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AFRICAN GOVERNMENTS RELIANCE ON IMPORTED WELFARE: A case of COVID-19

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African Governments Reliance on Imported Welfare: A Case of Covid-19

ABSTRACT: This study observed that the novel coronavirus severity jostled the most powerful and less influential states of the world into economic threat due to the deactivation of local and international economic activities, which saw the halt of forward and backward linkages. Similarly, the novel corona contagion triggered the immobilisation of persons locally and internationally. Hence, ill impacted the global value chain. Central to the aim of decoupling international economic activities and immobilisation of persons is to curtail the spread of the virus. This study observed the approach adopted by the developed axis and the developing axis nay Africa. Concurrently, it was noted that the pandemic threatened the health security of the developed nations, but the social and economic threat was minimal as they are self-sufficient. It explains why developed countries and China were able to adopt self-help and regional approaches to the pandemic. On the contrary, the African continent was not only threatened by health security but also clobbered by economic shock, which threatened social security. This is a qualitative study where data were solely generated from secondary sources such as journal articles, online news, textbooks, and reports. Three theoretical frameworks guided this study: the realist theory analysed the skepticism of states towards one another and international regimes in an anarchic international terrain. Consequently, classical development theories (modernisation and dependency) dissected the exogenous and endogenous approaches adopted by primary international actors in the phase of COVID-19. The developed nations and China adopted a dependency approach, while the developing countries nay Africa wholly relied on a modernisation approach to the pandemic and imminent threat it posed. Unfortunately, the modernisation approach did not abate the spread of the pandemic in Africa, but conversely eroded an endogenous approach and made Africa indebted to international monetary regimes. It was equally observed that the reliance on imported welfare exposed the decay of Africa's health sector and its unsustainable economy. Central to the absence of sustainable development in Africa is the unethical reliance on imported welfare, which is an indication of the inability to produce final goods and absence of real inter regional trade. This study concluded that the exogenous approach to COVID-19 adopted by the African continent is not potent to overcome the severities of COVID-19. The African continent in the fight against the pandemic should adopt a multilateral approach, which will link the African economies together to balance against the economic shock. Similarly, African medical scientists and trado-medical professionals should synergise in an Afrocentric platform sponsored by the African states, to work vehemently on seeking a solution to the pandemic. Finally, the study warns that the African nations should desist from unethical reliance on international regimes and foreign partners as dominant states in international politics are known for using aid for the advancement of geo-strategic and geopolitical interests. It is evident in the approach of China in Europe at the onset of the COVID-19 pandemic in Europe.

Keywords: Endogenous and exogenous approach; geopolitical interest; geostrategic interest; imported welfare; inward and outward look; self-help; survival; unethical dependence.

Introduction

The outbreak of the novel Coronavirus, also known as COVID-19, has triggered the global avalanche of opinions from all walks of life across national frontiers. The horror of COVID-19 jostled governments, intergovernmental organisations, transnational organisations, believers, unbelievers, scientists, atheists, educated and uneducated into making scores of assumptions; even children have something to say about COVID-19 despite their elementary knowledge of reality. The banality of misinformation regarding the pandemic is traceable to the fact that Coronavirus's strain is novel to humanity.

The COVID-19 single-handedly decoupled global economic activities and immobilised the world. In other words, the Coronavirus triggered the suspension of economic activities across the globe and rendered aviation companies across the world inactive. For the first time in history, states of the world unanimously declared a total lockdown, which disrupted the production of goods, delivery of services, and people's free movement. For instance, Mbah (2020) reported that "President Muhammad Buhari ordered the lockdown of Abuja and Lagos to curtail the virus's banality." Similarly, Saunderson-Meyer (2020) asserts that "President Cyril Ramaphosa of South Africa declared a 21-day national lockdown to combat and mitigate the spread of COVID-19." It is an indication that *'health is wealth,'* and the world's governments acknowledged the possible terror of COVID-19 to humanity and the global economy at large. The lockdown approach to COVID-19 enjoyed unanimity across the globe, as affected countries launched the *'Stay Home'* campaign to persuade the masses to embrace the anti-COVID-19 curfew. The World Health Organisation introduced a *'Healthy at Home'* campaign to help people remain healthy at home in the phase of global lockdown.

In a bid to curb the spread of the COVID-19 and send it to extinction, Allegranzi (2020) gave necessary protective measures to help humanity fight the infamous COVID-19. Central to the protective measures recommended by Allegranzi, an agent of the World Health Organization (WHO), are frequent washing and sanitizing hands, keeping social distance, and circumvention of touching eyes, nose, and mouth intermittently. The banality of COVID-19 gave WHO the momentum to characterize it as a pandemic on the 11th of March 2020. The fear of COVID-19 has heaped a near unbearable burden of obligation on the shoulders of governments across the globe. Similarly, it has led to pressure on medical scientists to find an antidote to the virus as it increasingly spread and kills humanity. Pending the discovery of an antidote, the WHO introduced preventative social policies to curtail the spread of the novel Coronavirus.

Scientists are working indefatigably; doctors worldwide are equally working day and night to help the victims recover from the virus. However, sadly, some countries such as Italy, Iran, and Spain had severe cases that led to high casualties. However, this might be due to demographic reality (old population), underlying health issues, and a weak immune system. The developed and developing nations such as Italy and Iran beckoned help; this explains the presence of China and Cuba in Italy before the German intervention. Amaro (2020), wrote that "the Italian Prime Minister Giuseppe Conte, whose country recorded one of the highest casualty and death of COVID-19, solicited for financial assistance from the European Union to assist with its bailout rescue fund to mitigate the economic severity caused by the pandemic." However, Amaro claimed that "the feasibility of the approval of Italy's request from the EU is tentative." It might be an observation that nudged Braw (2020) to report that "EU abandoned Italy in its hours of need." On this backdrop, it is claimable that Italy, a developed nation, is in dire need for survival as the ethos of self-help could not be relied on in a phase where COVID-19 is winning the war against her.

The appalling thing regarding Italy's experience of COVID-19 is that Italy is a developed nation, and not popularly known for reliance on imported welfare. However, the horror of COVID-19 threatened all countries of the world, both strong and weak, rich and poor, and developed, developing, and underdeveloped. In fact, out of desperation, Italy swallowed her pride by succumbing to Communist China's largesse.

