



Securitization of Global Health Pandemic and Reiterating the Relevance of 2005 International Health Regulations: COVID-19 and Human Security in Africa

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ABSTRACT

The Copenhagen school of security changed the long-standing traditional thinking of security that was state-centered. Thus security, from a state-centric view was a Westphalian doctrine that centered on issues of war, interstate rivalry, boundary disputes, foreign policy, arms race, alliance, protection of state and its leaders, etc. The integration of non-military threats like health, disease, poverty, terrorism, environmental degradation, etc. into security discourse was adopted as serious security threats of global proportion. The securitization of health pandemics like COVID-19 was also given a boost by the 2005 International Health Regulation-IHR. The IHR-2005 tends to prevent, protect against, control, detect with surveillance using an early warning system, and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade restrictions. Yet countries and the African continent were not swift in tracking the COVID-19 unleashed unbearable global suffering in the form of the heavy death toll, unemployment, denial of human rights to movement, assembly, worship, and a decline in the global economy, halting international travel and international economy/business. The paper, therefore, examined the success of the IHR-2005, in terms of African continent compliance with IHR-2005 and the impact of COVID-19 on human security in Africa. The paper is content analysis-based in methodology as data was obtained from mainly secondary sources, such as textbooks, journal publications, internet materials, magazines, etc. the human security theory was explored to buttress the paper. It was discovered that, despite the International and Regional regulations, to track and curb the spread and devastating impact of health pandemic as COVID-19, the African continent still suffered severely, with death tolls, job loss, human and Civil rights abuses, etc. the work, therefore, recommends: equipping the various states, not just financially, but with skilled and trained manpower in areas of health emergencies, ensuring various states implement such regulations with strict monitoring.

Keywords: Securitization, COVID-19, International Health Regulation, Human Security, Africa

I. INTRODUCTION

The COVID-19 Pandemic (COVID-19) is an illness caused by a novel coronavirus called Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2; formerly called 2019-nCoV), which was first identified amid an outbreak of respiratory illness cases in Wuhan City, Hubei Province, China. It was first reported to the WHO on December 31, 2019. On January 30, 2020, the WHO declared the COVID-19 outbreak a global health emergency. On March 11, 2020, the WHO tagged COVID-19 a global pandemic, its first such designation since declaring H1N1 influenza a pandemic in 2009 (Amzat, Aminu and Danjibo, 2022; Cleveland Clinic, 2022). The pandemic erupted as a global health disaster that hit the world in a manner never imagined. Like many traditional military security issues - war, interstate rivalry, arms race, etc. capable of causing death, displacement, hunger, and human rights abuses, the COVID-19 Pandemic had the same effects. The resultant effect of COVID-19-the death toll, unemployment, hunger, poverty, malnutrition, human rights abuses, and denial of right to movement, assembly, worship, protest, etc. was globally felt by both developed economies and developing states alike. The United Nations Development Report (UNDP) (2020), on COVID-19, informed that the COVID-19 pandemic is the defining global health crisis of our time and the greatest challenge we have faced since World War Two. Since its emergence in Asia in 2019, a few months thereafter, the virus spread to every continent except Antarctica. But the pandemic is beyond a mere health crisis, it's also an unprecedented socio-economic crisis. Adversely affecting all countries it plagues, it has the potential to create devastating social, economic, and political effects that will leave excruciating pains globally.

Rahman et al. (2020) affirmed that the symptoms of COVID-19 infection are mild to severe health challenges leading to death as evidenced in several cases. The most prevalent symptoms are lower respiratory tract infection,



pneumonia, dry cough, fever, shortness of breath, dyspnea, and myalgia. Headache, confusion, sore throat, hemoptysis, runny nose, chills, muscle and chest pain, rhinorrhea, and diarrhea with nausea and vomiting may occur but are less commonly reported. It is common knowledge that patients can be infected with the virus without any obvious symptoms. However, most COVID-19 cases are mild symptoms with the hope of resuscitation, supportive care, and the possibility of recovery after 7–10 days of symptoms that resulted in pulmonary edema, acute respiratory distress syndrome (ARDS), and multiple organ failure, which may lead to death. In the same vein, Zhou, Ayeh, and Karakousis (2021) are of the view that the transmission of SARS-CoV-2 occurs mainly through respiratory droplets and aerosols disseminated when coughing or sneezing, which may land on the nose, mouth, or eyes. Aerosols and droplets are considered different parts of a continuum, and various proportions are emitted from the individual depending on the type of activity performed, such as talking, coughing, or sneezing. Although large respiratory droplets tend to fall out of the air rather quickly, aerosols containing smaller particles can travel across a long distance.

United Nations Development Program (UNDP, 2020), narrates the adverse effects of COVID-19: on daily basis, people are losing jobs and income, without hope or idea of when things will be normal. Small island nations, with a monolithic economy dependent on tourism, experienced poor patronage in hotels heavily dependent on tourism and deserted beaches. The International Labour Organization estimated that 195 million jobs could be lost. The World Bank projected a US\$110 billion decline in remittances as of the year 2020, which could mean 800 million people will find it difficult to meet daily needs. Kiriga and Mathuri (2020) cited a report from the World Health Organization-WHO thus: "as of 24 February 2020, there was a total of 79,331 confirmed Corona Virus disease (COVID-19) cases in the world, which including 2618 deaths. About 77,262 (97.39%) of those cases and 2595 (99.12%) were in China", (Kiriga and Mathuri, 2020). Further citing Huang et al. (2020), the study entitled "Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China" revealed that "49% of people who died of COVID-19 were aged 25–49 years, 34% were aged 50–64 years, and 17% were aged 65 years and above, (Mathuri, 2020). Haleem, Javaid, and Vaishya (2020) opined that COVID-19 has drastically affected our existence on daily basis, adversely affecting international business, and distorting world trade and movements. Identification of the disease at an early stage is necessary to curb the spread of the virus among humans. Most countries have reduced the manufacturing of their products. The various industries and sectors were not immune from the COVID-19 disease; these included the pharmaceuticals industry, solar power sector, tourism, Information, and electronics industry. This virus creates significant knock-on effects on the daily lives of citizens, as well as the global economy.

