts of aggression are targeting. Therefore, although aggression can be "misplaced"[29] and likely directed at sources other than the source of the frustration, most severe acts of aggression are targeted at the perceived source. Additionally, not every act of aggression is destructive or deters from attaining goals. Hence while some acts of aggression are covert, others are overt.

In application to this study, several incidences associated with the COVID-19 pandemic in Nigeria can arguably be described as acts of aggression by Nigerians; some of these incidences include, but are not limited to, the #ENDSARS protest of October 2020, looting of COVID-19 relief warehouses across Nigeria in the aftermath of the protests, vandalisation of government property including police stations in some parts of Nigeria, cases of suicide arguably resulting from feelings of hopelessness occasioned by the measure of response to the COVID-19 pandemic, increasing rate of kidnapping and armed banditry across Nigeria in the wake of the COVID-19 pandemic, the heightening of secessionist agitations in the South East zone of Nigeria, heightened rate of mental health challenges among many Nigerians, as well as an increase in both legal and illegal migration of Nigerians to Europe and the USA, among others. Arguably, these acts of aggression are responses, particularly to the COVID-19 pandemic and the various levels of

resultant frustrations arising from financial, economic, and social restrictions in response to the pandemic. These are all examples of aggressive responses linked directly or indirectly to the frustrating event of the COVID-19 pandemic in Nigeria. While mental health challenges and migration arguably fall under the category of covert acts of aggression, as they are not necessarily targeted at the source of the frustration but rather have negative influences on the individual, their effects may not manifest on the state or the source of frustration in the short term.

One major criticism of the frustration-aggression theory is evident in the absence of or controversy around a definition for frustration. If aggression is most likely the outcome or consequence of frustration, then what exactly constitutes frustration? Berkowitz corroborated this view by asserting that the controversy around the frustration-aggression theory is rooted in the lack of a common definition for frustration. The fact that frustration is described variously as a hindrance to efforts directed at a particular goal, scarcity, and inaccessibility of resources, persistent injustice, and absence of social infrastructure, among others, makes it difficult to objectively analyse the level of aggression emanating from a particular experience of frustration. The frustration of the COVID-19 pandemic is free from this limitation because the pandemic was an event that spanned over a period and resulted in real and concrete short- and long-term consequences.

Response Mechanisms to COVID-19 in Nigeria

While the number of confirmed cases of COVID-19 patients were relatively lower in Africa, compared to other parts of Europe and America, Ozili argued that Nigeria had the highest number of COVID-19 cases in West Africa and the third highest cases in Africa between March and April 2020.[30] Implications of COVID on the Nigerian economy can be summarised by the existence of non-performing loans, global oil demand shock and resultant fall in oil prices, commodity supply shock and the resultant rise in the price of the critical commodity, and effects on the national budget and stock market.[31] As of 14 May 2022, the WHO (2022) reported that of the cumulative 255,836 cases of COVID-19 virus in Nigeria, there had been a cumulative number of 249,936 recoveries, 97.69% of active cases.[32] While 2,757 cases are still active, no new confirmed cases have been confirmed in Nigeria since January 2022. Mauritania, Mali, and Cabo Verde currently record the highest number of new COVID-19 cases reported in West Africa, with 17, 13, and 12 new cases, respectively. Therefore, Nigeria has relinquished its 2020 status as having the highest number of COVID-19 cases. However, the many other long-term consequences of the pandemic on Nigeria's economic and social security still linger.

The first global responses to the COVID-19 pandemic were travel restrictions, which was true for Nigeria. As the pandemic continued to spread worldwide, many states, including Nigeria, responded by closing ports of

entry and restricting air, land, and even sea travel to contain the virus and isolate active cases of the COVID-19 within their territories. Additionally, several states also enforced strict curfews, from dusk to dawn, which confined individuals to their homes for several weeks, although allowing essential services to continue skeletally and controlling the movements for individuals to go out for the purchase of essential supplies. Large assemblies of every kind, religious, political, educational, and social, were prohibited, or regulated with very strict rules.

Beyond these immediate responses of enforced restrictions, several states also adopted policies that helped to cushion the immediate impacts arising from the restrictions imposed on the society. Ozili also observed that the Central Bank of Nigeria, in response to the fallouts from the COVID-19 pandemic, provided support for financial institutions, businesses, stakeholders, and households. Six dimensions of the response by Nigeria's apex bank included: granting one-year extension of loan moratorium on principal repayments from 1 March 2020; granting reduction from 9% to 5% in interest rates on all intervention loan facilities beginning from 1 March 2020; offering NGN50bn (US$131.6m) targeted credit facility to hotels, airline service providers, healthcare merchants, among other essential sectors; providing credit support to the healthcare industry to meet the increasing demand for healthcare services during the pandemic; providing regulatory leniency to banks and allow them to restructure the tenor of existing loans temporarily; and reviewing the policy on the ratio of loan to deposit which allows banks to extend credit to more individuals or groups.[33]

In addition to the microeconomic responses highlighted earlier, it is important to note other measures the Nigerian government and its various ministries and agencies took to respond to the COVID-19 pandemic. Dixit, Ogundeji, and Onwujekwe identified some of the national efforts made by the government,[34] some of which include the following:

- The Economic Stimulus Bill 2020. This bill, passed by the Nigerian House of Representatives on 24 March, supported businesses by providing 50% tax rebates to registered businesses, even though 65% of the total GDP in Nigeria comes from the informal sector, where many businesses are not registered. Hence, this was arguably a right step in the wrong direction, as it neglected the informal sector, contributing more to the country's economic development.
- Cash transfers. About 2.6 million poor and vulnerable households (approximately 11 million people) registered in Nigeria's National Social Register (NSR) were announced to receive the sum of 20,000 Naira (US$52). Implementing this response was bedevilled by a lack of appropriate record keeping, as well as corruption and mismanagement, coupled with the fact that many of the vulnerable and poor families and individuals who need this assistance had no functional bank account to qualify them for receipt of these funds.

- Central Bank of Nigeria stimulus package. This stimulus package offered interest loans of 3 million Naira to poor families impacted by COVID-19, and these loans required collateral. While this was also a laudable effort, many of the terms and conditions attached to the loans appeared cumbersome for the majority of its recipients. For instance, recipients were expected to provide as collateral, "moveable asset(s), simple deposit of title documents, two acceptable Guarantors, and life insurance of the Key Man". All these, in addition to the interest of 5% and 9% after one year, made the loans accessible to middle-income families who could meet these criteria. Still, it was difficult for many poor families to access this loan.
- Food assistance. The Federal Ministry of Humanitarian Affairs Disaster Management and Social Development announced that it would provide food to vulnerable households in a few states during the lockdown. Over a few weeks, a few families received bags of rice and other food materials, including ingredients that were distributed primarily by local government officials. Unfortunately, these food materials were not evenly or fairly distributed across all families, rather, most of the families that received this assistance were those with ties to the local government or loyalists to the ruling political party at the local government level. Also, food materials worth billions of Naira and meant to be distributed to help families survive the food shortage during the pandemic were subsequently starched away in warehouses across the country. Many of these warehouses were eventually discovered and looted by angry Nigerians in the aftermath of the #EndSARS will be protected in October 2020. This effort was arguably the most controversial.

Summarily, many of these responses above were marred by political corruption, unavailability or inefficient data management system which does not allow for inclusion in the receipt or benefits of these response mechanisms. The limited nature of information and communication technology has also hindered the execution of this project, especially in terms of the disbursement of stimulus packages, among other issues. BudgIT, a civic watchdog organisation, claimed that during the coronavirus pandemic, relief materials were hijacked and distributed among politicians and party members in specific local government areas in Lagos, including Agege, Mushin, Ikorodu, Surulere, and Epe.[35] The group expressed concern about the poor accountability and management mechanism of the COVID-19 fund and the distribution of relief packages. It is important to note that beyond the measures taken by the government, which encountered varied degrees of success and challenges as highlighted earlier, it can be argued that private organisations and individuals also contributed to responding to the fallouts of the COVID-19 pandemic, some of these contributions included providing personal hygiene facilities for washing and sanitising in compliance to national and international regulations, providing relief packages for their employees,

making face masks available within the organisation to limit the spread of the virus, among others.

Systemic Frustration: Exploring the Aftermaths of the Lockdowns

Berkowitz's core argument is that frustrations only generate aggressive inclinations to the extent that they generate negative effects for the individual or society.[36] This means that an event of frustration can only generate aggression to the extent that it directly affects individuals. As Ogunrotifa argues, systemic frustration occurs as a result of several smaller events of frustration accumulating over a period of time, culminating in an act of aggression.[37] These incidences of frustration on their own typically do not possess sufficient negative influence to prompt an act of aggression. Still, a culmination of all these frustrating incidences, usually prompted by a trigger event, results in an act of aggression. Large-scale infectious disease outbreaks, such as COVID-19, require extra attention in terms of resources and processes since they have the potential to impact the nation's economy and health system substantially.[38] These effects are typically felt more strongly at the neighbourhood level since current health resources are typically inadequate.

It can be argued that the aftermath of the lockdowns can be understood in the context of systemic frustration in Nigeria. In the immediate context of the pandemic, it is important to acknowledge a rough timeline of events that transpired along with the pandemic in Nigeria and the trigger event that resulted in the act of aggression by Nigerians, in both the protests and looting that followed. The mandatory curfews and lockdowns that were imposed to manage the spread of the pandemic in Nigeria were accompanied by a rise in tariff on electricity, inadequate availability of food items, growing medical inadequacies, especially due to the volume of patients admitted into medical facilities, inadequate medical care that characterises many government/public medical facilities in Nigeria, heightening insecurity and increase in police brutality and extrajudicial killings. All these factors arguably combined to inspire, motivate, and sustain the nationwide protests tagged #EndSARS, which enjoyed a large followership in Nigeria and diaspora of young people gathering at protest venues daily and many others engaging online. Although focused specifically on police brutality and bad governance in Nigeria, the #EndSARS protests were more widely influenced by the systemic failures and bad political leadership that have remained a major challenge to the development of Nigeria and Nigerians.

With the first few cases of COVID-19 recorded, the Nigerian government took many steps to prevent, mitigate, and respond. This list includes lockdowns, restriction of movement, social and physical distancing, and public health measures. A significant underlying debate that permeated the entirety of the lockdowns was concerning the efficacy of lockdowns in Nigeria, either generally or in comparison to the economic effects it had on

an already-fragile economy. However, although necessary to limit loss of life and the threat presented by the disease, the lockdown measures generated enormous economic worries, with negative repercussions on human social lives and activities, food security and hunger, social and household welfare. Inegbedion noted that in addition to these economic effects, the prevalence of insecurity challenges such as the farmer-herders conflicts, rampant kidnappings, and the Boko Haram insurgency had greatly affected food production in the country.[39] These challenges are largely situated in northern Nigeria, where most of the country's grains are grown. In Benue State, for example, which has been tagged the "food basket of the nation", there was a 13% decrease in food production between 2013 and 2019, largely due to the abandonment of certain farmlands for fear of safety by farmers.[40] The pandemic worsened such abandonments.