Ferarresi (2020), claimed that "China used Italy as her testing ground, in that the country was the first European country to be worst hit by the COVID-19 outbreak. Therefore, vulnerable and urgently in need of medical supplies which China joyously offered to save the country's medical sector, which was at the brink of collapse." Ferarresi (2020), labeled China's largesse, a propaganda effort to exempt herself from global criticism as the source and diffuser of COVID-19. Ferarresi expressed logical skepticism regarding the humanitarian response of China to COVID-19 across the globe. As put by Ferarresi:

"Italy is an ideal outpost for China's wide-reaching propaganda effort to cover up its responsibility for the global spread of the new Coronavirus, all the while presenting itself as a compassionate power aiding the Western countries in need. The government has been pursuing a two-pronged strategy that carefully combines sending medical supplies to assert its relevance in a leaderless world—call it mask diplomacy—while at the same time spreading conspiracy theories to conceal the true origin of the virus. In this "global battle of narratives," as the European Union's foreign-policy chief, Joseph Borrell, called it, "China is aggressively pushing the message that, unlike the US, it is a responsible and reliable partner (2020)."

The above extract speaks the mind of an average European, skeptical of China's humanitarian role across the globe, but Western Europe specifically. Joseph Borrell, EU foreign-policy Chief's submission, equally showed Europe's skepticism to China's largesse. Europe's uncertainty regarding China's largesse might have been triggered by a culture of reliance on the principle of self-help, which scorns reliance on imported welfare.

Europe's perception of China's largesse to their continent in the phase of COVID-19 is clouded by pessimism because it is perceived as a strategy by China to penetrate and gain strategic space in their continent.

It might be a factor behind Germany's speedy aid to Italy and France to assist in the treatment of infected persons and supply of medical kits to deter China's imported welfare to Italy (Federal Foreign Office, 2020). Crawford, Martin, and Bloomberg (2020), in consonance with European skeptics' opinions on China's largesse, termed the Chinese COVID-19 humanitarian aid a '*Health Silk Road*.' The '*Health Silk Road*' in a fundamental logic is a mockery of China's 21st Century Maritime Silk Road that aims to link all developing nations to Beijing. It merely means China gave the world COVID-19.

Crawford et al. further cited that "the Chinese Ambassador to Estonia criticised the Baltic nation Intelligence Service of having a '*Cold War mindset*' for identifying China as a threat to global order and making a distorted claim that can damage bilateral relations." They further stated that "geopolitically, China is parading herself as the saviour of Western Europe on the global stage to be seen as a leader."

However, these are all conjectures born out of the competition between the USA and China to dominate world affairs. This article aims not to analyse or dissect the mild diplomatic feud between the Western axis and China concerning COVID-19. But the core of this study is to use the novel generated concept '*imported welfare*' to scientifically explicate the unsustainable approach of the African nations to COVID-19 in a phase where an endogenous approach to the pandemic would have been an advantage to the African continent. The problem identified in this discourse is that the African governments failed to put the geostrategic and geopolitical inevitabilities of the reliance on imported welfare into consideration in their approach to the pandemic.

It is expected that African leaders portray skepticism to welfare imported by actors from the rest of the world, but, conversely, the African leaders embraced it with a countenance. European Union and leaders of Western European countries, including North America, have shown glaring skepticism to China's humanitarian role in the world in the wake of the infamous novel COVID-19.

We reiterate it is bewildering, to observe some countries criticize China's humanitarian aid. In contrast, others such as South Africa and Nigeria, the two political and economic giants of Africa, are bent on begging and waiting for China, Europe, and other international actors to come to their aid. The following questions would be answered in the body of this article. What is imported welfare? What is the difference between *imported welfare* and foreign aid? What theoretical framework can be considered for the analysis of imported welfare? What could be the reason behind the different perceptions regarding China's largesse the rest of the world (Africa and Europe)? What is the motive behind China's *mask diplomacy*? Why are the African States reliant on imported welfare? What are the advantages

and disadvantages of reliance on imported welfare in Africa? For a scholarly elucidation and dissection of the novel term '*imported welfare*,' international relations theories such as realism and classical development theories 'dependency and modernisation' are scheduled to be considered as theoretical frameworks. Finally, Africa's approach to COVID-19 would be empirically reviewed and critically analysed with the three theoretical frameworks.

Contextualisation of Imported Welfare

What is Imported Welfare?

Imported welfare is a conjoined word that needs to be dissected for the understanding ease of intellectual consumers. The term '**welfare**' is used in social sciences as sociopolitical, socioeconomic, sociocultural, psychological, and environmental wellbeing. Similarly, Greve (2008:57) asserts that "the concept of welfare embodies multiple elements. It is an idea that has its sources in many disciplines and approaches, which include economics, sociology, psychology, and philosophy. Additionally, she advised that limiting the understanding of welfare to one discipline could trigger questionable consequences; therefore, it is a concept that requires a holistic approach.

It is because central to the term welfare is the wellbeing of humanity in its environment; therefore, welfare is an encompassing concept that has to do with sustainability, development, progress, order, justice, innovation, and betterment, above all security of the society. Inclusively, the concept nation-building, including nationalism, is predicated on welfare. However, the degree of welfare in a society might be dependent on regime type, leadership, and foundational philosophy of society. For instance, the principle of social contract obliged the state to provide public goods and services. Furthermore, the Sustainable Development Goals (SDG) and Agenda 2063 are predicated on humanity's welfare. It is an indication of the significance and essentiality of welfare in all frontiers of society.

In Greve's view:

"Welfare is the highest possible access to economic resources, a high level of wellbeing, including the happiness of the citizen, a guaranteed minimum income to avoid living in poverty, and, finally, having the capabilities to ensure the individual good life (2008:58)."

Given Greve's conception or definition of welfare, citizens' wellbeing is paramount. When viewed from the lens of a social contract and the principle of self-help, it becomes evident that welfare is an obligation that should be fulfilled by the state. It nudged one to ask questions such as how welfare should be generated in a society, whether it should be exogenously or endogenously.

Since the concept '*imported welfare*' is novel and has never been mentioned or used as an analytical tool by scientists across academic frontiers. We will give a summarised definition of it; however, it is subject to further clarification due to its novelty.

Import is anything, be it goods or services that have their source in a foreign territory. The Collins English Dictionary (2012) defined import as "to bring in (merchandise, commodities, workers, etc.) from a foreign country for use, sale, processing, reexport, or service." While welfare is centered on the wellbeing, sustenance, development, and security of humanity, furthermore, Collins Dictionary sees welfare as "good fortune, health, happiness, prosperity, etc. of a person, group, or organization. Wellbeing, Financial or other assistance to an individual or family from a city, state, or national government." Imported is synonymous with exogenous, which equally means external or outside. Any view, philosophy, policy, doctrine, goods, and services with its source in the foreign territory are categorised as imported or exogenous. Therefore, the conjoined word '*imported welfare*' simply means a solution that emanated from an overseas territory.