Muggah, Steven, and Torres (2021) affirmed that the security dimension of COVID-19 has a geopolitical front. They projected an escalation of great powers' geopolitical acrimony due to less or no economic connectivity. For instance, COVID-19 caused the United States and Chinese economies to become less integrated, which could cause poor mutual interaction. Europe felt the devastating impact of the virus, once again fraying ties between the Eurozone's stronger and weaker economies. The world is entering a volatile new phase. Scientists are increasingly confident that the COVID-19 threat will prolong possibly for years. The global economy is headed for an economic nose dive that could tantamount to or even exceed, the Great Depression. With supply chains distorted, food supplies coming under strain, and prices skyrocketed, the lights are flashing red. Not only will this unleash unemployment and food insecurity, but it could quickly prop up political unrest, violence, and conflict.

As noted above, COVID-19, became borderless influenza that caught all nations in its web: both developed and developing Nations found themselves trapped and ensnared in the same global system of hopelessness. This was despite the technological and scientific breakthrough in areas of information, medicine, research, and advancement in early warning approach grabbed by advanced economies. It was clear that the pandemic was more devastating in advanced economies such as Italy, the United States, Germany, France, etc. The advanced countries were unable to detect, report, and prevent such pandemonium as prescribed by the International Health Regulations. It, therefore, brings to the fore that, there was laxity on the part of developed countries even with their scientific sophistication. One wonders countries known for their sophistication and advancement in medicals and ability to respond rapidly to emergencies, was seen wobbling and helpless, how then is it possible for the African continent known for all backwardness in technology, science, development, and ability to respond to issues of humanitarian emergencies, would cope with the onslaught from COVID-19. The fact that most states and even China where the Corona Virus-COVID-19, originated could not dictate the emergence of such disease as stipulated in the 2005 International Health Regulation Treaty, which adjures states to be prompt in detecting and reporting same within 24 hours to the World Health Organization, and taking steps to contend with any cross border health epidemic without affecting international trade, movement, remains a far cry.

It is upon this backdrop that the study delved into examining the human security impact of COVID-19 in Africa, within the purview of the securitization approach, taking into consideration the relevance of the 2005 International

Health Regulation Treaty and the compliance of Africa with the Regulations in containing the spread and impact of COVID-19 pandemic.

1.1 Statement of the Problem

The COVID-19 pandemic, a devastating global health security challenge, ravaged the entire globe in a catastrophic proportion, leaving no nation spared. The death toll, unemployment, stretching of the nations' health systems, and reduction in the global supply chain, were unbearable leading to protests, and violent civil unrest. The continent is already strangulated with the severe and unpalatable developmental quagmire in the form of, poverty, unemployment, youth bulge, inequality in income and resource distribution, civil rife, and dilapidated infrastructural edifices- health, roads, schools, etc. Thus coping with the onslaught of COVID-19 remain a daunting task as the continent is bereft of requisite health technology for early warning to dictate such an outbreak. Without the necessary financial, technological, and scientific prowess for disease surveillance, etc. it remains impossible to survive COVID-19.

The Encyclopedia Britannica.net documented that, Africa, the second largest continent (after Asia), covers about one-fifth of the total land surface of the earth. The continent is bounded on the west by the Atlantic Ocean, on the north by the Mediterranean Sea, on the east by the Red Sea and the Indian Ocean, and on the south by the mingling waters of the Atlantic and Indian oceans. Africa's total land area is approximately 11,724,000 square miles (30,365,000 square km), and the continent measures about 5,000 miles (8,000 km) from north to south and about 4,600 miles (7,400 km) from east to west. Africa contains an enormous wealth of mineral resources, including some of the world's largest reserves of fossil fuels, metallic ores, gems, and precious metals. This richness is complemented by a great diversity of biological resources that includes the intensely lush equatorial rainforests of Central Africa and the world-famous populations of the wildlife of the eastern and southern portions of the continent. According to the African Development Bank Group, report (2022), despite having 17% of the current global population, Africa has accounted for a negligible 3% of cumulative worldwide CO₂ emissions historically. However, climate change and extreme weather events disproportionately affect Africa, with severe economic, social, and environmental consequences for its people. The African Economic Outlook buttressed the African dilemma further, the pandemic and the Russia-Ukraine war could leave a lasting impact over several years, if not as much as a decade. Meanwhile, around 30 million people in Africa were pushed into extreme poverty in 2021 and about 22 million jobs were lost in the same year because of the pandemic. And the trend is expected to continue through the second half of 2022 and into 2023. The economic disruptions stemming from the Russia-Ukraine war could push a further 1.8 million people across the African continent into extreme poverty in 2022. That number could increase by another 2.1 million in 2023. The continent's additional financing needs for 2020-22 are estimated at \$432 billion. The continent loses between 5% and 15% of gross domestic product to climate change. Collectively, African countries received only \$18.3 billion in climate finance between 2016 and 2019. This leaves a climate finance gap of up \$1288.2 billion annually from 2020 to 2030.

According to Hagan, Akinkorah, Seidu, Ameyaw, and Schack, (2020), initially it was thought that Africa is not conducive to the virus and that Africans have strong immune systems to combat the virus. This thinking was debunked with multiple confirmed cases. The speedy spread of the pandemic across the continent is worrisome and has created a serious public health threat. Available data shows that since the first case of COVID-19 was captured on the 14th of February, 2020 in Egypt, a total of 196,254 COVID-19 confirmed cases and 5,341 deaths (Case Fatality Rate [CFR]: 2.7%) were reported in 54 African countries as of 9 am on 9 June 2020. This figure is an estimation of 2.8% of all cases reported globally. The proportion of confirmed COVID-19 cases and deaths reported by African sub-regions in the order of severity revealed as follows: Northern region (56,315 cases, 2,291 deaths), Southern region (53,749 cases; 1,108 deaths), Western region (42,762 cases, 843 deaths), Eastern region (22,740 cases, 662 deaths), and Central region (20,688 cases, 437 deaths. By 4th August 2020, a total of 968,020 COVID-19 cases and 20,612 deaths (CFR: 2%) had been reported in 55 African countries. The estimation of new COVID-19 cases reported by the region still represented 5% of all cases globally. Bwire et al. (2022), argued that the issue becomes more worrisome as all the 54 independent States in Africa, experienced COVID-19 cases at one time or the other. There are also many states in Africa included on the World Bank list of fragile states. The countries on the fragile states' list grapple with poor social services due to conflicts, wars, internal migration, and displacement among other humanitarian crises. There is little data on COVID-19 in Africa and less still when it comes to literature on the COVID-19 pandemic in fragile states.