The lockdown also increased petty crimes, especially in major cities, predominantly Lagos. At the start of the lockdowns, military personnel, in addition to police and paramilitary personnel, were deployed to many parts of the country to enforce lockdown directives, raising concerns about the excessive use of force in implementing restrictive measures to combat COVID-19 spread.[41] The patrols by heavily armed security forces throughout the period heightened people's fears. However, even with this increased security presence in certain areas of the country, it didn't prevent an increase in home invasions and robberies in many parts of the country. Several reports of armed robbery in homes in Lagos were recorded, forcing individuals to form vigilante groups without security agencies responding to this threat.[42] This came at the heels of pre-existing security problems. Before the lockdowns, the country consistently witnessed security threats such as armed robbery, banditry, militants, and insurgents – with the threat of kidnap being an ever-present reality.

This brutality and excessive use of force contributed to the start of the #EndSARS protests. These protests are the trigger events culminating in the expressions of aggression accumulated during the lockdown. In addition to the general negligence of security agencies concerning the issues of robberies and home invasions, the increase in police brutality against innocent individuals, predominantly the youth, served as a trigger. Asongu and Farayibi noted that the lootings, warehouse breakings, and jailbreaks that followed in the weeks after the COVID-19 pandemic are related largely to the sense of aggression already observed in the protests,[43] although the National Governors Forum claimed that some of the seized resources and palliatives were part of a "strategic reserve ahead of a projected second wave of COVID-19".[44]

Also, from a broader perspective, these perceptions and perspectives about the aggression, resulting from the pandemic and pandemic-control measures, should be examined and understood against the backdrop of a larger and already fragile economy characterised by weak and failing healthcare system, decades of public sector corruption that have manifested in gross incompetence of public officers, inefficiency of the public sector, unavailability of basic

infrastructure, including roads, electricity, and educational systems. Within the context of systemic frustration, acts of aggression, although triggered by certain specific events, are usually born out of a combination of complex factors and incidences that continue to frustrate individuals to varied degrees, awaiting such a specific event that would trigger an act of aggression that is directly or inversely proportional to the systemic frustrations.

Lessons and Mistakes from the COVID-19 Response in Nigeria

The COVID-19 pandemic in Nigeria, the lockdowns that followed, and their outcomes have had a multifaceted positive and negative impacts on the economic, social, and cultural landscape of Nigeria. There are, however, a few lessons and mistakes that can be identified from these events. These are highlighted below.

Localise Borrowed Practices

A significant critique following the imposition of lockdowns in Nigeria was the observation that it was completely incompatible with the economic realities in Nigeria. This, as Nachega et al. observed, is typical of the reactionary nature with which problems are handled in Nigeria.[45] Thus, the imposition of lockdowns in Nigeria, as adopted from other countries, predominantly the USA and the UK, were not localised to reflect the unique Nigerian context. There are succinct examples of other states that localised these lockdowns to reflect the economic, sociocultural, and health realities. For instance, the African Development Bank reported that because of targeted and less restrictive lockdowns, Benin, Côte d'Ivoire, and Niger maintained positive growth of 2.3%, 1.8% and 1.2%, respectively, in 2020, while countries like Cape Verde, Liberia, and Nigeria were in recession with growth rates –8.9%, –3.1%, and –3%, respectively, during the same period.[46]

The challenge for Nigeria has been that the lockdowns and other responses to the COVID-19 pandemic were not accompanied by other policy decisions. The result of this is that at the end of the lockdown, there was no contingency plan for a reopening. For instance, many of the individuals who lost their jobs due to the strain of the pandemic on local business and the need to downsize were left without jobs or any means of livelihood and arguably insignificant support from the government. If practices adapted were localised and local realities were considered, it would have allowed for local innovation and advancements that could potentially promote development in the affected sectors – health and the economy.

Develop Sustainable Health Infrastructure

A significant drawback to the implementation of control measures during the COVID-19 pandemic in Nigeria was the inefficiency of health infrastructure.

Despite Nigeria's position as a country with vast people and natural resources, Mawoli noted that health facilities are woefully inadequate, particularly in rural areas, depriving citizens of optimal healthcare.[47] Good health is a fundamental human right, and it is the responsibility of the healthcare system to offer health services to healthcare consumers. There is strong evidence pointing to the inefficiency of the Nigerian healthcare sector, with indices ranging from fragmented services, lack of resources, inadequate and decaying infrastructure, ineffective or inadequate healthcare policies, poor access, especially for rural individuals, and an uneven distribution of healthcare resources and services across the country. Ubochi, Ehwarieme, Anarado, and Oyibocha also noted that the healthcare system in Nigeria could easily be referred to as being non-functional,[48] with Oyibocha et al. arguing further that the challenges of healthcare systems in Nigeria stem from deeply rooted systemic inefficiencies and institutional ineffectiveness.[49] The unavailability of adequate health facilities during the COVID-19 crisis, beyond reducing the country's potential to handle the virus, contributed greatly to panic among citizens. In an interview with individuals on the streets of Lagos in May 2021, Nachega et al. found that about 60% of individuals noted that even if they suspected that they had the COVID-19 virus, they would not go to the hospital as they did not trust the testing, isolation, or treatment processes.[50] This, as has been addressed in the previous section, reflects the systematic distrust developed over a period.

Building a successful health system would thus need strong policies, committed leadership, adequate funding, critical healthcare supplies such as medical items and technology, service delivery that fulfils patient healthcare demands, and a prevailing human resource for healthcare. Transformation of the whole healthcare system necessitates the centralisation of healthcare human resources as a panacea for creating a functional health system. By developing sustainable healthcare systems, Nigeria would become more equipped to handle health crises. Additionally, one contributor to systemic frustration will be addressed, lessening the chances of future acts of aggression resulting directly or indirectly from public health emergencies.

Building a More Sustainable Economy with Viable Checks and Balance Systems

According to Andam, and others, Nigeria's GDP experienced a 34.1% loss, totalling USD 16 billion, owing to the COVID-19 pandemic, with the services sector accounting for two-thirds of the losses.[51] The agriculture sector, which is the primary source of income for most Nigerians, lost 13.1% of its output (USD 1.2 billion). Although basic agricultural operations were exempt from the direct economic limitations imposed during the lockdown, the larger agri-food sector was impacted indirectly due to its interdependence with the rest of the economy. It has been estimated by Nachega et al. that households lost 33% of their revenues on average throughout the period, with rural non-farm and urban families suffering the greatest losses.[52] The economic

consequences of COVID-19 include a 14 percentage point temporary rise in Nigeria's poverty headcount rate, meaning that 27 million more people fell below the poverty line during the lockdown. Andam et al. argued that the pandemic was so hard-hitting for Nigerian households because the Nigerian household, on average, is comprised primarily of salary-dependent, underemployed, or unemployed individuals, who were left vulnerable and almost completely dependent on the government in the wake of the COVID-19 pandemic.[53] Thus, the economic effects of the pandemic were felt enormously, especially in the absence of wide-reaching support from the government. This was worsened by the general laissez-faire attitude of relevant agencies towards the equitable distribution of relief materials to citizens who desperately needed them.

A significant contributor to the frustration of Nigerians, which especially led to the aggressive acts of looting relief material warehouses in the wake of the EndSARS protests, was the inability of the government to equitably distribute relief materials to deserving citizens. The continuous mismanagement of relief materials and funds earmarked for the COVID-19 response created a wider gap between the rich and the poor, with the vulnerable and marginalised denied access to much-needed support.[54] Using six states as case studies – Niger, Lagos, Kano, Ogun, Enugu, and Rivers – Olawoyin argued that many Nigerians vehemently disagreed with the government's method of distribution of relief materials in their communities because many, especially the vulnerable, could not access any of the distributed materials.[55]

Conclusion

In the future, the Nigerian government will have to embrace more cooperative and adaptive methods of crisis management, not just in terms of global public health but also as regards to political and security problems. While it is important for political leaders to allocate resources to address threats posed by domestic or internal factors, it is also important that threats from external factors are also assessed and adequately catered for, as this could result in huge disruptions in already conflict-torn places, the eruption of fresh violence, and a considerably more unstable multilateral system, if left unchecked or poorly managed. In the same vein, and to reduce the possibility of public health emergencies causing a new generation of security crises, governments must collaborate with intergovernmental and international non-governmental organisations and other relevant agencies to mobilise and allocate sufficient funding to humanitarian support, particularly for refugees and IDPs, while accounting for the disproportionate risks faced by women.

It is also encouraged that the government in Nigeria should address perennial issues of system failure, institutional weaknesses and lack of trust, transparency, and accountability in the public sector. Health infrastructure and service delivery, along with other essential social and economic

infrastructure, are very important to help contain the impact and influence of future public health emergencies on the Nigerian state and prevent or minimise the level of frustration and likely aggression that may result from these emergencies.

Working with UN envoys and other mediators, for example, efforts must also be made to keep peace processes and conflict prevention initiatives alive. One of the major factors that lead to the onset and sustenance of aggression against the state is the non-existence or the existence of weak conflict prevention mechanisms that cannot resolve these acts of aggression before they arise. The peace process (prevention, peacekeeping, peace-making, and peacebuilding) in Nigeria should constantly be in operation, especially owing to the porous nature of security and the increased levels of frustration waiting to explode into full-blown aggression, as a result of minor triggering circumstances. Again, the Nigerian government must also contribute to and invest in efforts led by the WHO, independent media, non-governmental organisations, and civil society to disseminate impartial information about public health emergencies in weak states to counter the political manipulation of the crisis, as well as to keep a spotlight on conflicts and aggressions that require international assistance. As the reality of living with the COVID-19 virus and learning to navigate this new reality continues to settle in, research must continue to reflect on the various changes to the society, the economy, and social life. This is essential to preventing further acts of aggression or an increase in systemic frustration.

For Africa, the key lesson this study has demonstrated is a need for better proactivity in addressing economic and health challenges. The COVID-19 pandemic exposed lapses in existing systems create to address these emergencies, especially deficiencies in the health systems and the emergency management. Additionally, the need for early warning systems to identify potential problem areas in the case of emergencies has been identified. This will prevent a repeat of the approach adopted during the COVID-19 pandemic, which involved African countries simply adopting policies and approaches already implemented by other (western) states with no consideration for their contextual implications and no effort to localise practices.