It is on this backdrop that the novel concept '*imported welfare*' gains significance and meaning. In a basic sense, welfare can be generated externally in the context of international relations. Still, it should chiefly be sourced locally, as it is the case in the developed countries. However, the logic of the global political system where the acceleration of national interest is unmatched, the structural realist views reliance on imported welfare as unethical. To rely on foreign help is to trust in foreign partners and international regimes. It is a detrimental philosophy according to the realist school of thought

From the above premise, *imported welfare* is when a society relies on sourcing its people's essential needs from a foreign territory. Imported welfare could be financial aid, military, medical, intellectual, architectural, technological, and political assistance. Although imported welfare is not a problem, the degree of reliance is the problem. Uncontrolled or unethical reliance on imported welfare has triggered the constructive criticism of some African leaders and scholars such as late Colonel Gaddafi, Late Thomas Sankara, and the incumbent President of Ghana Akufo Ado. Below are highlights of their opinions that questioned African countries' over-reliance on *imported welfare* and criticised the exporters of welfare to Africa.

With much certitude, Thomas Sankara echoed that:

"the one who feeds you usually imposes his will upon you." At the summit of the Organization of African Unity (OAU) in July 1987. "The origins of debt date to colonialism; therefore, we cannot repay the debt because we are not responsible for this debt. On the contrary, others owe us something that no money can pay. That is to say, the debt of blood." "The one who feeds you usually imposes his will upon you." At the summit of the Organization of African Unity in July 1987, he tried to persuade other African countries to collectively refuse to pay their financial debts to their former colonizers. "The origin of debt in Africa go back to colonialism," he said, his voice brimming with emotion. "We cannot repay the debt because we are not responsible for this debt. On the contrary, others owe us something that no money can pay. That is to say, the debt of blood (Neufeld, 2019)."

Similarly, late Ghaddafi stated that:

"Begging will not make the future of Africa (instead) it creates a greater gap between the great ones and the small ones," he told the opening session of a summit of the 53-nation African Union (AU) in Libya. "We are not going to beg at the doorsteps to reduce debt ... We are insulted constantly, and we deserve it. We do not need assistance and charity. I would not accept that 'conditions for aid' (Bendern, 2005)."

Without departure from the late Sankara and late Ghaddafi:

"the incumbent President of Ghana, Nana Akufo-Addo, avowedly claimed that "We can no longer continue to make policy for ourselves, in our country, in our region, in our continent based on whatever support that the western world or France, or the European Union can give us. It will not work. It has not worked, and it will not work." "We have to get away from this mindset of dependency. This mindset about 'what can France do for us?' France will do whatever it wants to do for its own sake, and when that coincides with ours 'tant mieux' [so much better] as the French people say...Our concern should be what we need to do in this 21st century to move Africa away from being cap in hand and begging for aid, for charity, for handouts. The African continent, when you look at its resources, should be giving monies to other places...We need to have a mindset that says we can do it...Once we have that mindset, we'll see a liberating factor for ourselves (Asiedu, 2017)."

It is impressive that some African leaders acknowledged the debilitating impacts of too much dependence on foreign aids, which is a component of imported welfare. For Sankara, reliance on *imported welfare* weakened the strength of the receiving country in a bilateral or multilateral tie. Ghaddafi sees reliance on *imported welfare* as a dream killer, in that it discourages innovation and self-help as solutions are sourced from partners alien to Africa. Akufo-Addo unanimously conceded that *imported welfare* had weakened Africa to the point of inability to frame and enforce critical national, regional, and continental policies. But it is quite appalling that the incumbent President of Ghana Akufo-Addo, who spoke vehemently against reliance on foreign aid when he visited Europe, was one of the first to receive COVID-19 emergency fund.

Many columnists in periodicals have written tremendously and diagnostically over the consequences of the prolific flow of foreign aids into the African continent from the cradle of her sovereignty hitherto. Paradoxically, their observations brought unknown facts into our visual and perceptible reality. However, the identified gap in their intellectual output is the conceptualisation of 'dependence on foreign aid.' This article surged a bit further from the concept of 'dependence on foreign aid' due to its conceptual parochialism. It is a verifiable and indisputable claim that no social scientist in the world from the cradle of social sciences to date as adopted the term '*imported welfare*'.

Imported Welfare and Foreign Aid

The term '*imported welfare*' has been dissected and explained above. However, the cluster begging for disentanglement in this discourse is the identification of the distinction between imported welfare and foreign aids despite their semantic proximity. *Imported welfare* is an encompassing concept compared to foreign aid because it

sheds more light on the purpose of foreign aid. Foreign aids mean 'assistance that comes from one country to another country, usually in the form of financial instruments and services. Agarwal (2019) defined financial aid as: "the voluntary transfer of resources from one country to another country. Foreign aid can be in the form of a loan or grant." Agawarl (2020) maintained that "foreign aid can be in the form of multilateral or bilateral project, military, or voluntary aids." Therefore, foreign aid can be the inflow of cash, goods, and services from country A to Country B, in a bid to assist or achieve a purpose best known to country A. In this context '*imported welfare*' is the reliance of a state on the goods and services offered as assistance by another state or bought from another country. Similarly, *imported welfare* is the reliance of one society on the other for survival. And central to *imported welfare* is the belief in the existence of '*free lunch*' which is directly inverse to the principle of scarcity and self-help.

In a nutshell, foreign aid is a favour from overseas territories. At the same time, imported welfare is an encapsulation of assistance from overseas territory, ideologies, policies, purchased imported goods, and the influx of multinational corporations. Put merely, and imported welfare is the shifting of responsibilities or problems to foreign partners for a solution. For instance, the African leaders shifted the burden of challenges posed by COVID-19 to the three tiers of international actors (states, international and transnational organisations).

Theoretical Approaches to Imported Welfare

The term welfare predates the 1648 Westphalia Treaty that laid the foundation of nation-states. State and stateless societies harbours the principle of the common good, which led to the evolution of unity, acceptable and unacceptable, and security, which all aim at the creation or consolidation of human welfare. Lutz, cited in Mastromatteo and Solari (2014:87), sees common good as the promotion of the good that is common to all members of society by their common humanity. Welfare is a common good of a sane and progressive society; it is a nucleus to national and foreign policy. It is an indication of the centrality of welfare to individuals and the community at large. Realism, in all its variations and development theories one way or the other, aims to help their exponents fulfill national interest at their endpoint. Central to national interest is the welfare of society. Following the exploration of realism, the applicability of development theories 'modernisation and dependency' would be simultaneously used as a guiding frame in this study for the realisation of the pros and cons of imported welfare in Africa. In its totality, modernization theory encourages the ethical reliance of underdeveloped and developing states on imported welfare from the developed nations. Conversely, the dependency theory disdained the dependence of underdeveloped and developing states' reliance on *imported welfare* from the global north. This section will synergize the realist theory and development theories painstakingly to arrive at a credible conclusion, whether it is progressive or not, for states to rely on imported welfare when confronted by challenges.