Holtz, (2021), observed that, in addition, to directly causing the deaths of at least 200,000 people in Africa, the COVID-19 pandemic also disrupted critical health services and frustrating years of progress in fighting other deadly diseases, such as human Immune Deficiency Virus (HIV), tuberculosis (TB), and malaria, which continue to be

the paramount causes of death in the region. For medical facilities, the focus on COVID-19 reduced access to standard health care services overall, as some facilities either reduced or stopped offering some standard medical services or were overwhelmed with treating COVID-19 patients presenting acute symptoms of respiratory infection. While noting that a decline in overall services is detrimental to all patients' well-being, there was existing fear that hampering access to health care may specifically elevate the mortality rate of children under 5. Because COVID-19 remains the dominant focus of medical practitioners, international donor organizations, and governments, The Global Fund reported that this shift in focus to COVID-19 resulted in a reduction of "general health communication campaigns ... [that] encourage people to seek out health care." As a consequence, testing and treatment of diseases like HIV/AIDS, TB, and malaria declined.

The Relief Web Publication (2021) informed that most states in Africa relied on paper-based reporting. The use of Laboratory Information Management System (LIMS) software is ineffective, and the renewal of licenses is donor-dependent. Comprehensive multi-sectoral and multi-hazard risk assessments are yet to be conducted. The fight against COVID-19 has revealed significant gaps in national and regional defenses against the spread of infection. Supply chain management is a major weakness in most countries, risk assessments are inconsistent, and emergency response capabilities vary substantially. However, regional collaboration is improving. For instance, Ethiopia has participated in several emergency-management situations in neighboring Kenya and Somalia.

The continent wasn't spared from the devastating onslaught of the COVID-19 pandemic. Many speculations on Africa as a buffer zone by virtue of its hot weather compared to Western Europe and America, isolated from globalization. However, the reverse was the case as the continent was not immune from the invasion of COVID-19 into its shores. The continent already battling issues of human security in the form of high unemployment, hunger, human rights abuses, etc. The COVID-19 only complicated the already worrisome state of affairs. It is upon this backdrop that the study delved into the human security impact of COVID-19 in Africa within the purview of the securitization approach while considering the relevance of the International Health Regulation Treaty as a medium for surveillance, detecting, containing, and reporting such health emergency.

The COVID-19 pandemic, trapped all nations, both developed and developing in a snare of the inescapable web of global threats. Even nations with sophisticated scientific and technological structures could not detect via effective surveillance, curb the spread and destructiveness of the pandemic. This leaves one to wonder how capable it would have been for third-world countries of Africa or the entire continent of Africa to comply with the International Health Regulations standards of surveillance system and detection.

1.2 Objective of the Study

The study seeks to examine the human security challenge of COVID-19 in Africa, within the purview of the securitization approach, while considering the relevance of the 2005 International Health Regulation. The study further looks into some salient specific issues below:

- i) The extent to which COVID-19 as a global health pandemic fits into Securitization Agenda.
- ii) The Human security impact of COVID-19 in Africa (employment, food insecurity, denial and abuse of human rights, etc.).
- iii) The relevance of the International Health Regulation Treaty regarding Africa's ability, success, and challenges in surveillance, and early detection of such health emergencies.

1.3 Operational Definition of Terms

The study, defines some concepts, such as COVID-19 and Global Health Security.

1.3.1 COVID-19

According to Inegbedion (2021), the coronavirus, also known as COVID-19, which began in China in 2019, was linked to a novel Coronavirus that was named SARS-CoV-2 (Zhu et al., 2020). Bawazir et al. (2020) opined that it is pertinent to note that "the new strain of coronavirus was not previously identified in humans and the disease associated with it has been dubbed Coronavirus diseases 2019 (COVID-19) by the WHO. Adhikari, Meng, and Zhou (2020) affirmed that the coronavirus belongs to a family of viruses that causes various symptoms such as pneumonia, fever, breathing difficulty, and lung infection. These viruses are common in animals worldwide, but very few cases have been known to affect humans. The World Health Organization (WHO) used the term 2019 novel coronavirus to refer to a coronavirus that affected the lower respiratory tract of patients with pneumonia in Wuhan, China on 29 December 2019, (WHO; Adhikari, Meng and Zhou, 2020).

1.3.2 Global Health Security

The African Center for Disease Control and Prevention (CDC, 2020), informed that global health security is the existence of strong and resilient public health systems that can prevent, detect, and respond to infectious disease threats, wherever they occur in the world. According to the World Health Organization (WHO), health security relates to 'the activities that require, both proactive and reactive, to minimize vulnerability to acute public health events that endanger the collective health of populations living across geographical regions and international boundaries' (Brown, Bridge, & Martini, 2022). Feldbaum et al. (2006) affirmed that global health is a humanitarian endeavour that seeks to improve the world's health including the most vulnerable peoples, while national security works to protect the interests of people within a given state ... While there is potential to expand global health activities through partnership with the security and foreign policy communities. Treating global health issues as national security threats may focus attention disproportionately on countries or diseases which pose security threats to wealthy nations, rather than on the greatest threats to global health.