Notes

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9 The Impact of Pandemics and Epidemics on Young Women and Girls in Sierra Leone

Yanoh Kay Jalloh

Introduction

This chapter highlights the negative impact of pandemics and epidemics on women and girls in developing nations, particularly in Sierra Leone, due to poor socio-economic and health conditions. This situation reflects a significant challenge to human security, as women's and girls' health and well-being are essential components of human security. Human security is a concept that emerged in the 1990s, and it recognises that security is not just about military or political concerns but also about the safety and well-being of individuals, communities, and nations. Human security includes freedom from fear, freedom from want, freedom to live in dignity, and protection from threats to one's life, health, and livelihood.

The pandemic has exposed the vulnerability of women and girls in developing nations, and it is a threat to their human security. The lack of access to health services, education, and economic opportunities exacerbates their vulnerability, making them more prone to the negative impacts of pandemics and epidemics. Therefore, addressing the challenges women and girls face in developing nations is critical to promoting human security. It requires a comprehensive approach to improve health care systems, education, economic opportunities, and gender equality. By prioritising human security, policymakers, institutions, and leaders can help mitigate the devastating impact of pandemics and epidemics on women and girls in developing nations.

Sierra Leone

Sierra Leone is a country on the Western coast of Africa that borders Guinea to the North, Liberia to the South, and the Atlantic Ocean to the West.[1] As of 2021, the population was just over eight million, with the majority of the country's population based in the capital city of Freetown. English is the official language in Sierra Leone, spoken in government and official institutions. However, most of the population speaks the country's lingua franca, *Krio*, broken English with French, Yoruba, and Portuguese influences. There are

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approximately 18 ethnic groups in the country, with Mende and Limba comprising the largest percentage of the population. About 66% of the population practices Islam, while about 33% practice Christianity, with the remainder practising various traditional African religions; this ratio varies depending on what part of the country one is in.

According to the World Bank, Sierra Leone is classified as a developing country and one of the least developed countries in the world.[2] This results from economic challenges and growing debt that began in the 1980s. When Sierra Leone faced an 11-year civil war from 1991 to 2002, the country struggled, and by the war's end, the economy was decimated. Although unemployment in the country is only approximately 4.6% in 2019,[3] anecdotal reports and observations indicate that most employment is informal and consists of petty trading with no guaranteed incomes or earnings. About 56.8% of Sierra Leone's citizens live at or below the poverty line,[4] and the country is heavily dependent on foreign aid.[5]

Pandemics and Epidemics in Sierra Leone

Pandemics and epidemics are major threats to human health. For reasons we will analyse later in the chapter, women are particularly susceptible to the negative ramifications of pandemics, epidemics, and other disasters and crises that can disrupt a country. This chapter will focus primarily on the 2014 Ebola outbreak in Sierra Leone and the COVID-19 pandemic that hit Sierra Leone in 2019.

When we examine Ebola and COVID-19, we focus on the national response and how these response measures in Sierra Leone impact women in the country. While the pathology of the diseases is not the same, there were similarities and some differences in response. Data indicate that lessons were learned from the Ebola outbreak and that the Sierra Leonean government responded more rapidly to the COVID-19 pandemic.[6] The Sierra Leonean government developed a response plan three weeks before the first COVID-19 case was confirmed in the country, which allowed officials to be well prepared to contact trace, test, and quarantine when the first case was confirmed.[7] This is a stark difference from the response to the Ebola outbreak, possibly due to lack of information; when the Ebola response plan was developed and implemented, transmission and deaths had already occurred in the country.

Research that directly demonstrates the rights and status of women in Sierra Leone and the state of women in the society is limited. However, it is general knowledge that women are vital to the Sierra Leonean economy and play a fundamental role in the home and family life in Sierra Leone. Unfortunately, there are not many laws and policies that empower and protect women in Sierra Leone, and the few laws and policies that do exist are minimally enforced. Women are marginalised, and there is often little recourse for crimes against women, particularly gender-based violent crimes.

According to the Sierra Leone demographic health survey, 32% of women respondents indicated that their husbands were the sole decision-makers on how their income from earnings was spent. These results demonstrate that women in Sierra Leone may have limited autonomy and independence when making financial decisions. About 61% of female respondents aged 15–49 reported experiencing physical violence since the age of 15.[8] Genital cutting in Sierra Leone is very common, with over 80% of respondents aged 15–49 being circumcised, though recent policies are being implemented to reduce the practice's prevalence. Although the Sierra Leone demographic health survey indicates low rates of rape and sexual violence, a State of Public Emergency for Rape and Sexual Violence was declared in 2019.[9] The documented rate of rape in Sierra Leone may be low because many women do not consider unwanted sex rape.[10] In many parts of the world, not just Sierra Leone, rape is associated with violence and force, and other types of forced sex is often not considered rape, especially if the women did not physically fight back.

Women in Sierra Leone work in various occupations that range from petty traders, beauticians, cooks that sell food at *cookery* shops (shops that sell cheap plates of food in a very informal setting), sex workers, as well as more formalised occupations such as teachers, doctors, and working in various ministries and offices.

Though sex work is not illegal in Sierra Leone, sex workers are still marginalised, stigmatised, and targeted by the police. There are an estimated 26,000 sex workers who mostly come from poor economic backgrounds, with 21% of them being children.[11] Since people cannot be prosecuted for sex work, they are often prosecuted for petty crimes such as loitering and indecency.

When faced with pandemics, epidemics, and other crises, women all over the world are faced with unique challenges. These challenges include mental, social, physical, and economic well-being. As women are generally the primary caregivers for their households, they often take on the emotional burden of their family members. This is especially concerning in Sierra Leone, where 98% of people living with mental illness are not getting treatment due to limited mental health resources.[12] When pandemics such as COVID-19 or epidemics such as Ebola hit a county like Sierra Leone, the question arises: what is the impact on the country's most vulnerable and least heard citizens?

A study by Human Rights Watch indicated that child marriages and subsequent early pregnancies may increase during crises such as the Ebola epidemic and the COVID-19 pandemic, further hindering girls' access to education.[13] In addition to the impact on school-aged children, the Ebola epidemic also has had devastating consequences for mothers and infants.

A study conducted in 2016–2017 demonstrated that women who were pregnant during the Ebola epidemic experienced many barriers to care, such as the cost of healthcare, access to healthcare facilities, and delayed and prevented care.[14] This drove women to give birth outside hospitals or other

health facilities and frequently without help. Women distrust healthcare workers and the health system because staff often request payment for services, even though the Free Healthcare for pregnant women and children act commenced in 2010. There were reports that frontline workers and other healthcare workers, many women, received little to no pay during the Ebola epidemic, possibly because healthcare workers began to charge patients.[15] Women are less likely to utilise health services during health crises for many reasons. In the Pujehun district, there was a decrease in access to maternal and child health services immediately after the onset of the Ebola epidemic. In a country with some of the highest rates of maternal mortality in the world, we must assess the greater impact on women's health in Sierra Leone.[16] Access to critical maternal and obstetric healthcare services such as c-sections reduces maternal mortality. One may deduce that maternal mortality increased due to the Ebola epidemic from its high rate in Sierra Leone.[17] Similar trends were seen during the COVID-19 pandemic, with significant increases in maternal death and stillbirths during the pandemic in Sierra Leone.[18]

A study by Journalists for Human Rights in Sierra Leone in September 2021 indicated that approximately 40% of respondents were unaware or believed contraceptives were not readily available during the COVID-19 pandemic. Another 33% of respondents indicated they were unaware or believed adequate maternal healthcare was not readily available in Sierra Leone during the COVID-19 pandemic. This is similar to what was seen worldwide during the pandemic; services once *vital* were deprioritised and are now considered non-essential due to urgent needs to aid the pandemic response. Women and girls often face compounding barriers and difficulties accessing the needed services when this happens.

The COVID-19 pandemic changed the lives of everyone in the world, in Sierra Leone, where resources are already limited, women who are made vulnerable by their social and economic circumstances are especially at risk. Lockdown, curfew, and other measures implemented by the government created a loss of income for many individuals in Sierra Leone.[19] During the COVID-19 lockdown, a ban prohibiting inter-district travel was implemented. This impacted women who owned agriculture or other businesses, requiring them to travel to different districts in Sierra Leone to procure their product, or what Sierra Leoneans call *makit*.[20] With no unemployment insurance system in the country, this left many women struggle to feed their families. The lockdown measures impacted all groups of women that work outside the homes. A curfew was implemented when lockdown measures were reduced, requiring everyone to be indoors at 11 pm. This curfew disproportionately impacted sex workers because most of their business is during evening hours. Sex workers have reported increased police targeting and injustice, reminiscent of those experienced during the Ebola epidemic. Sex workers have reported that they have lost most or all their income due to lockdown, isolation, and curfews, but they also report an increased risk of COVID-19 transmission due to the nature of their work. Advocaid, an organisation that fights

for the rights of women and girls in Sierra Leone, reported that sex workers are at increased risk and vulnerability as customers attempt to negotiate low prices or riskier activity due to the desperation of the sex workers to generate income.[21]

Transactional sex was also reportedly on the rise during the Ebola epidemic.[22] Transactional sex is different from sex work. Sex work is generally referred to as a profession, and generally, payment is exclusively in cash. On the other hand, transactional sex usually occurs between two familiar individuals. It is generally used to generate income during hard times and can be used in return for goods in kind (food, clothing). Dupas and Robinson define transactional sex as "one form of income generation available to women in a crisis when economic opportunities become scarce, and the ability to use mechanisms to smooth consumption in the face of idiosyncratic shocks is limited".[23] This was prevalent during Ebola, when many young girls were orphaned, displaced, and had limited livelihood opportunities. There are also reports of families partaking in activities that, if not under crisis circumstances, they would not, such as removing children from school or encouraging younger girls to partake in transactional sex to assist with home expenses.

Little research exists depicting the mental health impacts experienced by women and girls in Sierra Leone because of either Ebola or the COVID-19 pandemic. However, a plethora of research demonstrates the overall mental health burden on the general population. The Jawo et al.'s study demonstrates that anxiety, depression, and post-traumatic stress disorder were prevalent among study respondents.[24] We can assume that if we focus specifically on women and girls, this rate would be even higher, especially due to the low rate of screening and diagnosis in the country. In a country with only two psychiatrists,[25] the mental health of the women and girls who have carried the load of the Ebola outbreak and COVID-19 pandemic on their backs should echo a call for action. Many of the women in Sierra Leone have experienced decades of trauma, with some living through the decade-long civil war that ended in 2001, the 2014 Ebola outbreak, the 2017 mudslides, the ongoing COVID-19 pandemic, combined with stressors of living in a country with systemic health, educational, economic, and environmental issues.