A realist perspective to imported welfare

Central to realism are survival, statism, and self-help. And it is an international relations theory that gained momentum following World War II (Dunne & Schmidt, 2001). The emphasis of classical realism is on state power and security, which equally acknowledges the essentiality of society's welfare in the context of the fulfillment of national interest. According to Mansbach and Taylor (2012:10-11), "has its source in the ancient Chinese and Indian cultures, and it can be traced back to Western thinkers such as Thucydides, Machiavelli, and Thomas Hobbes. However, they were not realists, but their ideas informed the realist school of thought. Central to these thinkers' thoughts is the inclination to power and order." In Machiavelli's view, for instance, leaders should be preoccupied with the acquisition of power even in peacetime, and those that dearth interest in military matters and security would be weak (ibid, 10-11). According to Dunne and Schmidt (2001), states are power-centric; this is because they need power for survival, which in turn triggers the welfare of the people. Waltz cited by Dunne and Schmidt argues that "beyond the quest for survival, the aims of a state vary or be ambiguous (2001:174)." Furthermore, central to realism are statism, survival, and self-help, which are preconditions for the attainment of welfare at the domestic level. The primary actors' foreign policy is fundamentally premised on the welfare of the public. Meaning that states' behavior

in the international terrain is shaped or determined by her national interest. For instance, China's Belt and Road Initiative (BRI) was designed to aid the accomplishment of her national interest (welfare). And to the receiving or recipient states, it is a developmental approach owing that it is targeted at building their infrastructure. However, this jostles one into questioning the realist skeptics of one state helping another state or international organisation assisting countries. The three cardinal values of realism 'statism, survival, and self-help' would be discussed briefly concerning imported welfare in the subsequent section. Although central to the concept of realism is power, which is evident in statism, self-help, and survival. However, central to the three cardinal values of realism is the national interest, which aims to secure the welfare of the people who are the collective embodiment of the state. The quest of a nation is to meet its citizens' essential needs, which is security 'welfare,' and this cannot be disjoined from Thomas Hobbes' social contract.'

Statism

Realism, in all its variations, perceive states as the primary actor in international politics where all countries are equal irrespective of unequal economic, political, and military strength. It explains the anarchical nature of the global terrain; anarchy in international politics, according to realism, is the absence of a central authority to enforce order. Conversely, the state at the domestic level has the highest power and monopoly of the legitimate use of force to ensure order (Dunne & Schmidt, 2001:173). From this premise, it is arguable that realist theory is inclined to assume that order and security are guaranteed at the domestic level. In a basic sense, order and security are tantamount to welfare, which brings happiness. Dunne and Smith slight emphasis on the existence of a functional government; whose primary obligation is the fulfillment of the social contract. And central to the social contract is the guarantee of citizens' welfare or security. Below is what Dunne and Smith elucidated regarding the purpose of a sovereign authority:

"The presence of a sovereign authority domestically implies that individuals need not worry about their security since this is provided for them in the form of a system of law, police protection, prisons, and other coercive measures. This allows members of the political community living 'inside' the state to pursue the good life (2001:172)."

In the realist school of thought, a government must maintain order and security in its society because they are the precondition for peace and social wellbeing.

Survival

Survival is the second core value of realism, which rests on the assumption that in international politics, the primary objective of the state is survival. Therefore, states will do whatever it takes to ensure their survival. Realists see survival as a necessity for states to attain other goals, and the survival of a nation rests on the accumulation of power, which guarantees security (Dunne & Schmidt, 2001). However, two schools of thought emanated from states quest for survival, which are defensive and offensive realism. Defensive realism, as argued by Waltz and Grieco cited by Dunne and Schmidt (2001:174), the principal to states, is security, but states should only seek for the amount needed for their survival. In this view, 'defensive realist,' an accelerated pursuit of security, would trigger the state's insecurity. Contrariwise, Mearsheimer cited by Dunne and Schmidt (ibid) posit that "it is the utmost desire of every state to wield structural influence." Based on the premise of survival, the state will do whatever it takes to ensure it, even if it requires sacrificing its citizens (Dunne & Schmidt, 2001); meaning in the quest for survival, if stepping on the toes of another state is the only option left, a state will not hesitate. This view is evident in Niccolò Machiavelli's maxim "princes or sovereigns must be prepared to break their promises if it is in their interest, and to conquer neighboring states before the latter (inevitably) attacks them."

Self-help

The core of self-help is that a state should not rely on another country or an international organisation to survive in the international terrain. This is a realist inclination that sees the importation of welfare or aids of any kind as unethical. In the realist epistemic disposition of states in the terrain of anarchy, security can simply be attained through self-help (Dunne & Schmidt, 2001:175). Central to the international system's self-help ethos is the logic of

self-interest, shaped by the individual state national interest, which militates against collective good such as security and free trade (ibidi:176). A domain that comprises independent actors where each is engrossed with pursuing its interest is bound to suffer from the unfeasibility of a collective, consolidated goal or interest. This is the case in the global domain, which accounts for the dissimilarities of state foreign policies. Primary actors at the global level are divided along the line of their respective national interests.

The triple alliteration S of realism is the cardinal values of realism in all its variations. The nucleus of the triple alliteration S is power, which is essential to states at the unit and global level. The synergy of statism, survival, and self-help is aimed at the procurement of national welfare, which realism believes should be internally generated. And if national welfare would be imported, it must be in a position of power and advantage to the state. However, in a radical sense, realism envisages reliance on imported welfare as unethical. In bolstering the submission that dependence on imported welfare is unethical; Dunne and Schmidt posit that:

"no other state or institution can be relied upon to guarantee your survival. In international politics, the structure of the system does not permit friendship, trust, and honour; only a perennial condition of uncertainty generated by the absence of a global government. Coexistence is achieved through the maintenance of the balance of power. Only limited cooperation is possible in interactions where the realist state stands to gain more than other states" (Dunne & Schmidt, 2001:176)."