II. LITERATURE REVIEW

2.1 Theoretical Framework

The paper adopted the human security theory to buttress the work. According to Anderson-Rodgers and Crawford (2018), human security refers in its broadest sense to the protection of individuals from harm. Anderson-Rodgers and Crawford (2018), further affirmed that human security explores the theory and application of concepts central to this notion of security. It examines the conceptual roots of human security, connecting its origins to its applications and challenges in war and peacetime. The United Nations Development Program, (1994) reported that the 1994 United Nations Human Development Index Report introduced a new concept of human security, which equates security with people rather than territories, with development rather than arms. It examines both the national and the global concerns of human security. Dorn (2022) affirmed that the 1994 Human Development Report defined human security as people's "safety from chronic threats and protection from sudden hurtful disruptions in the patterns of daily life." Seven types of security were listed as components of human security: economic security; food security; health security; environmental security; personal (physical) security; community security; and political security.

The human security dimension of the COVID-19 impact dovetails from the extent to which international organizations, nations, and statesmen who securitized COVID-19 and other health pandemics as security threats just like war. This is so as certain measures similar to war: employment of the military, police and other security personnel to enforce lockdown was adopted to curb the spread and impact of COVID-19. The death toll reached a level similar to war. Also, by the 1994 Human Development Report of the United Nations Development Program, security was broadened to accommodate other issues, such as health, environment, immigration, poverty, political exclusion, gender violence, etc. Hence COVID-19 which is a health pandemic remains an issue of global health security and human security challenge.

IV. METHODS

This paper was based on a desk review of extant literature. In this regard, relevant literature was thematically examined and discussed to respond to the study subject.

III. DISCUSSIONS

3.1 Securitization of COVID-19 as a Global Health Pandemic

As pointed out earlier, the security web has been rejigged to accommodate other non-traditional security threats like health, Environmental, ethnicity, political exclusion, identity crisis, unemployment, poverty, etc. These non-military threats to security can affect the entire globe in a devastating proportion. The end of cold war bipolar stand-off between the two superpowers (the United States and the Soviet Union) ended in 1990. This era ushered in an atmosphere where military issues like an arms race, proxy war, etc. paved the way for the inclusion of issues other than military threats in the security agenda. The International Health Regulations of 2005, also securitized COVID-19. The inability of Nations to adhere to the regulations in surveillance systems, and to detect and report the threats of COVID-19 to curtail its spread and destructiveness, remains an issue of concern, specifically in Africa.

According to Puga, (2021), the classic definition of security in the 20th century has been based on the pillars of military defense, sovereignty, and territoriality in dealing with external threats. However, this idea of security is very limited as it is an excessively state-centric conception whose definition becomes more challenging when we

suppress the military realm and want to talk about other types of spheres. This is why, from the 1960s and along the Cold War, many theorists began to try to give another point of view to the concept of security. It is in this context that the Critical School of Security and the concept of “securitization” first appeared. Puga further informed that the end of the Cold War was a turnaround in the concept of international security, as two different approaches emerged. On the one hand, those who advocated state security and focused on analyzing the political and military stability between the USA and the USSR. On the other hand, the more open-minded and dissatisfied ones, which included other types of threats outside the military sphere, affected the population or society more than the military props. Stritzel (2014) opined that Securitization ideology was developed by the Copenhagen School theorists such as Barry Buzan, Ole Wæver, Jaap de Wilde, and others because most of their writings emerged at the Conflict and Peace Research Institute (COPRI) in Copenhagen in the 1990s.

Securitization of COVID-19, from the standpoint of the Copenhagen school, brings to bear that before an object or phenomena is securitized as a threat, there must be an actor or actors that recognize the level of threat posed by such object. Also, that security issues as pointed out by Eroukhanouff have other items considered other than military threats, to issues that affect individuals directly: poverty, health, diseases, environmental issues, hunger, exclusion, identity, immigration, etc.

As observed by Ramadhan (2020), the process of securitization of COVID-19 as a threat to global peace and security does not happen immediately. World health institutions such as the WHO declared COVID-19 a pandemic threat on 11 March 2020 (Capano et al., 2020, in Ramadhan, 2020). Thus actors, in the form of States, international organizations, and world bodies have tagged the COVID-19 pandemic as a global security threat. Ramadhan further affirmed that, after the WHO declared the COVID-19 pandemic to be a global disaster, all countries around the world began adopting measures to mitigate the threat of COVID-19. Many countries in the world took steps to securitize COVID-19 due to the heavy death toll recorded. For instance in China, as the central point of the pandemic, central, regional governments, and also non-governmental Organizations disseminated information on the threats of COVID-19. The Italian Government 11 March 2020 when recorded 12,250 cases and the total of victims reached 827. The South Korean government has also imposed restrictions on each of its borders and repatriated its citizens from China (Lee, Hwang, and Jae-moon, 2020 in Ramadhan, 2020). The threat of COVID-19 became even more apparent when a mass infection occurred in a church in Daegu as a result of an infected corona patient attending a religious event (Lee, Hwang, and Jae-moon 2020, in Ramadhan, 2020). The first legitimate step of the South Korean government was to issue the "Corona Act 3," which became the basis for the formation of the "Guidelines for Responding to New Infectious Diseases". These guidelines are the basis for the Korean government to implement mitigation measures in response to the COVID-19 pandemic (Lee, Hwang, and Jae-moon 2020 in Ramadhan, 2020). The public acceptance of the securitization of the COVID-19 threat in South Korea was very receptive. In addition to the threat of MERS experienced by South Koreans, data-based leadership and transparent policies related to the development of COVID-19 encourage public confidence in the government in mitigating the pandemic (Lee, Hwang, and Jae-moon, 2020 in Ramadhan, 2020).