Most women and girls in Sierra Leone are expected to be caregivers to children and spouses, parents, in-laws, and extended relatives. Balancing the burden of multiple caregiving responsibilities can be especially stressful for women and girls, who may, in turn, have little time, energy, or capacity to take care of their own physical and mental health needs. It is common knowledge that many women were infected with Ebola due to their caregiving responsibilities in Sierra Leone and their role in preparing bodies for burial rites. There are accounts of tremendous physical, mental pain and trauma related to individuals who were in Ebola treatment centres.[26] Many women witnessed dozens of their family members dying right before their eyes and

feared for what they felt was their untimely death. Many women and men alike are still dealing with survivors' guilt.[27]

A study conducted in Sierra Leone and Zambia found that individuals have mounting anxiety and fears surrounding access to education, loss of income, and food security. Mental well-being was significantly lower in women.[28] This is consistent with anecdotal findings from discussions with hundreds of women in Sierra Leone. Society pushes the idea that women are "resilient" and "strong", but it also dismisses the reality that as strong as women may be, they also can need support surrounding their mental health.

Due to the stigma surrounding mental illness, women have often reported that if they attempt to seek care, they are categorised as "lunatics" and are subjected to stigma and alienation from their family, community, and society at large[29] (based on conversations with Sierra Leonean women).

The mental health needs of women and girls in Sierra Leone need to be addressed and prioritised immediately, with a call to action to the government to scale up mental health screening, treatment, and care. Although Sierra Leone has included mental health in its Basic Package of Essential Services and expanded policies surrounding scale up of mental health services, policymakers need to ensure these policies and initiatives become a reality and that mental healthcare is treated as a human right, not a privilege.

Schools were shuttered during both the COVID-19 pandemic and the Ebola epidemic, albeit schools were closed much longer during the Ebola outbreak (8 months during Ebola compared to approximately 2 months for COVID-19). What remains consistent is that when schools close during a crisis, young girls are much less likely to return to school and are more likely to drop out.[30] According to The United Nations Educational, Scientific and Cultural Organization (UNESCO), girls often do not return to school during crises such as the pandemic because the priority is income generation, caregiving, and other domestic responsibilities. This is especially detrimental for girls and women, who often treat school as a haven. During Ebola, it was reported that teenage pregnancy increased by 65% in some communities; unfortunately, many of these girls could not return to school due to a policy banning pregnant girls from schools.[31] Many young girls were orphaned during the epidemic, resorted to sex work to generate income, and sometimes became pregnant. These policies alienate, stigmatise, and disempower a marginalised group despite the circumstances. This ban also impacts the human capital of young girls and their future capability to accumulate human capital, taking into consideration their already low human capital. The ban did not consider the criminal acts of sexual offenders, the vulnerability of girls who may be orphaned or abandoned due to Ebola, and the inefficiency of the social and legal frameworks to protect these girls.[32] Research conducted by the World Bank estimated that "girls aged 12–17 were 16% less likely to return to school due to the Ebola epidemic".[33] Sierra Leone already has a poor senior secondary school completion rate, with low job prospects for

young girls and boys alike. Sierra Leone did implement virtual radio and televised educational programmes to alleviate learning loss. Still, there were many limitations to this, and it focused mainly on younger children and did not account for university-age students.

The impacts of epidemics and pandemics such as Ebola and COVID-19 are compounded and intensified for women simply due to their gender. The United Nations reported that even though men have died at higher rates from COVID-19 worldwide, the redistribution of vital resources, such as sexual and reproductive health services, disproportionately impacts women during pandemics and epidemics.[34] Conversely, due to the nature of transmission of Ebola, women died at higher numbers due to their caregiving responsibilities for the sick and the dead. Though, we see many of the same factors impacting women in Sierra Leone and worldwide. The UN reports that gender-based violence is on the rise during pandemic lockdowns, and some women are at home with their abusers with no access to support services as many of these services are deemed *non-essential*.[35] Through in-depth interviews with key stakeholders, Journalists for Human Rights found that in Sierra Leone, gender-based violence issues have not been resolved, as lockdown measures have not allowed adequate action to be taken against perpetrators.[36] Once again, we see the needs of women and girls deprioritised, and the gender equality gap widens.

Conclusion

Whether we are discussing a worldwide pandemic such as COVID-19, an Ebola outbreak, or an endemic disease such as malaria, the role of women and girls in Sierra Leone makes them vulnerable and disproportionality impacted by negative impacts of these health crises. Evidence consistently proves that investing in programming for women and girls, such as education, health, and economic development opportunities, yields greater opportunities for women and girls and for Africa's economic and sustainable growth. When looking for solutions, these should be created behind a gender lens and an equity lens. Still, they should also be examined from a holistic "Africa" lens – solutions that benefit Africa, and in this case, Sierra Leone should be the focal point. Gender gaps must be closed, and we must invest in women's capital and dismantle the notion that it is acceptable that women are systematically oppressed socially, emotionally, physically, and mentally. This systemic oppression is heightened during a crisis. Societies and governments must dismantle the concept that African women holding non-traditional roles outside of the home that will empower them is a negative thing. To lessen the impacts of pandemics and epidemics on women and girls, recognise the contribution of women and girls to combatting pandemics and epidemics, and reduce and minimise the risks of girls and women being "left behind", we analyse several recommendations from former South African First Lady Graça Michel, Deputy Chair of The Elders, Founder, Graça

Machel Trust,[37] and the United Nations Human Rights Commission,[38] as well as some recommendations from the author:

Normalise and Scale Up Mental Health Services

Too often, mental health services are viewed as a luxury and not prioritised when governments allocate resources. Furthermore, a stigma is placed on individuals seeking mental healthcare or wanting to discuss how they feel. Society needs to dismantle the concept that mental healthcare is for people considered "crazy' or *cases* as described in Sierra Leone. Mental health services need to be scaled up immediately, and initiatives should be intentional, not an afterthought. In other words, we should not wait until traumatic and triggering events such as pandemics or natural disasters occur before we decide to prioritise mental health services.

All Responses Must Take into Account Gender Impacts of COVID and Be Informed by the Voices of Women

We can take this beyond COVID: responses to any issue should not only take into consideration how the issue uniquely impacts women, but women should also be seated at the table when the responses are being discussed and developed. Not only should they be at the table, but women should also be empowered to have a voice. Furthermore, women from different economic backgrounds, ages, and groups should be included so that the diverse needs of all women are considered.

Include Gender Perspective in All Socio-Economic Assessments and in Fiscal and Job Creation Policies

When analysing the socio-economic impacts that pandemics and epidemics may have, the voices of women should be included. Women and men often have different socio-economic perspectives and outlooks; similarly, when considering programming that includes employment, employment that may be more prominent among women (hair styling, make-up, petty trading) should be considered and given the same significance as employment opportunities for men.

Support Efforts to Minimise Delays in Accessing and Receiving Care, Including Sensitisation Campaigns Advising Women on Available Services and Assistance, Including Ante- and PostNatal Care for Pregnant Women

As we described earlier in the chapter, essential services for women are often neglected during pandemics and other disasters. Services should be scaled up with contingency plans in place (e.g. Backup staff on call, telehealth visits via popular services such as WhatsApp made available) to ensure women do not experience a disruption in vital and often life-saving care.

Ensure Universal Access to Health for All Women Including Sexual Reproductive Health (SRH) such as Maternal Health Services and Access to Contraceptives

We must ensure that sexual reproductive healthcare and access to contraceptives such as condoms and oral birth control pills are not interrupted. This has further implications for rates and transmissions of sexually transmitted diseases such as human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). We should also ensure pre- and postnatal services are not interrupted, which has further implications for infant and maternal mortality.

Ensure Emergency Preparedness and Response Plans Are Grounded in Sound Gender Analyses

This recommendation by the United Nations High Commissioner for Refugees (UNHCR) is especially important, as ensuring that emergency preparedness plans are created with a gender lens as this will ensure that resources such as food, water, and sanitation (which are often in decreased availability during a disaster) are available to women whom a decrease in these resources will severely impact. Women and young girls are generally the ones who cook, clean, and fetch water. Lack of these vital resources could lead to increased workload, domestic responsibilities, and hunger for women and young girls.

Ensure Women Groups, Community-Based, and Civil Society Organisations Are Included in Decision-Making and Budget Resources

Simply put, women should be at the table developing policies and allocating resources during pandemics, epidemics, and other disasters.

Include Gender Experts in Response Teams

Frontline workers and individuals on the ground providing immediate relief should include women, co-conspirators, and allies of women, but also gender experts that understand the distinct challenges women face in these situations.

Continue Research

Conduct rapid surveys on women to find out the effects and concerns regarding economic measures; gender-based violence; access to health, livelihood, food, water, and sanitation; women participation in decision-making and women living in humanitarian settings.

While there is a plethora of research on the aftermath of pandemics, epidemics, and disasters, there needs to be more knowledge on how these issues impact women. Surveys, assessments, and ongoing research should be conducted to learn more about the evolving issues women face in these situations.

Narrow Gender-Based Education Gaps

Strong efforts should be made to minimise learning loss when schools are closed due to a pandemic, epidemic, or natural disaster. Lessons learned from Ebola and COVID-19 should be used to develop strong remote learning systems that most young girls can access (radio, WhatsApp videos/audio recordings).

Strengthen the Criminal Justice System and Ensure Safe Measures Are in Place during Pandemics and Other Disasters

Crucial and integral efforts need to be made to spread the message that violence against women and gender-based violence are unacceptable and will be punishable by all extents of the law. Specifically, during pandemics or other disasters, plans should be in place to ensure that women are able to seek legal assistance if they are a victim of a crime. Safe havens such as domestic violence shelters need to be created. These are especially important during quarantines and lockdowns, as women may not have an escape from their abuser. Lastly, perpetrators of violence against women and girls should be prosecuted to the full extent of the law; this should be considered "essential" and should continue throughout any potential lockdowns where other legal services may be limited or reduced.

While these recommendations were not created specifically for women and girls in Sierra Leone, these recommendations can be applied to the Sierra Leone context. We hope government officials, policy creators, organisational leaders, and future public health professionals use these recommendations and lessons learned from Sierra Leone and apply them to their work worldwide. We also must acknowledge that there are many groups of women with intersecting identities and issues that were not discussed in this chapter, and their needs and voices must not be forgotten. Women and girls with physical and mental disabilities, women who have undergone female genital mutilation, women who are part of the lesbian, gay, bisexual, transgender, and queer (LGBTQ) community, women and girls living with HIV, orphaned, and displaced girls, all make up a sizeable population of the women in Sierra Leone, and all have unique needs; we need to ensure they are addressed when creating sustainable solutions to these issues. Putting women and girls at the forefront of responses to health crises and ensuring their voices are heard will result in comprehensive long-term recovery and resilience among women and girls for a long time to come.