The above submission by Dunne and Schmidt is quite critical and highly constructive. It questions the stance of receiving states such as African states in an international realist arena. It explains why the realist theoretical framework appeared to be relevant for the analysis of African governments' reliance on *imported welfare* in the Coronavirus pandemic phase. Similarly, the two classical development theories are appropriate to this novel approach because they explain the relationship between developed, developing, and underdeveloped states. Therefore, they would be used for critical analysis as to why African countries relied on exogenous welfare when endogenous welfare should be considered.

Development Theories

Modernisation and dependency theories are classical development theories, and central to them is a discourse on how to address socio-political, sociocultural, and socioeconomic issues in the developing axes such as Africa. However, despite the common desire of the two classical development theories, their approaches are diametrical. The modernisation theory is of the view that the developed axis can assist the developing or underdeveloped axis in attaining economic prosperity. While the dependency theory of development sees the desocialisation or delinking developing nations from the developed axis as the sole or needed trajectory to economic success. Furthermore, the common ground between the two theories is the inclination that development is a process that brings progress; and central to the two approaches is a rigid focus on macro-structures in their views of development and impediments to development (Neverdeen Pieterse, cited in Hout, 2016:1).

Modernisation theory

The root of modernisation theory can be traced to the classical thoughts of the Western or core axis; it is a theory predicated on social, economic, and political transformation (Hout, 2016:2). Furthermore, Hout maintained that "Nisbet view of the origin of modernisation theory in his Classical analysis of the sociological tradition, was informed by the works of critical social theorists of the nineteenth and early twentieth century. It was based on the study of the inconsistencies between traditionalism and modernism in the European culture." Modernisation theory is a consciousness pioneered by **Talcott Parsons**, a renowned American sociologist. Although his sociological theory is regarded as 'structural-functionalism' and it is predicated on the evolutionary approach focused on the transformation of society from traditional to modern. Central to Parsons, sociological theory is the evolutionary universal, which he described as:

"a complex of structures and associated processes, the development of which so increases the long-run adaptive capacity of living systems in a given class that only systems that develop the complex can attain certain higher levels of general adaptive capacity (cited in Hout, 2016:2)."

Parson's *evolutionary universals*, as explicated by Hout (2016:3), categorised social stratification, cultural legitimation, bureaucratic organisation, and money markets in his approach. Person's assumption explicated by Hout

(ibid) claims that "society embraces evolution to the degree that they establish complex social hierarchy which erodes the traditional structure of rulers and rules. As society evolves, complex social hierarchies emanate where rulers are given legitimacy; bureaucracies come into existence to fulfill certain obligations, and a more progressive marketing and monetary system." From this premise, modernisation theory is premised on the evolution or transformation from the traditional to modern society. Parson's *evolutionary universal* perfectly captured the historical reality of the Western nations, in that they evolved from a classic to modern society. In addition to Parson's epistemology, the European Industrial Revolution between the 18th and 19th centuries was labeled by Rostow as a drive to maturity; it is an example of evolution from a traditional to modern society (Hout 2016:3).

The *evolutionary Universal* of Parson surfaced in this author's definition of modernisation:

"Modernization is the internal achievement of society; the particular processes of modernization support each other in combination; the leading nations do not impede the followers; the processes of modernization are converging in a common goal" (modern society, modernity) (Johannes Berger cited in Zapf, 2004:2)"

Central to the definition of modernisation by Johannes Bagger, cited in Wolfgang (2004), is the social and economic transformation and the inflow of assistance from the developed axis to the developing and underdeveloped axis. This definition embodies the ethos of self-help and survival of the state through interdependence.

However, the modernisation theory worked in Western societies, and this explains why they are of the view that it is workable or applicable in the periphery or developing nations. For instance, in the post Second World War, America adopted the Marshall Plan to heal the battered West Europe Economy. According to Kissinger:

"George C. Marshall at Harvard's Commencement in 1947 said America would extend its hand to a battered Europe, helping to create a stable post-war order (Kissinger, 2015)."

However, the Marshall Plan's successes triggered the Western Europe exportation of the modernisation theory to the developing axis nay Africa. Similarly, the liberal modernisation theory yielded a positive outcome for East Asia, which rendered the world-system and dependency theory predictions invalid (Zapf, 2004:3).

The modernisation theory was given an intellectual revitalisation by an economist Walt W. Rostow in his work 'Stages of Economic Growth.' He highlighted the five evolution stages a society must pass from a traditional to modernised society (Hout, 2016:3). According to Rostow's theory of economic growth, the pattern from classic to modern is primitive, preconditions for take-off, take-off, drive to maturity, and mass consumption. These stages determine whether a society is developed, developing, or underdeveloped. Below is an extract of Rostow's analysis of the five stages of economic growth:

"Traditional societies are characterised by the dominance of agricultural production and limited productivity. The preconditions for take-off Rostow's second stage result from scientific innovations, which lead to surpluses that can be used for investment. The take-off stage is a phase of self-sustained growth, when manufacturing, initiated by an entrepreneurial elite, becomes the driving force of development. The drive to maturity leads to the replacement of original growth sectors by new ones, such as heavy industry during the Industrial Revolution of the 18th and 19th centuries in Europe. The age of high mass consumption, Rostow's final stage, leads to an emphasis on consumption rather than production (cited in Hout, 2016:3)."

Rostow's modernisation theory advanced beyond Talcott Parsons's frontiers of 'evolutionary universal,' which firmly sees social transformation, such as change of regime and industrialisation as preconditions for development. Similarly, but conversely, Rostow's approach acknowledged economic transformation as a precondition, not social change. And this is a fact evident in Rostow's analysis of economic growth. However, the common Ground between Rostow's conception and his predecessor Talcott Parson is the exportation of the Western models of economic and social development to developing and underdeveloped societies. Rostow's understanding of economic growth coincides with Kwasi Wiredu's Philosophy of and an African Culture that advocated the necessity of the African society to transmute from unscientific/traditional to scientific (1980).

Although the exportation of modernisation theory is based on the backdrop that it worked in Europe and South Asia, it will work in the developing and underdeveloped axes. It was a fallacy on the part of the modernisation theorist, which triggered the upsurge of critiques from South America and Africa (Hout, 2016). Similarly, it formed the basis of the dependency school of thought; therefore, authors such as Nederveen, Pieterse, and Frank cited by Hout (2016:3), tagged the modernisation theory ethnocentric. It means the imposition of Western solutions to problems of non-western societies. The fallacy is that modernisation approach does not put the specificities of the African continent into consideration. This can be said of the preventative measures prescribed by WHO, imported to Africa to curtail the spread of COVID-19.