Hassan (2021), asserted that the death toll and impact of COVID-19 shifted it from an urgent health issue to a major security threat requiring emergency measures that go beyond normal policies. Many African governments exploited this pandemic as a deadly threat facing both the state and society to justify unprecedented precautionary measures that restrict people’s freedoms. The COVID-19 crisis provides a unique opportunity to reflect upon and interrogate this assumption. Extraordinary measures—restrictions on movement and border closures, in particular, have been enacted in a range of states, with some analysts concluding that narratives of “war” were particularly prominent in justifying these measures. When introducing the Coronavirus Bill, which gave government agencies the right to detain people, ban public gatherings, and shut down airports and ports, Health Secretary to UK Parliament, Matt Hancock began a relatively short speech by indicating that the goal of government policy in response to the pandemic was “to protect life.” Hancock further acknowledged that “the measures were unprecedented in peacetime,” before noting that “we will fight this virus with everything we have. We are in a war against an invisible killer and we have to do everything we can to stop it” (Hancock, 2020). Clearly, representations of security and threat were central to the case made for restrictive measures. In his statement outlining the lockdown on March 23, meanwhile, the British Prime Minister commenced his address by noting that “the coronavirus is the biggest threat this country has faced for decades” (Johnson, 2020). The measures Hancock, the health secretary to UK Parliament outlined included, the closure of shops, limits of movement to specific contexts—one form of exercise per day, access to medical services, travel to and from work, and restrictions on the number of people at any gathering. The Prime Minister called on the people of Britain to work together to respond to the “national emergency,” invoking military terminology in suggesting that “. . . in this fight we can be in no doubt that each and every one of us is directly enlisted” (Johnson 2020).

As regards the African continent, Abogaye (2020) opined that uncivil measures characterized the responses of some African countries towards addressing the adverse effects of the COVID-19 pandemic. At the early stage of its spread, most governments resorted to uncivil measures, including lockdowns and deployed security agencies to ensure that citizens complied with regulations. Taken together, these approaches are examples of securitization, the process of framing issues as existential security threats to convince citizens that extraordinary and sometimes illegitimate behavior to counter these threats is warranted. Therefore, African countries such as Ghana and South Africa tout their strategic response to the virus as a “fight” that requires a concerted effort to win. National emergency regulations became prominent while relegating constitutional processes that uphold rule of law and guarantee rights and freedoms. In an attempt to combat the virus and safeguard public health, law enforcement agencies in some African nations acted in ways that trampled on fundamental rights and meting out unmerited sanctions. Pseudo-authoritarian policies such as the imposition of restrictions on movement and social gatherings, curfews, states of emergency, and heavy policing gave way to harsh and illegitimate means of law enforcement. Lockdowns, for example, disrupted life and livelihoods. Because 86% of Africans work in the informal sector and depend on daily wages, the impact of these lockdowns went largely unnoticed. Moreover, weak social welfare systems have been unable to mitigate socioeconomic effects. From the above, it is clear that African countries, just like the developed Nations did not take any proactive steps to forestall the speedy spread of the virus in line with the International Health Regulations standards. Rather all nations took the conventional routine of lockdown, sit-at-home, curfew, etc. while no means of averting the coming of the virus was available.

3.2 COVID-19 and Human Security in Africa

The human security dimension of COVID-19 was felt globally. Thus taking a holistic view of security by considering other non-military threats like, food, unemployment, human rights, poverty, hunger, etc., this part of the paper examined the human security side of COVID-19 impact on Africa. The COVID-19 impact on human security manifested in disruption in the supply chain, break down in food supply, unleashing of a serious food crisis, malnutrition, hunger, denial of freedom of movement, etc. These unfavorable conditions were a result of the preventive COVID-19 measures taken, such as lockdown, sit-at-home, curfew, ban on travel-air land and sea, shut down of public and private establishments, etc. Already, in Africa, a continent with poor human security records beginning from independence, even at the moment of democratic dispensation in the late 1990s after years of military rule, democracy has not been entrenched. From predatory and brutal slavery, and colonialism, to military rule. The continent with its different states was under a tumultuous military siege, where human rights, human security, and certain democratic edifices were suffocated and relegated. Most of the states in the continent understand security basically as the protection of territorial integrity, suppression of internal insurrections, and protection of top politicians and their families and homes, while the ordinary citizens languish in a fierce state of insecurity. Coping with the trauma and shocks of COVID-19 and its human security impact remains a daunting task. The worst of it surfaced when different states adopted militaristic approaches to enforce lockdown that ended up causing human rights abuses.

According to Massinga, Tshangela, and Salye (2020), African Member States immediately focused on preventing COVID-19 importation and containing onward transmission within countries. As early as 2 January 2020, Ivory Coast followed by other African countries started implementing enhanced surveillance at airports, screening all passengers who traveled to China. In turn, most African airlines suspended direct flights to and from China. This approach initially seemed plausible. The first COVID-19 case on the continent, with notification by Egypt on 14 February 2020, was a contact of a person with a history of travel to China. By the end of the first week of March, nine African countries (Algeria, Cameroon, Egypt, Morocco, Nigeria, Senegal, South Africa, Togo, and Tunisia) reported over 40 cases. Most index cases originated in Europe, where the epicenter had shifted and these drove the early spread of the pandemic on the African continent.

Umukoro (2020), affirmed that the African continent met its first case of COVID-19 in Egypt on February 14, 2020 (Egypt Today, 2020 in Umukoro, 2020). It later spread to different countries in Africa. Initially, some people in African countries doubted the possibility of the virus spreading in Africa and continued being careless about preventive measures as stipulated by the World Health Organization (WHO). However, as infections became prevalent, with death tolls in different parts of Africa, it was clear that COVID-19 poses a very serious challenge to many African countries, with adverse human security implications. As at August 17, 2020, the ACDC recorded 1,120,768 cases of infections with 25,659 deaths and 836,216 recoveries. The decline in the economic fortunes of most African states affects the life support systems in both urban and rural areas. Even before the COVID-19 pandemic, 42% of people in sub-Saharan Africa lived in extreme poverty (less than \$1.90 per day) and the possibility of the COVID-19 pandemic leading to significant increases in poverty across sub-Saharan Africa was imminent. The situation is particularly difficult in Africa because of inadequate social protection arrangements to cushion the

economic effects of the pandemic on individuals and families (World Bank, 2020 in Umokoro, 2020). It is also estimated that between 5 million and 29 million additional people will be thrown into abject poverty due to the impact of COVID-19, and 17.1% of households risk temporary poverty (ACDC, 2020; Save the children, 2020; UNECA, 2020 in Umokoro,2020).