Notes

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10 The Imprint of the Crown

Security Scenarios after COVID-19

Andreas Velthuizen

Introduction

When the coronavirus suddenly appeared in our midst, it was like one of these overexploited film genres that depicts an apocalypse, with some hero (mostly North American) coming to the rescue of the world or taking the survivors into a new dawn. However, the end of the world did not arrive (yet), but what became known as the COVID-19 pandemic proved to be catastrophic in terms of lives and livelihoods lost. The pandemic exposed the way human beings manage themselves and others. The impact of the coronavirus on global, continental, national, and local systems proved to be catastrophic worldwide, including Africa.

Against this background, the author asks: What are the long-term socio-economic consequences for Africa because of the coronavirus pandemic? The main argument of this chapter is that during the pandemic, a scenario developed where most leaders in Africa accepted that the collective need for personal income, business profit, and social interaction outweighed the risk that several people may not survive the pandemic. In this scenario, a collaborative effort involving national and international actors was required to contain the virus and manage the social, economic, and political consequences. Containment of the virus proved to be not enough. Deeper and broader collaborations were required to ensure that as many people as possible become involved in policymaking and implementing strategies to mitigate the impact of what was experienced as a catastrophe.

In deploying this argument, the author offers a theoretical and philosophical framework for catastrophe theory, discusses the impact of the catastrophe in the context of geopolitics, and reflects on the consequences for African development and human security from current and reliable literature.

Catastrophe Theory and the Social Sciences

Catastrophe theory, the study that classifies phenomena characterised by sudden shifts in behaviour arising from slight changes in circumstances, originates from the work of Rene Thom[1] in the 1960s and was developed by

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other exponents such as Zeeman[2] in the 1970s in the form of mathematical models. However, it was in the 1970s that scholars such as Flay began to explore the possibility of applying catastrophe models to the social sciences, to analyse the impact of special events causing tremendous and usually sudden damage or suffering in society. The movement to apply catastrophe theory to social sciences postulated change in behaviour as a dependent variable concerning social pressure or social norms as a controlling variable.

Referring to the "Cusp Catastrophe Model", Flay[3] refers to social norms and the level of pressure (high, low, neutral) as "the splitting factor" that determines how people react or do not react. In the case of high social pressure or salient norms, the reaction can be in the form of "divergence" (disagreement), "hysteresis" (slowness to respond), or "bimodal" (extreme response) with past responses in similar situations a good indicator of how people will respond to new concerns. This psychological response (the dependant variable) can be "monotonic" (an expected reaction) or "umbilic", where people centre their commitment to a situation to form radical attitudes to respond extremely, showing resistance to persuasion (for example, inoculation campaigns), sometimes based on prior knowledge norms or beliefs (the "learning variable"). Calling the causal relationship between the independent causal control variable of commitment and attitude and the umbilical extreme response the "Butterfly effect", Flay asserts that the power of the persuasive message and social support are control factors that can change attitudes towards abrupt catastrophes. Societal change in reaction to pressure can either be gradual, "slowly and smoothly", escalating to cross a certain "threshold" into "fight or flight" behaviour, or sudden in reaction to, for example, rage or fear.

Catastrophe theory is part of the revival of dynamic model building in the humanities involving improvement in the collection of empirical data and developing more advanced conceptual tools. Mathematical models, successfully applied in the natural sciences, could redesign traditional questions and strategies to find solutions in the human sciences to socially relevant and intercultural problems where perceptions are linked to behaviour. Applying catastrophe theory, the redistribution of perceptions can trigger collective action in a community.[4]

Catastrophe theory can be applied to multidimensional complex problems such as socio-economic development and international security. In the case of catastrophes such as war, pandemics, and natural disasters, additional tools are required to gather reliable empirical data and to conceptualise solutions such as policies, strategies, and implementation of projects. For this chapter, it is important to note that social norms, beliefs, and attitudes cause different responses to a catastrophe. Responses take shape in a cusp, differing from slow and smooth reactions in the form of "normal" disagreement to a more radical or extreme response, diverting and crossing the threshold into violence. The pandemic has aggravated social challenges, making people realise they want to change more than ever. Tensions were high; people were making

their voices heard and acting to effect changes in the political and societal landscape. Catastrophe theory emphasises the importance of designing convincing solutions to prevent violence through socio-economic development.

Catastrophe Theory and Geopolitics

Catastrophe theory sets a valuable framework for analyses to determine the security consequences of changes in the global geopolitical system relevant to the coronavirus pandemic. Furthermore, it presents an approach to understanding international security issues, including the persistent quest of the "South" seeking equal standing with the "North" in dealing with global issues that affect their lives. In this regard, the postulations of catastrophe three suggest three possible scenarios in the unfolding of a catastrophic crisis.

The first possible scenario is that the current geopolitical system may stabilise after the catastrophe, perpetuating the long-term stable global polyarchy that remains attractive to African leaders who wish to be part of an international-dominated development agenda. Alternatively, a scenario emerges with the geopolitical system becoming dynamic and unpredictable, with dramatic changes in a shift towards parity/equilibrium between Africa and current hegemonic powers. In this scenario, the leaders of Africa could favour localised solutions, repelling the authoritarian international polyarchy that drives developmental agendas.

The third alternative scenario evolves from a cusp where a trajectory of instability separates from the stability scenario (depicted in the first scenario). In this trajectory of instability, the parameters, the dynamic and unpredictable nature of the second scenario becomes localised, driven by people who see themselves as victims of pandemic governance, reverting to an emotional response in a state of anxiety framed by mass media. In this scenario, those who see themselves as victims contest elite narratives, asserting blame and responsibility. As a result, resistance to especially authoritarian regimes causes political instability, polarisation, and increased violence, placing further constraints on socio-economic development.

The relationship between catastrophe and geopolitics refers to the traditional meaning of geopolitics as a shift in political power relationships in different geographical spaces, using a cartographic divide to construct what is "internal" and what is "external" to a state.[5] From a "heartland" perspective, geopolitics refers to national interests and posture, political identities, and spaces beyond borders as "security interests" and "commitments" to control another space.[6] Contemporary critical geopolitics emphasises the geopolitical implications for humanity of phenomena such as pandemics, especially the "new geopolitics of disease", together with other phenomena such as cyber warfare, feminism, cultural conflict, ideology, ecology, the domination of foreign policy elites, and resistance of social movements to the state system.[7] Catastrophe theory thus provides a valuable reference for analysing the relationship between phenomena and geopolitics.

States were changing during "globalisation", fuelled by persisting geopolitical ambitions and exploitative excavation of money-hungry rulers who entrenched poverty and inequality. Furthermore, the "4th Industrial Revolution", characterised by innovative technologies such as Artificial Intelligence, Big Data, the Internet of Things, Cloud and Cyber-Physical Systems, brought the people of the world closer together in what some call the age of digitalisation. Within this changing system, the pandemic came as a "strategic shock" with the potential of immediate and damaging effects on the global economy and disrupting the global order. "Secondary strategic shocks" in the developing world pose the greatest threat to the global order, with the pandemic impacting developing countries as a shared medical and economic catastrophe.[8]

The effect of this "strategic shock" on geopolitics is still uncertain. Still, the strategist Greitens[9] points out that responses to a crisis are defined by political constraints and incentives in the domestic politics of the nation states targeted for intervention and by the international geopolitics of intervening states within a state system.

During 2020, when the pandemic was in full force, the changing nature of the USA's presence on the world stage was a key feature of contemporary international politics. Before the emergence of the pandemic, a unipolar system with the USA as a superpower had already started to evolve into multipolarity. The USA was the predominant global power for three decades, leading the international response to every manufactured or natural crisis and disaster. The coronavirus pandemic's complexity undermined the USA's ability to lead the international community in managing the impact of the pandemic. Moreover, the COVID-19 pandemic challenged prevailing international hard and soft power norms.[10] With vast military power, powerful countries such as the USA showed vulnerability in finding health equipment abroad. Less priority was accorded to human security, including health and the environment, compared to state security, with billions of dollars spent on acquiring arms and weapons with insufficient funds allocated to public health structures, research, equipment, and medical care.[11]

For instance, the effectiveness of the UN Security Council in its COVID-19 response to prevent the spread and contain the virus added to geopolitical tensions. An example is when former President Trump decided to stop World Health Organization (WHO) funding, attracting worldwide criticism. Although geopolitics is part of response decisions, especially the USA–China relationship, other forces are at work in the dimension of the nation state. During the crisis, governments became the lenders, players, and last resort owners of many industries with overnight changes in supply chains. With increased government involvement comes increased government scrutiny.[12]

The COVID-19 crisis affected the global south (a zone for developing and underdeveloped countries) and the global north (the prosperous parts of the world) in diverse ways. The global south carries more socio-economic costs,

with many states having moderate-to-weak governance systems. Without an effective, comprehensive, robust, efficient, and organised response to the crisis by resilient institutions, the "global south" had to rely on international cooperation and multilateral responses. In this case, "Levelling the playing ground" ensures equitable access to resources, skills, technologies, therapeutics, and vaccines in solidarity among states facing a shared crisis that threatens their existence. The COVID-19 crisis reformed the world within pre-existing structural conditions by transferring essential knowledge and technologies and manufacturing and distributing critical medicines.[13]

It is unlikely that the coronavirus pandemic will cause an entirely new global order. Still, the pandemic intensified the focus on specific trends, such as how China established spheres of influence in parts of the world and the shift in the economic balance of power from West to East. The new intense focus catalysed and accelerated the growing rivalry between the USA and China. In both the developed and developing world, from the EU to regional powers such as Russia, Turkey, and Iran, nation states sought to capitalise on the increasing fragmentation of the global order by establishing leadership in their "backyards", seeing the pandemic as an opportunity to strengthen their regional and global influence. However, some regional powers were hard hit by the pandemic crisis, limiting their capacity to project influence in the short term. Despite these limitations in freedom of action, the pandemic accelerated the fragmentation and recomposing the global world order to benefit emerging powers such as China, Russia, and Turkey.[14]

A recurring theme of the geopolitical impact of the COVID-19 pandemic is that it created new opportunities for China to cement its relationship with Africa with medical assistance as an example of "friendship", "sincerity", and "solidarity". In concurrence with this theme, China expects a return on investment regarding soft power, status, influence, and banking. China does not just seek to benefit from its activities amidst the pandemic but also from a history of medical and public health engagement since the political independence of Africa. However, this extensive knowledge has not been contextualised beyond the delivery of vaccines to align with the broader socio-economic needs of Africa.[15]