Dependency theory

Dependency theory is equally a development theory that seeks to advance the socioeconomic conditions of developing and underdeveloped societies but by looking inwardly, delinking, or dissocialising the societies from the reliance on the developed axis. Hout (2016:3) acknowledged the "Frank's approach of dissociation and Amin proposal of delinking from the developed/western axis." In Amin's view, according to Hoaf (ibid), development policies can only be productive and progressive when developing states are auto-centric. Meaning, sustainable development can simply be achieved when a nation is self-reliant; therefore, developing countries should cultivate a culture of producing capital and final goods, which is a deviation from the inherited indulgence in the production of primary commodities. Similarly, Frank recommended the dissociation of developing nations from the global capitalist system. Central to their proposal/approach is aut centrism.

Dependency theory emerged as an opposition to the gap identified in the modernisation theory, which is ethnocentrism. The ethnocentric difference identified by the dependency theorist in the modernisation approach is the western obsession of its experience, which is perceived as a model applicable to other regions of the world that do not have their type of history or experience (Hout, 2016:16). Frank, cited by Hout (2016:7), asserts that "contemporary developed countries were never underdeveloped; however, they may have been underdeveloped at some point in history." Frank's submission regarding the developing and underdeveloped axis perfectly captured the historical reality of Africa, where the colonial masters underdeveloped the African states. The latter poorly integrated them into the global capitalist economy. In a fundamental sense, this is the primary source of African states' dependence on the developed axis.

Furthermore, Frank, cited by Hout (ibid), claimed that "the global capitalist system is predicated on exploitation. In his view, the proletariats are exploited by the capital owners, just how the core exploits the periphery. And the bourgeoisie in the peripheral countries is linked to the core." Frank's view of the linkage between the developed and developing axis is premised on the assumption that the developed axis underdeveloped the developing axis solely for exploitation, which makes rigid the reliance of the periphery on the core. It is what Woldu cited in Ikechukwu (2013:116) labeled as the underdevelopment of the third world. Woldu highlighted that the third world has several common traits, such as highly dependent economies focused on the prolific production of primary goods destined for supply to core countries.

Provision of a domestic market for the consumption of final goods from the developed axis. High population growth and banality of poverty. However, the banality of poverty in the third world excludes the bourgeoisie.

Blending the Common Grounds of Realism and Development Theories Together

The theoretical frameworks 'realism, modernisation, and dependency' adopted in this study offered the privilege to borrow a dialectic approach that would assist in blending the theories' common grounds. Realism three cardinal values' statism, self-help, and survival' synergised for the accomplishment of national interest. For the realist, states are the primary actors in the global domain, the domain is anarchical, and states are national interest-driven. For instance, Kissinger, cited by Dunne & Schmidt (2001:174), asserts that "a nation's survival is its primary obligation, and it cannot be tokenised, let alone put at risk." Therefore a state will do whatever it takes to ensure its survival. It

is a thought traceable to Nicolo Machiavelli's maxim in his work 'the Prince' where he wrote that "Prince/sovereigns should be prepared to break promises if it is in their interest (ibid)." In the realist view, a state should consider any option to secure its survival; survival in this respect could be security, which is fundamentally synonymous to welfare.

It explains why states might engage in immoral or unethical conduct towards another country. For instance, the dependency theorists such as Samir Amin and Walden Bello, Fernando Henrique Cardoso and Enzo Faletto, Celso Furtado and Osvaldo Sunkel, Andre Gunder Frank, Theotonio dos Santos and Ruy Mauro Marini; did not mince words in expressing their stance against the global capitalist system, which they perceived as more beneficial to the core states to the detriment of the peripheral countries.

In the realist assumptions, both the core and periphery are equally seeking survival, but the core uses the periphery as a means to an end. In the dependency school of thought, the way forward is that the peripheral states should dissociate or delink from the core states. It is the autocentrism central to Smir Amin's proposal. The dependency approach coincides with the realist notion of self-help. Waltz cited in Dunne & Schmidt (2001:175) maintains that "in an anarchic international domain where there is no central authority to enforce order, security can simply be achieved through self-help. In an anarchic system, self-help should be central to state action. However, when self-help cannot guarantee survival association should be considered to balance against a common threat," The realist view of self-help echoes the validity of the dependency theorist's recommendation of autocentrism for peripheral states. For instance, in the wake of the Coronavirus, which stretched across national frontiers globally, nations of the world resorted to self-help. Conversely, the African countries could not delink due to the imminent economic shock and weak health sector. However, the African nations exuded a weak realist solution to the severity of the pandemic by going into multilateralism.

Conversely, the modernist approach to survival of the state perceives self-help or endogenous approaches to development, especially when a country is economically frail, as something illogical. It is a premise that has its root in the Marshall Plan of 1947, pioneered by the USA, to uplift Western European states from the devastating economic consequences of the Second World War. It is an approach that is converse to the realist principle of self-help and dependency recommendation of dissocialisation. Central to the logic of self-help is the pursuit of national interest, which militates against collective good such as security and free trade Dunne & Schmidt (2001:176). However, the self-help extreme of realism triggered the balance of power approach of realism, which acknowledges the establishment of international regimes such as the United Nations (UN) and WHO. However, despite the glaring distrust between states in the global domain due to the lack of a worldwide government, coexistence is attainable by the establishment of a balance of power that permits some degree of cooperation within states in the global community. However, realist states stand to benefit more from cooperation than the less influential primary actors (Dunne & Schmidt, 2001:179).

The modernisation theory of development validates the balance of power approach of realism. For instance, the Marshal Plan, funds from the World Bank (WB) and International Monetary Fund (IMF), and European Union (EU) are the recommendation of the modernisation theory, which stands to help when self-help of realism fails. But the realist school of thought permits cooperation when a common enemy confronts states. In the realist school of thought, international organisations are an instrument in the hand of the dominant actors; this is the grouse of the dependency and world-system theorists. Certainly, givers of aid or importers of welfare are realists because they are the most influential states in global politics.

The realist acknowledges the danger of reliance on exogenous welfare and equally admits that self-help in the world might not address the urgent needs of a nation. Therefore, exogenous welfare should be considered although in a measured modus. Exogenous welfare is to modernisation theory, while endogenous welfare is to dependency theory. However, in this study, welfare is used interchangeably with security because it is central to human security, such

as health, food, employment, the actualisation of dreams, justice, human rights, and liberty. This study has delved overwhelmingly in the theoretical frameworks; however, it is necessary to return to the actual theme of this study, which is African governments' reliance on imported welfare in the phase of Coronavirus.