Paul (2022) affirmed that the COVID-19 pandemic pushed nearly five million workers and their families in sub-Saharan Africa into extreme poverty due to working hour losses equivalent to 13.5 million full-time jobs. The International Labour Organization (ILO) documented in its flagship report, that in North Africa, the COVID-19 pandemic resulted in an immense loss in working hours in 2020 and a net decline in employment of over 2.1 million. Youth, aged 15-24 years accounted for nearly a third of net job losses in the region. In addition to job and income losses and the risk of deteriorating rights at work, the pandemic has disrupted education and training. Abisoye (2021), observed that youth unemployment remains a worrisome issue across Africa, with the skyrocketed population adding new layers of complexity to the challenge. Indeed, across Africa, estimates are currently as high as 60 percent for youth unemployment, and without doubt, COVID-19 has worsened the issue. In the same vein, Mekonnen and Amede,(2022) argued that the COVID-19 pandemic severely affected young people in three dimensions: (1) disruptions to education, training, and work-based learning; (2) enlarged worries for job seekers; and (3) job and income losses, together with the worsening quality of employment (Lee, Hwang, and Jae-moon, 2020 in Mekonnen and Amede, 2022). Hence, young people face the pain of existing job loss and worry about future job search processes (Crayne, 2020 Mekonnen and Amede, 2022). Sustaining business operations are also strenuous for small and medium enterprises, which significantly relaxed informal and casually employed workers' income, (ILO, 2020a in Mekonnen and Amede, 2022).

Tabe-ojong, Rukundo, and Gebrekidan (2022) opined that the outbreak of COVID-19 has rolled back many of the efforts by the National government and global successes recorded in reducing poverty and food insecurity. Lashitew and Kanos (2020), observed that, before the outbreak of the coronavirus, about 670 million people in Africa, or half the continent's population, were facing food insecurity, out of which 250 million people were severely food insecure. This problem has been exacerbated by the overarching nature of COVID-19 and subsequent lockdown measures that introduced serious economic and food price shocks. Sayeh (2021), also reiterated that the COVID-19 pandemic disrupted production, imports, and supply chains of food, resulting in volatile and rising food prices. And that, decline in income caused by the pandemic, has spurred an increase in the number of undernourished in the region by 20 percent in one year to reach 264 million in 2020. Ehui (2020), corroborated the views above, for starters, border closures, lockdowns, and curfews intended to slow the spread of the disease were disrupting supply chains that, even under normal circumstances, struggle to keep markets well-stocked and farmers supplied with necessary agricultural and livestock inputs such as quality seeds, fertilizer, and feeds was impossible. These disruptions could have a much deeper economic impact in Africa, where about 60% of jobs are from agriculture than in other regions of the world. Agricultural production in Africa could contract between 2.6 and 7 percent if trade blockages persist.

The aspects of civil unrest, arising from the unbearable consequence of preventive COVID-19 measures: lockdown, sit-at-home, curfew, etc. led to the process in Africa. Amnesty International reported that the employment of excessive brutal force led to several cases of repeated killings, including unlawful imprisonment while enforcing preventive COVID-19 measures. In Nigeria, brutal policing has resulted in security forces killing protesters who demanded their rights be protected, and calling for accountability. In Zimbabwe at least 10 people were killed, while thousands including protesters, were unlawfully arrested and detained in the context of enforcing COVID-19 preventive measures. In Guinea, seven people were killed during demonstrations by the security forces enforcing COVID-19 movement restrictions. Some leaders have gone a step further, using the distraction of the pandemic to clamp down on criticism, and critics unconnected to the virus, and perpetrate other human rights violations. For example, in Tanzania, authorities further cracked down on civil society activists, including by restricting human rights such as freedom of expression, association, and peaceful assembly ahead of the October election (Amnesty International, 2021).

Mengnjo (2021), opined that the outbreak of the COVID-19 pandemic and its adverse effects was met with group strikes and protests despite preventive COVID-19 policies prohibiting crowd and gatherings. This has been the case in South Africa ever since the first case was reported on March 5, 2020. On March 23, the President declared a 21-day national lockdown. This lockdown, in particular, was marked by protests in some places around the country, such as Johannesburg, Durban, and Cape Town. Most protests during this time were over allegations of corruption and mismanagement of funds linked to the fight against COVID-19. An average of eight protests per day occurred in South Africa in July 2020, the highest in a single month since 2013. These protests, organized by health workers, NGOs, minibus drivers, and everyday citizens, exposed the socioeconomic predicament resulting from the poor implementation of policy measures.



3.3 International Health Regulation Treaty (2005) and Africa's Compliance: Success and Failures

The Pan American Health Organization, reports that the International Health Regulations (IHR) are an international legal instrument that covers measures for preventing the transnational spread of infectious diseases. The IHR was adopted by the 58th World Health Assembly in 2005 through Resolution WHA58. They constitute the legal framework that, inter alia, defines national core capacities, including at points of entry, for the management of acute public health events of potential or actual national and international concern, as well as related administrative procedures. The IHR (2005) has as its purpose and scope “prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade”. Wilson, Halabi, and Golstin, (2020), are of the view that the IHR (2005) includes requirements for the development of state parties’ capacity to rapidly identify, report, and respond to potential public health emergencies of international concern (PHEIC). As the IHR was approved unanimously by the World Health Assembly, these requirements are legally binding on countries except for some technical exceptions called “reservations.” The IHR also provides WHO with the authority to independently collect surveillance data on potential PHEICs within a country’s borders, report this information to other potentially affected countries, and issue recommendations, such as trade and travel advisories, to control the spread of these threats. Wilson et al. (2020) further affirmed that, like most international agreements, there are no formal penalties associated with non-compliance. Some low and middle-income countries argued that they lack the resources necessary to fulfill the agreement’s mandates and some large, middle-income countries have deviated from WHO-recommended measures precisely because of the economic effect of those measures. Indeed, some suggest this agreement is particularly advantageous for wealthier countries, who are better able to mobilize their resources and do so more quickly should a global health threat be reported through IHR mechanisms. For poorer countries, the IHR requirements potentially divert limited public health financial and human resources from tackling domestic public health threats such as HIV, tuberculosis, and malaria which have a more immediate impact on the health of their populations. Furthermore, reporting public health events has in past epidemics led to the imposition of unjustified trade and travel restrictions upon reporting countries, (Wilson, Halabi, and Golstin, 2020).