According to the World Bank, Sub-Saharan Africa emerged from the 2020 recession, triggered by the COVID-19 pandemic, with a growth of 4% in 2021.[16] Higher commodity prices, a relaxation of pandemic measures, and a general recovery in global trade drove this bounce back. However, the World Bank warned that Sub-Saharan Africa remains vulnerable given the low turnout for COVID-19 vaccination. The slow pace of recovery from protracted economic damage and fiscal constraints that predated the pandemic left African countries unable to stimulate sustained recovery. Sub-Saharan Africa needed significant additional funding to counter the damage from the coronavirus pandemic. From a geopolitical perspective, the rivalry between China and the USA caused already heavily indebted African

countries such as Ethiopia, Zambia, and Chad to apply for debt relief from China, facing a further "debt trap".[17]

After the pandemic was officially declared to be over by the WHO in May 2023, the post-pandemic world we live in is slightly different. The "new world" will require new ways of doing things without relying on old habits that have led to ruin in some regions. Unfortunately, current governance frameworks are a poor fit for the "triple challenge" posed by globalisation, democratisation, and development.[18] Countries such as South Africa, with a prominent "African and Global South voice", draw on the valuable and relevant experience of working with multiple partners in the AU and the UN to pursue short- and medium-term opportunities with an inclusive set of regional partners.[19]

COVAX was such a multilateral initiative, where public and private stakeholders aimed to provide affordable, accessible, and universal protection to 20% of the population of 94 low- and middle-income countries with limited political and economic leverage to attain immunity of their citizens. As an international platform, the COVAX initiative moved to a new multilateralism model allowing other actors beyond nation states to become involved in finding solutions. The COVAX initiative opened the view to a "new geostrategic map" that reflects the "geopolitics of vaccines" as the primary strategy of global security and global health policies that promotes international cooperation and the improvement of national response capacities through financial and technical assistance to weak links in the global health chain.[20]

Contesting but reinforcing perspectives reveal that the now-established structure of domination and exploitation amidst competition for scarce resources among the world's major powers continues. However, new solidarity among people emerged, founded on a shared threat, the ability to meet and share knowledge in "cyberspace", and an acceptance that solutions are situated in international cooperation. Interactions among people are no longer dependent on physical mobility as they become more interconnected and meet in cyberspace beyond the physical boundaries of the nation state – including sociopolitical movements. The geopolitical implication is that during the pandemic, the pattern of globalisation intensified with contexts broadening beyond the confines of the nation state despite the established historical structural divide. People under pressure started to accept interventions from outside the nation state if they brought solutions to the pandemic, standing apathetic to issues such as significant power rivalry.

While geopolitics remain intricately connected to the idea of significant powers as central actors in world affairs, the diverging nature of actual and potential threats of transnational terrorism and other non-state actors, as well as the revival of geopolitical competition, requires tough choices for nation states on how to invest limited resources. The primary geographical realities are complicated by the interaction between geography and technological change, the cultural and social contexts of geographical spaces serving

as influential mobilising variables. However, although the nation state is increasingly becoming an imagined and fluid geopolitical space in the international system with fewer issues to be regarded as "context-specific", territory and populations are still linked to nation states with influence on the dynamics of what the nation state can include or exclude in its affairs.[21]

The global experience of the consequence of the HIV/AIDS pandemic showed that a pandemic could worsen in the face of the unwillingness of the state-centric international community to challenge sovereign power and "political correctness" that avoids criticism of postcolonial rulers and states. Intellectual property rights and market-driven constraints proved to be obstacles to multilateral progress in dealing with pandemics. The history of the science of pandemics shows the difficulty in transcending loyalties and the advancement of understanding in scientific challenges. The compact network of modern transport promoted the physical spread of the virus. Psychological responses have been compartmentalised into state or regional units to create multilateral agencies for addressing the global nature of the threat of pandemic diseases.[22] Although multilateral responses to the coronavirus pandemic may differ, the HIV/AIDS experience provides a valuable framework of indicators to observe responses to current and future pandemics.

Although the coronavirus pandemic and other pandemics in history revealed global health cooperation as a preferred response, shifts in geopolitics after major global upheavals tend to be unpredictable, with governments often increasing state intervention and accelerating technologies to reshape lifestyles. However, given today's different contemporary economic and technological circumstances, whether this pattern will be repeated is still being determined. The poorest, the most vulnerable, still struggle the most with good access to healthcare; they work the most extended hours, live in the most crowded accommodation and are more at risk.[23]

A new freedom of action is emerging where non-state social movements and disgruntled elements who wish to pursue violence, including using terrorist tactics, can mobilise to confront national governments that are bogged down under domestic political and financial constraints. In the transnational space of freedom of action for the proponents of change on the one side and those under pressure to manage it, the current gradual change in the global geopolitical system may accelerate. During the pandemic, governments, especially the weak states, increasingly came under pressure to respond appropriately to the consequences of the pandemic and to prevent crossing the peace-violence threshold. In their response, governments were willing to cooperate within the bilateral and multilateral arrangements beyond national government initiatives. The catastrophe, therefore, triggered collective action out of necessity to deal with the crisis.

The developed world, and the world's major powers, need to become aware of social fairness to the developing world and adjust their policies and strategies to reflect a willingness to combat the coronavirus, future crises, and other threats such as climate change and international terrorism.

In this regard, major power governments such as the USA and China must move away from the rivalry assumption and support the developing world, including Africa. Unfortunately, vaccine supply became a global geopolitical strategy to perpetuate the dependence of economically vulnerable countries on suppliers from significant powers such as the USA and its allies, as well as China, which seeks hegemony over developing states.

The Coronavirus Pandemic and Socio-Economic Development in Africa

Data gathering, analysis, and critical reflections on how disruptions and changes in geopolitical systems present alternative options for African development can be viewed from different paradigms. This first section will set a paradigm for further discussions from the perspective of catastrophe theory, social sciences, and philosophical approaches to African development before and during the pandemic.

Philosophical Approaches to African Development

A popular approach to African development is found in the ideology of Pan-Africanism. Gumede[24] provides a valuable synopsis of this perspective by highlighting the importance of structural transformation for African development. Despite remarkable growth in some areas since 2014, a general decline in socio-economic development has been observed. This decline was primarily due to fragility in the cycling of commodities within a declining global economy but also because of continued colonial attachment and structures in African countries and persisting political contests within labour-intensive sectors. Africa needs a communalist system that can work for citizens, which is ideally Pan-Africanist, promoting collective self-reliance, new regionalism, and social movements that seek to disengage from capitalism. Africa needs to "get its house in order" without outside interference and follow a practical mobilising agenda within an ideology of solidarity. The Pan-Africanist approach differs from the African nationalist agenda that aims at decolonisation, nation-building, regional development, and democratisation.

However, Pan-Africanist ideals are frustrated by limited state budgets and healthcare capacity, which posed a challenge even before COVID-19. The excessive costs associated with non-communicable diseases (NCD) remain part of the reality of many countries. The "double burden of disease" consisting of chronic NCD plus the ongoing battle to deal with infectious diseases will lead to more sick people to treat, requiring more resources. However, a global flow of knowledge contributes to general growth in Africa, presenting an opportunity for African states to come on par and break the monopoly of industrialised countries through investment into ICT. The future could see an evolution of a more distributed global economy in which manufacturing and services are linked to local manufacturing closer to the markets.[25]

The vision of Cilliers that development is moving towards local manufacturing, which was articulated before COVID-19, is placed into perspective by the research of the UNDP Regional Bureau for Africa[26] and shows that the pandemic had not only a devastating effect on the economies of states but also international trade relations. Furthermore, management of the pandemic has shifted from a health and economic crisis to a broad systemic problem, where countries' macroeconomic and human development trajectories aggravated the existing vulnerabilities of states. Moreover, the pandemic caused diverging impacts on trade balance in conditions, with implications for governance, especially socio-economic development, with risks of increased instability of internal conflict in African states. In "fragile" states currently affected by violent conflict, tensions could escalate because of the pandemic, where governments are already under pressure to deliver services such as health, education, and security, pushing the political and social order to the "tipping point". African states should focus on strategic policy decisions to manage their global interdependence and sociopolitical behaviour to avoid societal instability, conflict, and disruptive regime shifts (as happened during the flu epidemic after the First World War) and implement broad economic and human development agendas to build resilient states with resilient people.

The assertions above indicate that the coronavirus pandemic posed a catastrophic challenge to structural transformation, the quest for self-reliance, nation-building, and socio-economic development in Africa. Implementing policies, strategies, and development agendas, as well as budget allocations without outside interference, became more challenging in the face of the devastating effect of the pandemic on existing vulnerabilities and instability in states. The pandemic demanded that states manage the reality of global interdependence and reap the benefits of the worldwide flow of knowledge in a more distributed global economy. However, the response to pressure caused by catastrophes, the pandemic, and others, such as natural disasters and internal war, needs to be investigated from the perspective of not only the reaction of citizens of a state but also the global geopolitical system.

The One Wing of the Butterfly: Enforcing Stability

The coronavirus pandemic has raised awareness of the significant challenges facing African countries, such as food insecurity, crumbling healthcare systems, and the rising cost of infection with endemic diseases, as factors exacerbated by the severe spread of COVID-19. From a socio-economic perspective, Hamdy argues that the COVID-19 crisis affected all segments of the African population, primarily vulnerable people living in extreme poverty in marginalised communities. The pandemic has also increased and perpetuated inequality, exclusion, discrimination, and unemployment.[27]

It is, however, in terms of governing the implications of the pandemic that the risk for stability is situated. In Nigeria, for example, the imposition of

a nationwide lockdown to contain the spread of the virus was undermined by extortion by law enforcement officials deployed to enforce movement restrictions against an "institutionalised culture of corruption in Nigeria". Extortions and collection of bribes enabled people to break the lockdown or curfews, endangering the lives of people and enabling the spread of the disease.[28]

In Zimbabwe, the government imposed a total lockdown, enforced by the country's security services, to prevent the spread of COVID-19 because inaction could have led to a public health catastrophe. The argument was that it is better to stop the spread of the virus than to take care of patients when the pandemic spirals out of control. The restrictive measures had positive results in limiting the impact of the pandemic. The steps had severe implications for the already struggling economy, with citizens struggling to survive. Other consequences of the restrictive measures included an increase in gender-based violence and "the closure of the democratic space" by banning political gatherings and electioneering. This situation called for careful management by the government of Zimbabwe to avoid "hardship-induced violent protests" by agitated Zimbabwean citizens. The government tried to implement the same measures developed nations did instead of opening the economy to create financial capacity to combat the pandemic without blanket lifting restrictive measures in "vulnerable" fields such as education.[29]

According to Gutto,[30] in Kenya and South Africa, the spread of COVID-19 increased sexual and gender-based violence (SGBV) during the lockdowns. Although SGBV is not a new phenomenon in Africa and will remain long after people are fully vaccinated, a surge was witnessed during the pandemic. Furthermore, while most people behaved responsibly in abiding by the lockdown rules and orders of the government, a few ignored it, especially the "poor" who live in informal settlements constrained by their physical circumstances. In these circumstances, the armed forces (police and army) emerged as "a force for brutality and abuse of power", and the judiciary became more incapacitated and inaccessible.