Coronavirus as a Threat to Human Security (welfare)

The outbreak of the virus is not alien or weird to humanity judging from historical records; before the emergence of COVID-19, humanity has experienced the rise of infections with national, continental, regional, and global dimensions. Harding and Lanese (2020) report that "humanity has been battling with viruses before evolution to modernity. Thus far, humanity has been afflicted by viruses that had a global effect such as HIV, hantavirus, influenza, rabies, rotavirus, smallpox, SARS-CoV, and SARS-CoV-2. Continental viruses – Ebola virus in West Africa, dengue virus in the Philippines and Thailand, MERS-CoV in Saudi Arabia and South Korea". Harding and Lanese, further maintained that "any of the viruses mentioned above are a potential threat to the existence of humanity." Another historical fact of a virus outbreak that globally threatened humanity's health security is the infamous Spanish flue. Kahn and McIntosh (2005: S224) claimed that "Tyrell in late 1960 led a group of virologists whose research was based on human strains and some animal viruses. The infectious viruses were bronchitis, mouse hepatitis, swine transmissible virus, which all proved to be morphologically identical when viewed through electron microscopy. The newly identified virus in 1960 by Tyrell and his partner was labeled 'Corona' because of its crown-like appearance. Consequently, it was accepted officially as a new genus of viruses." On this background, it is evident that Coronavirus is not novel to humanity; however, 2019-nCoV was labeled novel by the Director-General of WHO because it is a strain that was not extant in humanity prior to 2019 (WHO, 2020).

Tognotti (2013:254) alluded to the outbreak of viruses such as plague, which emerged and prevailed between 1347-1352 and claimed the lives of people in the eastern Mediterranean, city-states of Venice, Florence and Genoa. It further moved to Italy, Spain, France and penetrated Austria and central Europe. According to Tognotti, the plague could not be contained but curtailed as medications proved impotent in mitigating it. It was only curtailed through quarantine and avoidance of contaminated objects. Consequently, cholera emerged in France, Spain, and Italy, and governments were obliged to adopt quarantine as a strategy to curtail its banality (2013:255). Therefore, quarantine is not a novel social approach to states of the world when fighting a pandemic.

Similarly, between 1918-1919 influenza 'Spanish flu' descended on humanity in three waves. At the time of the virus's emergence, it was alien to humanity, and this tricked physicians into thinking it was a pathogenic agent from bacterium, hemophilia, influenza (Richard Pfeiffer cited in, Tognotti (2013:257). Tognotti acknowledged that the predecessor of WHO 'Office International d'Hygiène Publique' in Paris could not offer a solution. Influenza plagued on people from all walks of life across the globe, including soldiers. Influenza attracted scores of health experts' responses, but none of their inputs was potent to send it into extinction. The only option as at the period in question was the management of the spread of the pandemic through a quarantine approach was similarly adopted to curtail the banality of the virus. On this backdrop, it is acceptable to say that history as repeated itself as WHO and its experts could not find a cure to COVID-19, but at best recommended preventative measures such as quarantine, social distancing, and sanitization.

The second phase of the influenza was between 1957-1958; it was called Asian flu. The pandemic was not as dangerous as that of 1918 because, by 1988, scientists had made significant progress. By 1993, the pathogenic agents had been discovered, and antidotes were made available. The sporadic outbreak of viruses spurred the WHO establishment of a Global Influenza Surveillance Network designed to indicate an early warning of novel influenza. In 1957, the novel influenza (H2N2) virus came into existence and had diffused later in the year. However, vaccines to counter the virus were created in the developed Western axis. Still, the availability was a challenge as the virus diffused due to an absence of lockdown policy or control policy. Consequently, the influenza A(H3N3) pandemic surfaced between 1968-1969, the third, and mildest influenza (Tognotti 2013:257). From 1918 to 1969, humanity was attacked by flu, which claimed scores of lives, but an antidote was only discovered after a lot of souls were lost.

The exciting part of the experience garnered in the decades of influenza affliction was that it triggered a corporation between primary actors following the identification of certain viruses as a common enemy. Threats sporadically posed by microorganisms on the health security of humanity spurred the establishment of international regimes such as the Office International d'Hygiène Publique in Paris, a predecessor to the contemporary WHO. As the contingency of the era required, the WHO established a multilateral Early Warning System to help mitigate the diffusion of virulent influenza.

According to the realist inclination, states of the world distrust one another due to the pursuit of survival and national interest, but common problems or threats to collective security such as an outbreak of viruses forced them to unite to bring down the edifice of a common enemy or threat. The joint problem of states such as security threats triggered the existence of regimes or international regimes. For instance, the Concert of Europe regime was based on the security of member states. Similarly, trade regimes such as GATT and WTO were established for collective trade interests; monetary systems like (Bretton Woods, etc.) also existed.

Regimes are created by the consent of member states, which give rise to treaties binding on them all (Ozkan & Cetin, 2016:88). The above authors further maintained that "regimes at the global domain are established for a solution to collective nature problems, and this is common to the developed nations." Developing nations similarly subscribed to the principle of the international regime and that accounts for the proliferation of organisations such as the Organisation of African Union (OAU, now African Union 'AU'), the New Partnership for Africa's Development (NEPAD), Southern African Development Community (SADC), and the Economic Community of West African States (ECOWAS). However, this is adversative to the realist principle of self-help but forms part of the realist principle of survival 'balance of power'. It is extremely contrary to the dependency theorists' recommendation of desocialisation and delinking. Snidal, cited in Ozkan and Cetin (2016:88), posits that "Collective approach at the global level is antithetical to the inclination that hegemony provides a public good." Public good in this regard is tantamount to the security or welfare of the people. In a departure from the realist inclination of self-help and the dependency theorist of delinking or desocialisation, Haggard and Simon cited by Ozkan and Cetin (2016:88) opined "central to regime studies is blurring the frontiers that stand as a wedge between international and national politics."

Now, the cluster in this study is to balance the realist and development theories (modernisation and development), in which the realist school of thought advocates self-help and survival, which embodies the endogenous and exogenous approaches to national problems. On the other hand, modernisation theory supports an exogenous approach to domestic issues, while the dependency theorist stood firm to the endogenous approach, like the realist self-help ethic. The dialectic approach to the theoretical frameworks adopted in this study brings the congruities and incongruities of the theories to convergence in the light of the African governments' approach to the novel Coronavirus. The following section will make an emphasis on exogenous 'exported' and endogenous 'imported' welfare and highlight the advantages and disadvantages of each approach. The above sections have made elucidation of how COVID-19 is a threat to the health security of humanity, development, and the global economy at large.