The World Bank,(2019), report that the Board of the World Bank Group has approved a total of \$250 million in International Development Association (IDA) credits and grants to help the Federal Republic of Ethiopia, the Republic of Zambia, and the African Union (AU) counter the spread of infectious diseases and address key regional and continental public health issues. The Africa Center for Disease Control and Prevention Regional Investment Financing Project (ACDCP) will strengthen disease surveillance, prevention, and emergency-response systems across the African continent. The project is to finance the establishment of laboratories, transnational surveillance networks, emergency-response mechanisms, and other public health assets designed to manage diseases on a regional and continental scale. It will support the development of guidelines and standards to improve coordination between the Africa Centers for Disease Control and Prevention (Africa CDC) Secretariat and national public health institutions across the continent and facilitate the sharing of public health assets and the exchange of vital data on infectious diseases. The activities and objectives of the ACDCP are closely aligned with the African Union’s Agenda 2063, which aims to bring all communicable diseases on the continent under control by 2063. The project also supports the World Bank Group’s efforts to eliminate extreme poverty, promote shared prosperity, and enhance regional integration through coordinated action on critical transnational priorities, including disease surveillance, prevention, and control.

Massinga et al. (2020), affirmed that, as the coronavirus was reported in Africa relatively late, the continent was afforded extra time to prepare. Africa CDC seized this window of opportunity to rapidly mobilize a continent-wide response. An emergency meeting of African health ministers held on 22 February led to the adoption of the Africa Joint Continental Strategy for COVID-19. The strategy was approved by the Bureau of the Assembly of AU Heads of State and Government, which underpinned African leadership and ownership of the response to the outbreak. Partnerships with health agencies in sub-regional economic blocs ensured further alignment and synergies. An emergency meeting of African health ministers held on 22 February led to the adoption of the Africa Joint Continental Strategy for COVID-19. The implementation of the continental strategy was led by the African Task Force for Coronavirus. A collaboration of Africa CDC, the AU Member States, and partners, including the World Health Organization (WHO), this task force has harnessed and leveraged existing continental expertise through technical working groups aligned to priority areas. Drawing experience from the 2014 Ebola virus disease crisis in West Africa, African leaders were keenly aware that failure to effectively contain COVID-19 would threaten health, prosperity, and security. African Union (AU) the Member States rapidly focused on preventing COVID-19 importation and containing onward transmission within countries. As early as 2 January 2020, Ivory Coast, soon followed by other African countries, started implementing enhanced surveillance at airports, screening all passengers with a recent



history of travel to China. In turn, most African airlines suspended direct flights to and from China. This approach initially seemed to pay to be effective (Massinga et al., 2020).

The World Health Organization (WHO) publication (2021), reported that, in 1998, the World Health Organization (WHO) Regional Office for Africa (AFRO), together with its technical partners, adopted a strategy for developing and implementing comprehensive public health surveillance and response systems in African countries, initially called Integrated Disease Surveillance. However, to highlight the nexus between surveillance and response, the strategy was later renamed Integrated Disease Surveillance and Response (IDSR). The first edition of the IDSR technical guidelines (2002) was widely adopted by the Member States. Although progress towards a coordinated, integrated surveillance system has been mixed, almost every country in the Region and their partners invested human and material resources in the process, to build capacities for public health surveillance systems for early detection, confirmation, and response to public health threats, to prevent unnecessary illness, death, and disability. The coming into force in 2007, of the International Health Regulations (IHR 2005), the emergence of new diseases, conditions, and events, and the formulation of strategies for disaster risk management (DRM) resulted in the need to revise the first edition of the IDSR guidelines. There was also a need to address the increasing burden of non-communicable diseases. Also, community-based surveillance for early detection, rapid confirmation, and response to public health threats had to be enhanced, while alignment with broader system strengthening objectives was necessary. This led to the development of the second edition of the IDSR guidelines in 2010.

The Relief Web Publication of 2021, reported that The Africa Centres for Disease Control and Prevention (Africa CDC), which is the apex body for regional cooperation on disease control and prevention in Africa, has played a vital role during the ongoing pandemic. The Africa CDC established the African Taskforce for Corona Virus (AFTCOR) in collaboration with the African Union Commission and the WHO. Under the Africa Joint Continental Strategy for COVID-19, the AFTCOR and the Africa CDC's Incident Management System moved swiftly to implement a continent-wide approach to combatting the virus, working in close coordination with the Africa CDC's Regional Collaborating Centers (RCCs) and the national public health institutions (NHPIs) of African Union (AU) member states. The AFTCOR and the RCCs provided technical guidance and policy recommendations, supported the deployment of on-site technical assistance, and coordinated with stakeholders to align strategies and exchange information on best practices. The Regional Integrated Surveillance and Laboratory Network (RISLNET) was envisaged as a network of networks that would coordinate and connect the continent's analytical, surveillance, and emergency response assets. RISLNET is designed to leverage economies of scale and institutional complementarities to strengthen disease prevention, rapid detection, and response capacity across the African sub-regions.