These examples indicate that the primary approach of African governments to deal with the pandemic was to "stabilise" the situation in the same fashion as the habit of applying the armed forces to stabilise political unrest. However, while the stabilising approach prevented the spread of the pandemic beyond governance control, it also aggravated human hardship and caused an increase in violent behaviour.

The Other Wing of the Butterfly: Crossing the Threshold to Violence

In April 2020, soon after the first lockdown measures were implemented, the think tank ACCORD[31] warned that the global outcome of the virus would be like the consequences of a war characterised by an unprecedented economic decline, expected to be "the worst in living history". Products such as growing mass unemployment and interest rates dropped millions of

young and middle-aged people out of jobs and compromised the economic survival of older people. Rising government debt and falling revenues put social services at risk and created a politically, socially, and economically fragile society. The collapse of small and large businesses is threatening the foundations of the global economic system. Any progress at that point to alleviate poverty and inequalities will be reversed. Competition over scarce resources will cause new complexity in social and political conflicts for politicians, government officials, religious and community leaders, business people, and civil society.

Since this prediction, the pandemic, like most pandemics in history, became a "threat multiplier" to social cohesion and peace processes, amplifying conflict drivers, existing grievances, and societal divides. In conflict-affected situations, threats became part of the conflict, shaping the actors' motivations, opportunities, and estimates. A picture of violence, unrest, and conflict emerged with a direct link to COVID-19. During the pandemic, it became apparent that a rethink was needed on the risks to human security because the pandemic was primarily affecting individuals rather than states. The long-standing combination of territorial and transnational organised crime that targets vulnerable people will likely be a significant challenge for the post-COVID-19 economic recovery.[32]

These assertions reveal the risks of the rise of radicalised politics in nation states caused by increased pressure on already disgruntled citizens. This calls on states to mitigate the risk beyond just stabilisation measures. If handled inappropriately, actions may fuel violent conflict, leading to crossing the threshold to violence in more spaces. Governance failures create spaces for other actors, such as humanitarian agencies, civil society groups, and philanthropic businesses committed to human security, to fill the vacuum. However, in this vacuum, radicalised and extremist groups such as criminals and rebels also enjoyed increased freedom of action, exploiting weaknesses of the state to advance factional interests within a state.

Dealing with the Catastrophe in Africa

Although the people of Africa, like the people of any other continent in the world, needed to adjust to the "new normal" of wearing face masks, maintaining social distancing, suffering travel bans, frequent washing of hands, improved sanitation, and more vaccinations, they needed to find new ways of doing things while addressing underlying socio-economic issues. Despite the bleak picture of a landscape and steep road to recovery, it remained possible to mitigate the negative spiral towards social and political decline if positive, collective, and compassionate initiatives between governments, businesses, and civil society succeeded in strengthening social cohesion, bringing people together across racial, religious, and ethnic lines.[33]

Africa could build on its progress in surveillance and responsiveness in public health and invest in commodities to ensure health security, positioning

itself as a world leader in fighting infectious diseases. Africa must become self-sufficient in addressing any infectious disease threats emerging in the twenty-first century to achieve the development goals encapsulated in Agenda 2063 of the AU. During the COVID-19 pandemic, Africa was a key player in acquiring scientific knowledge to guide the global response, an imperative for Africa's security and economic survival, as was demonstrated in November 2021 with the discovery of the Omicron variant.[34]

In spaces where fragile health systems are situated within vulnerable "lower economies", the capacity to effectively track the pandemic is challenging. Such challenges indicate the potential advantage of participating in regional efforts to coordinate resources to test and report cases. Coordinated country-specific strategies in infection suppression should be a continental priority to control the COVID-19 pandemic in Africa, seeking "equitable behavioural and social interventions within an evolutionary Pan-African dynamic".[35]

These statements imply that the people of Africa successfully dealt with the consequences of the pandemic for socio-economic development. A Pan-Africanist approach enabled the collaborative management of resources between governments, the business sector, and civil society in the spirit of social cohesion. The need for self-sufficiency in addressing infectious disease is critical to avoid being dependent on hegemonic "giants" of the world (both governments and transnational businesses).

Reflections on the Coronavirus Pandemic and Socio-Economic Development in Africa

To manage any catastrophe, balancing the triangulation between health, income, and social interaction is essential. In Africa, a rich continent in terms of mineral resources, with the most arable land and waterpower in the world and a trajectory of socio-economic growth (based on the IMF"s estimates), the jury is still out on whether the impact of the COVID-19 pandemic was managed in terms of preventing the uncontrolled spread of the virus. However, Africa soon realised that stabilisation measures would not guarantee vital income for their citizens and state coffers. Therefore, substantial progress was made to balance health measures with the well-being of people.

Unfortunately, Africa remains "turbulent" due to compromised representative democracy, activities of militant groups, poverty, ineffective governance, and frustrations among people despite dynamic growth in some spaces. International geopolitical competition and tensions prompted the major powers to seek allies in Africa to serve mutual interests for economic benefit. However, the result is that some governments, supported by a political class, pursue material wealth in alliance with big businesses. Hence, the multifaceted inequalities in African societies persist and are not successfully addressed to alleviate the frustrations of the neglected citizens of Africa. Considering the

threshold variable, dynamics in the geopolitical system are becoming more turbulent and unpredictable, characterised by the quest for radical political change within states and calling for Africa to attain parity with the current hegemonic powers of the world. People favour localised solutions in this variable, resisting the authoritarian international polyarchy that drives developmental agendas. The dynamics of change in the political system and the necessity to find solutions lead to tensions where trust in leaders and national institutions breaks down if the actual or perceived outcome for individuals or groups is negative. The unity formed in the fight against the common enemy (the pandemic) turns to adverse mobilisation against leaders and institutions.

The long-term consequences of system disruptions and turmoil still need to be clarified. Meanwhile, Africa, as a Pan-Africanist collective, needs to look at alternatives to ensure African development in a secure environment. In the absence of effective governance, social communities that must endure the most under the scourge of poverty and violence, together with communities of practice such as independent think tanks, universities, and NGOs, are finding solutions representing the will of the citizens in a country. The need for international actors in Africa is to find a way to take the hands of national actors for development and security in Africa. In this regard, the call is for multilateral international cooperation to adopt a harmonised, transnational network of multitrack communications. If this all-inclusive collaboration can be achieved, the geopolitical system may remain stable despite the catastrophic shock that caused significant instabilities.

Conclusion

Using catastrophe theory as a point of departure and framework for analysis, the chapter offered some approaches on how to deal with development in Africa amidst increased instability brought on by a catastrophic pandemic in Africa in the context of evolving geopolitical systems.

Most African leaders accepted that the collective needs for personal income, business profit, and social interaction outweighed the risk that some people would not survive the pandemic. In this scenario, a collaborative effort involving national and international actors contained the virus. However, more than containment was needed. Deeper and broader collaborations are required to ensure that many people, as individuals or as part of organisations, become involved in policymaking and implementing strategies and programmes to avert future catastrophes. Successful collaborations on the principle of equity and equality will mitigate the impact of what was experienced as a catastrophe, ensuring socio-economic security for African societies, despite intense interdependence to engage with disasters.

While extensive scholarship on the pandemic on global society will still have to come to the fore, the main lesson from the lived experience of the impact of the pandemic on Africa that is valuable for futuristic solutions is

that broader, deeper collaborations increase the probability of preventing violent conflict from escalating amidst a global crisis. Suppose leaders from all African dimensions can facilitate a harmonised network of relations between international institutions such as the AU and UN, central governments, organised citizens, and the lived experience of fragile but resilient African communities. In that case, the well-being of people can be secured, irrespective of what catastrophes they may face in the future.

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11 Concluding Comments

Lessons Learned from Africa in Dealing with People's Insecurity during Crises

Andreas Velthuizen

The chapters of this book reflect on the work of scholars from various African societies on how the people of Africa experienced and dealt with pandemics. The perspective in this book also examines from different vantage points how people during a crisis can build resilience and progress, thus creating a present-day paradigm from recent lived experiences. Furthermore, the reader's insight into the web of collaborative relationships formed by the affected personhood, households, villages, "local" and national institutions, and international initiatives is a desirable way to secure society in a crisis, such as health threats. The authors in this book remedy the notion to overlook that within this web of collaborative relationships, actors sometimes have differing views and motives on strategies and operational measures to respond to the crisis. For instance, the dichotomy between genuinely benevolent approaches with a sensitivity for human rights on the one hand and opportunistic maleficent actions to promote political agendas (even to the point of using armed forces) came to the fore. Fortunately for humankind, reason won the day when people came together to merge their differing perspectives in the firm belief that in the African realm, trans-dimensional innovation is possible. The crisis-induced perspectives created a new horizon that inspired focused action in a landscape where new knowledge on how to end the crisis continuously emerged, even if the outcome of the crisis remains obscured behind the horizon.

This book reveals how the combination of reactivity, coordination, and solidarity in African collaboration contributed to the global effort to overcome pandemics. In this book, the authors first demonstrate, using specific case studies, the vital elements of reactivity. The reader will realise that a complementarity of factors, such as reliable intelligence, value-driven and consensus-building leadership, policies that guide proactive practices, effective and reactive responses and innovations (such as the vaccinations), and building on existing knowledge (including indigenous capacities), enables reaction when society becomes unstable. Second, we found good coordination is complex and challenging to attain in an underdeveloped milieu, mainly if it is characterised by violence and volatility. The various case studies

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confirmed that contingency planning for crises, investments in preparation of operational capacities, and decentralised emergency response may attain sufficient coordination despite societal constraints. Finally, the book discovered solidarity as the vital ingredient for crisis response. The main lesson from the African response to pandemics is that a web of collaborative relationships, with people actively committed to a cohesive effort to overcome insecurities and distrust of systems integrating local, national, and international capacities, can deal with any crisis.