Massinga et al. (2020) affirmed that African countries, international health agencies, and partners have rallied to support the implementation of the Joint Continental Strategy. In early February 2020, the Bill & Melinda Gates Foundation committed US\$20 million to help strengthen emergency operations centers, effective surveillance and contact tracing, and isolation on the continent¹⁴, while the Ethiopian government and Jack Ma Foundation have provided medical supplies, including diagnostics, and equipment to each of the 55 countries in Africa. In April, the AU chair announced the African Union COVID-19 Response Fund, which supports Africa CDC in equipping, training, and advising public-health and healthcare delivery systems in Africa. This fund will support Africa CDC's pooled procurement of diagnostics and other medical commodities via the newly launched Partnership to Accelerate COVID-19 Testing (the 'PACT initiative').

The African continent has put several efforts into containing the COVID-19 pandemic in line with the Provision of International Health Regulations on detection, and surveillance systems, to forestall the impact of COVID-19. Such efforts with that of the continent's Center for Disease Control have been appreciable. However certain issues and grey areas still exist. Adebisi, Rabe, and Lucero-Prisno III (2021) conducted a comprehensive narrative review of peer-reviewed literature published between January 2020 and April 2021 in PubMed, Medline, PubMed Central, and Google Scholar using predetermined search terms. Relevant studies from the search and other data sources on COVID-19 surveillance strategies and associated challenges in 13 African countries (Mauritius, Algeria, Nigeria, Angola, Cote d'Ivoire, the Democratic Republic of the Congo, Ghana, Ethiopia, South Africa, Kenya, Zambia, Tanzania, and Uganda) were identified and reviewed. The findings from the work by Adebisi, Rabe, and Lucero-Prisno III revealed the following shortcomings:(1) inadequate manpower-there are various tasks in diseases surveillance that requires expertise in other to ensure effective response e.g., data analysis, early case reporting, and understanding surveillance data use in response measures. This fundamental challenge also continues to undermine COVID-19 surveillance e.g., genomic surveillance and environmental surveillance in some African countries,(2) diagnostic insufficiency-COVID-19 testing capacity increased from two national laboratories in February 2020 to about one thousand laboratories in early 2021 across the African region and availability of rapid antigen diagnostic tests. Despite this, increasing testing to the required level of 10 per 10 000 population remains a challenge across the



region. Many African countries are experiencing community (person-to-person) transmission, yet 31 out of the 46 countries reported fewer than 10 tests per 10 000 people per week in March 2021. This implies that the number of cases reported in the region may not truly reflect the COVID-19 situation on the continent. Some of the challenges facing COVID-19 testing in Africa include insufficient human resources, limited laboratory resources and infrastructure, and logistics constraints, (3) laboratory surveillance. This remains an essential strategy to understand the size of the pandemic on the continent. It is important to strengthen the testing capacity (including non-laboratory-confirmed clinical cases) in Africa to ensure early case reporting for necessary response activities, (4) burden of co-epidemic surveillance. The need to respond to existing infectious and non-infectious diseases contribute to inadequate COVID-19 surveillance in Africa. For instance, Nigeria had to ensure Lassa fever surveillance is adequate, the Democratic Republic of Congo needs to monitor the Ebola outbreak, and Ethiopia has to contain the cholera outbreak, amid the COVID-19 pandemic. Africa is facing a high burden of many diseases and it is important to formulate measures to respond to them without disrupting COVID-19 surveillance. This further reinforces the need for African countries to implement an effective IDSR for disease surveillance on the continent, (5) weak health care system. However, due to a lack of political will to improve the healthcare system, resources to respond to public health emergencies are often limited. Weak COVID-19 surveillance is linked to a long-standing lack of investment in the healthcare system. This is evident in many African government expenditures on health always fall short of the Abuja Declaration, where at least 15% of the total budget should be allocated to health. For instance, many African countries rely on donors for test kits and other laboratory resources, which is not sustainable for effective laboratory surveillance in the long run. Some African countries cannot conduct genomic and environmental surveillance due to a lack of resources. Low health workforce and limited health facilities are also contributing indirectly to weak COVID-19 surveillance in Africa, (6), geographical barriers. COVID-19 response activities are limited in rural Africa due to a lack of resources and poor road networks among others. This challenge facing COVID-19 response on the continent does not spare surveillance. The use of contact tracing apps and other digital surveillance tools is nearly impossible in rural communities where access to smartphones and electricity is a challenge. Even with the use of human contact tracers, it is challenging to reach some areas due to poor road networks and other geographical barriers such as large bodies of water, and mountains, which obstruct ease of access for case finding in remote places (Adebisi, Rabe & Lucero-Prisno III, 2021).

IV. CONCLUSIONS

The paper was set to unravel the extent to which COVID-19 fits into the securitization of non-military threats, such as health, poverty, unemployment, identity crisis, immigration, etc. Thus it's no longer news that security issues are no longer narrowed mainly to military threats. The various issues surrounding health pandemics like COVID-19, make it fit into the securitization ideology. As seen in the paper, the African continent, which was thought to be immune from COVID-19, was caught in the web of such a disastrous pandemic with severe health, economic, social, and security consequences. The human security side of the issue as relates to Africa manifested in job loss, unemployment, the militarization of civil society, and abuse of human and civil rights.

The inability of the African continent to early detect, report, and control the spread was a failure of the surveillance system and non-adherence to the International Health Regulations standards. In a country already suffering from myriads of development challenges such as high poverty rate, low GDP, high incidence of human rights abuse, corruption, poor and dilapidated infrastructural edifices in health, coping with the COVID-19 remains herculean and insurmountable to match.

V. RECOMMENDATIONS

Adequately empowering the African Center for Disease Control. This goes alongside ensuring the availability of sophisticated scientific and technological infrastructural edifices in disease surveillance, early warning system, detection, and reporting to proactively nip in the bud certain issues of such. Consideration of human Security impact of measures adopted to track down and contend with such. Mostly the aspects of human and civil rights. This is necessary to avoid turning efforts at containing the pandemic into terrible inhumane actions, thereby making matters worse.

African continent and its Government should fund research in the early warning system, surveillance, and detection of global emergencies of any kind. This also means implementation by all states in necessary by strict monitoring.

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