This book confirmed the state's pivotal role in dealing with crises as part of an international state system. Actions by states eventually slowed the spread of COVID infections, collaborating towards a shared goal of mitigating the pandemic effects. For instance, countries in Africa in the Africa region of the World Health Organization (WHO) implemented strategic, operational, and tactical coordination mechanisms. A combination of coordination mechanisms proved to be an effective response to slow the pandemic's initial wave and the following waves.

People just had to ride wave after wave. In this "surfing" experience, the relationship between the dynamic interaction between the state and its citizens re-emerged as a fundamental facet of governance and politics in African societies during a crisis. During a crisis, the social contract (that suggests that people voluntarily give up some personal rights and freedoms to the state in exchange for protection) comes under scrutiny. Scholars question if the state represents the interests of its citizens or sees itself accountable only to a small segment of society made up of an alliance between politicians and businesspeople. In a crisis, the internationalised and sometimes illicit elites do not hesitate to securitise a situation and even use force to maintain law and order and enforce regulations.

The recent COVID-19 pandemic reveals that the balance between applying state power to provide a stable and secure environment to provide essential services, promote the welfare of its citizens, and guarantee individual rights remains a challenge in Africa. Even with no imminent crisis, the state-citizen relationship is not harmonious, and tensions between governments and segments of the population often boil over into violent reactions. The consequence is that trust between citizens and the state, a critical factor in the state-citizen relationship, is compromised. Being in the same boat, sailing in the same direction during a health crisis, has no lasting effect on this relationship because of other persisting factors, such as corruption in governance, inequality, and human rights abuses that continue to put a strain on relationships, often in the absence of democratic governance. The state-citizen relationship is at the heart of shaping the direction of a society. Finding a balance that respects individual rights while ensuring collective welfare is a continuous process that requires ongoing engagement between the government and its citizens.

In the operational strategy and technical implementation dimensions, we learned that states must empower stakeholders such as public servants,

technocrats, experts, development partners, UN agencies, and private companies to act together. Furthermore, we re-learned that governments should invest in operational management to coordinate the multiple facets of a pandemic, such as logistics, fundraising, management, healthcare, and data collection, processing, and dissemination. Governments should budget for contingencies, maintaining transparency and personal accountability in spending, to reduce dependency on partners outside the state, who often come with their national interest agendas. Furthermore, governments should decentralise emergency responses to a level where the actions take place, such as districts or municipalities, for immediate impact on the well-being of people. In this regard, existing community mechanisms with many years of experience should be supported to implement initiatives. Moreover, many governments are yet to display solid political will and technical capacity to provide health resources, including the flow of reliable intelligence to mitigate disinformation and ensure accountable responses. The people of Africa learned a lot more about implementing projects and innovations based on knowledge from pandemics. This new learning promoted an awareness of the collaborative approach to updating policy frameworks and strategies and contingency planning where people living in communities are leading the implementation of solutions.

In a statement on 5 May 2023, the Director-General of the WHO concurs with the advice offered by the International Health Regulations (IHR) Emergency Committee that COVID-19 is now "an established and ongoing health issue" and no longer a public health emergency of international concern. With these hopefully wise words, another global health crisis is officially dealt with. However, the threat that viruses pose to health security remains, and, therefore, the threat to human security persists, with other undiscovered viruses yet to appear together with self-inflicted crises such as war. Hopefully, the global community's lessons will prepare them more for the next health crisis. Nevertheless, this book contributes knowledge on managing a situation and transitioning from an emergency phase to a long-term sustained response.

Accepting the definitions of the WHO of global public health security as "the activities required, both proactive and reactive, to minimise the danger and impact of acute public health events that endanger people's health across geographical regions and international boundaries", the findings of the book confirm that securing the health of people is critical to livelihoods and life itself. Pandemics, health emergencies, and inadequate health systems cost lives and pose severe risks to the global economy and security in general. The transnational nature of health threats such as pandemics and their direct effect on people's well-being locates health directly within human security.

In achieving the desired effect of combatting health threats, the reality of securing society and protecting citizens in a dignified way that does not compromise the quest for social transformation and human rights must be addressed. Safety and security against health threats demand a political will

to include all citizens in decisions and actions to solve problems and act to ensure that all citizens benefit from protection measures such as vaccinations, and not just a few in a privileged position. From a civil society and citizen perspective, it is crucial for the purposeful participation of all people in decisions and implementations to safeguard the whole, such as cooperating with protection measures and vaccination campaigns.

A sustained response to health crises requires an acute awareness of the principle of people's security and well-being. Health security is essential to human security, with a laser-sharp focus on safeguarding people and their community from health threats. African leaders and scholars learned that a resilient health security system could enable timely detection and prompt response, curtailing the impact on the well-being of people. Furthermore, they discovered that preventive measures, such as vaccinations, health education, sanitation, and timely treatment of diseases, prevent avoidable and premature deaths and disability. The experience confirmed that when people enjoy physical and mental health, their quality of life is such that they contribute to social and economic development, pursue their aspirations, and alleviate the pressure on national health systems. Moreover, the experience of recent pandemics confirmed that health security promotes social cohesion, solidarity, and unity, especially if governments succeed in sustaining a resilient and equitable healthcare system, ensuring that everyone, including vulnerable and marginalised people such as children, has access to medical services, regardless of their socio-economic background. Suppose people know they have access to quality, internationalised health systems, in that case, it creates a sense of security and inner peace, knowing that healthcare makes them less vulnerable and reduces risks to themselves and the well-being of their households and community in the face of health threats that have no borders and can reach them at any time.

In summary, health security is vital for people's safety as it protects them from health crises, preserves their well-being, supports economic prosperity, promotes social cohesion, and contributes to global stability. Investing in health security is a matter of public health and integral to ensuring overall security, stability, and resilience for individuals and societies worldwide.

In achieving the book's aim to produce knowledge relevant to human security in Africa, some lessons were learned that could be applied to human security. Apart from the already mentioned political will to invest in healthcare infrastructure and preparedness as a clear priority, the pandemic demonstrated how intensified international cooperation to address global crises prevents the escalation of a crisis into a catastrophe. We learned that systemic issues need to be addressed to alleviate the gap between "the haves" (political and business elites) and "have nots" (people living in material poverty) to ensure equitable access to not only healthcare but also other critical needs such as education and other essential services. Furthermore, the necessity of preparedness came to the fore, focusing on research and scenario mapping that can enable stakeholders to respond appropriately and effectively

to emergencies. One such response that emerged from the book is the imperative for personal healing after horrific experiences such as becoming ill or losing a loved one. The healing of society as a whole requires recognising the importance of mental health support and integrating it into public human security responses. Moreover, governments realised the importance of social safety membranes to protect the vulnerabilities of national economies and financial hardships that come with crises such as the breakdown in electricity supply. Essential societal practices such as flexibility in work and education, securing critical supply chains for essential goods, and an alertness to the possible link between diseases and environmental factors such as climate change raised awareness of the urgent need for sustainable practices to prevent future pandemics.

From the pandemics as crises, we learned several sustainable practices in crisis management. From the fresh knowledge gained, managers are busy refining processes to respond, collaborate, and recover from a crisis. The fresh experience confirmed that a systematic approach to dealing with unexpected and disruptive events mitigates the consequences of the crisis, allowing for a return to stability. The key elements of crisis management that direct a crisis to a state of stability from a cusp of uncertainty are risk assessment and planning, ensuring emergency response capacity, effective communication, leadership in decision-making, resource management to focus efforts on priorities, and efficient use of available resources. However, the emphasis on collaboration and coordination of action is at the essence of crisis management. This realisation is nothing new in the world of crisis management. Still, a real-life threatening crisis such as war and pandemic evokes the natural human tendency to develop strategies from a realistic perspective to adapt and support (physical and emotional) towards the recovery of the human being and the society in which they function.

Often a realist perspective is a link to rationality, as discussed in the book. The epidemic crisis confirmed that the notion of decision-makers assessing a crisis's scope and impact based on objective evidence takes time. Therefore, finding innovative solutions and navigating different courses of action considering values, risks, and benefits also take time. The calculated response that ended the pandemic compensated for the initial impulsive and (in some cases) opportunistic reactions to prioritise allocating resources to where it is most needed and can have the desired impact. From the book's content, the reader will also see that considering a long-term vision in decision-making during a crisis is not essential in an immediate emergency but contributes to sustainable solutions and resilience.

As human beings, we understand and have empathy, with emotions factoring into decision-making in a crisis. As managers, scholars, and, most of all, human beings, many of us remember the fear and panic of learning that you attracted a life-threatening virus. People who have experienced the threat of violence will know that it is a similar feeling. If not socialised to deal with crises, emotions can trigger fear and panic in individuals, leading

to impulsive, intuitive decision-making and erratic actions. However, in a crisis, we know that a response can never be free of emotions. Emotions evoke empathy towards a humanitarian response with a desire to come to the unconditional assistance of others as acts of kindness and altruism, self-preservation and protection of loved ones, supportive or harmful group behaviour, and cognitive biases.

The lessons learned from the pandemic reinforce the need for balancing rationality, aimed at lasting solutions, and humanitarian reaction, aimed at immediate relief. Such a balance places a huge responsibility and burden on leadership to provide clear direction in all circumstances, reassure people under emotional stress, keep people informed and facilitate psychological support to grieving and fearful people. We learned that a decision-making framework where leaders from all dimensions of society can meet and collectively decide served as a vital mechanism for comprehensive and appropriate responses, acknowledging the human element in the decision-making process.

In general, this book reflects on how the decisions made by leaders in Africa and abroad shaped the security environment of Africans for years to come. In many cases, suboptimal decision-making took place in extreme emergencies. With new diseases and emergencies all but guaranteed in a globalised world that is increasingly vulnerable to climate change, this book makes an essential contribution to the security discourse in a post-COVID world. Leadership decisions influence nation-building, transforming violence into peace, socio-economic progress, and other complex problems in the real world. In the reality of pandemics, political violence, and natural disasters, it is about developing networks and communities of inquiry, allowing for personal learning beyond self-imposed boundaries and constraints to collectively make decisions in reaction to challenging circumstances. In this regard, the human security approach presents a valuable framework for problem-solving and decision-making in any dimension: local operations ('in the field'), national, international, and transnational.

Lessons learned as depicted in this book is by no means exhaustive. Through ongoing studies, scholars need to investigate further how collaborative and complementary reactivity, coordination, and solidarity contribute to solving the complex problems that demand innovative solutions, moulding a secure future for people in many contexts in the world. The study of the functioning of a web of collaborative relationships is ongoing to learn how the cohesive effort of actively committed people (the holons in a holistic web) can restore security derived from trust in human systems to deal with crises. If scholars can uncover the values, elements, and processes that drive such a supra-symmetrical system, lasting peace and security are possible.

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