States 'Developed and Developing' Dissonance and Consonance to Imported Welfare

The novel Coronavirus, as stated in the introduction of this study, has forced the urgent immobilisation of transnational movements and delinked global economic activities; without mincing words, COVID-19 is a shock to the global economy and human health security. It puts humanity across the globe in a dilemma where a choice must be made between continuity of economic activities or social health security. The spread of COVID-19 across the globe validated the assumption that the world is indeed a global village, in that it infiltrated national frontiers globally. Although this could be attributed to a fault in the WHO Early Warning Alert and Response System (EWARS), which is liable to human manipulations, as WHO acts or make recommendations on reports submitted by member states. The blow to the reputation of WHO EWARS might have resulted from a member state reluctance to divulge vital information to the international health regime. Countries of the World sponsors and rely on the WHO for the control, monitoring, and mitigation of virus outbreaks. It accounts for the WHO establishment of the Global Outbreak Alert and Response Network (GOARN) that must do the following:

"During outbreaks, the Global Outbreak Alert and Response Network ensures that the right technical expertise and are skills are on the ground where and when they are needed most. GOARN is a collaboration of existing institutions and networks, constantly alert and ready to respond. The network pools human and technical resources for rapid identification, confirmation, and response to outbreaks of international importance. WHO coordinates an international outbreak response using resources from GOARN (WHO, 2015)"

It is quite appalling that COVID-19 puzzled the Global Surveillance System designed by WHO to detect and assist in establishing precautionary measures against the diffusion of viruses. Although, WHO claimed that:

"Chinese authorities identified a new type of Coronavirus (novel coronavirus, nCoV), which was isolated on the 7th January 2020. Laboratory testing was conducted on all suspected cases identified through active case findings and retrospective review. Other respiratory pathogens such as influenza, avian influenza, adenovirus, Severe Acute Respiratory Syndrome, Coronavirus (SARS-CoV), Middle East Respiratory Syndrome, Coronavirus (MERS-CoV) were ruled out as the cause. According to the information conveyed to WHO by Chinese authorities on 11 and 12 January, 41 cases with novel coronavirus infection have been preliminarily diagnosed in Wuhan City. Of the 41 cases reported, seven are severely ill. This was when one death mentioned above was reported in a patient with other underlying health conditions. Six patients have been discharged from the hospital. Symptoms of the 41 confirmed nCoV cases range from 8th December 2019 to 2nd January 2020. No additional cases have been detected since 3rd January 2020 (2020)."

However, little do we know that COVID-19 would trigger a global threat to human health security, international trade, and spark diplomatic incongruities between the leading Western Country (USA) and the leading South Asian nation (China). Similarly, little do we know that when COVID-19 emerged, core and peripheral states would be subjected to a near-identical fate. Usually, when a crisis of a collective nature protrudes, the core states have the record of assisting peripheral states. However, following the emergence of COVID-19, even some of the core states suddenly became recipients of foreign aid.

In a fundamental sense, after the Marshall Plan of the USA, the Western world's core states developed a self-reliant political mentality (reliance on endogenous welfare). The point here is that the COVID-19 palliatives from China to the developed world triggered the Western Europeans' skepticism. Contrariwise, the same COVID-19 palliatives flowed from China to the African countries, but it was met with an overflowing countenance. It is a reality that can best be label the difference in the political mentality of Western European states and African nations. Central to the Western European nations' mentality is dissonance to imported welfare, while consonance to imported welfare is the nucleus to the political mentality of the African nations.

The Diffusion of COVID-19 and Global Approach to Curtail its Spread

Following the diffusion of COVID-19 across national frontiers globally, the forward and backward linkages of goods and services came to an abrupt halt. Similarly, persons' movement equally ceased as states of the world declared a total and partial lockdown to mitigate the spread of the virus from person to person. Although countries such as the USA and the United Kingdom were reluctant to declare national lockdown, South Africa embraced a nationwide lockdown, but Nigeria considered a partial lockdown where Lagos, Ogun State, and Abuja were immobilised (Madhani et al., 2020; Rapheal, 2020; Mangan, 2020; Mbah, 2020; CNBC AFRICA, 2020; Michael, 2020). But commuters coming from countries affected by COVID-19 were subjected to quarantine because the virus has three variations of transmission, which are:

"Symptomatic Transmission — this is when signs and symptoms of COVID-19 are Compatible with COVID - 19 infection Virus.

Pre-symptomatic Transmission — This is when a person is exposed to the virus in which he or she becomes infected. On average the symptoms start reflecting between 5 to 6 days but can stretch to 14 days. In this period, some pre-symptomatic persons can be highly contagious.

Meaning a person in the pre-symptomatic period can transmit the virus.

Asymptomatic Transmission — This is when it is confirmed in the laboratory that a COVID-19 infected persons show no symptoms.

However, an asymptomatic person is infectious despite the absence of COVID-19 signs. (WHO, 2020)"

The transmission pattern of COVID-19 highlighted above, tricked states of the world, before and after the global lockdown approach, which was designed to curtail the spread of the virus. For instance, following the identification of COVID-19 cases in Italy, the virus had already gone out of proportion. McCann et al. (2020) reported that "initially Italy underestimated the severity of COVID-19, and it triggered an outburst of the virus, but later a national lockdown was considered to curtail the banality of the virus. However, the national lockdown came too late." However, Italy was not the only country that was late in imposing national lockdown; it was a mistake made by most nations in the phase of the novel Coronavirus.

States of the world adopted quarantine, screening, tracking of persons in contact with an infected person, sanitization, and lockdown approach for prevention of the virus banality. The WHO COVID-19 Strategic Preparedness and Response Plan operational planning guidelines to support country preparedness and response are predicated on eight pillars, and they are:

"Pillar 1: Country-level coordination, planning, and monitoring.

Pillar 2: Risk communication and community engagement.

Pillar 3: Surveillance, rapid response teams, and case investigation.

Pillar 4: Points of entry.

Pillar 5: National laboratories.

Pillar 6: Infection prevention and control.

Pillar 7: Case management.

Pillar 8: Operational support and logistics.
(WHO, 2020)."

The preventative measures adopted by states of the world to balance against COVID-19 are from WHO's recommendations. It was observed that some elements of the eight pillars are like the policies adopted in the 19th century to curtail the banality of influenza.

Tongontti (2013:257) clarified that "from 1918 to 1919, a period of war in the world, a multilateral health surveillance system was in existence built in Europe and the United States, but it failed in curtailing the influenza pandemic of that period. Even the Office International d'Hygiene Publique, situated in Paris, proved futile in controlling influenza's spread. The 1918-1919 pandemic was contagious, and it infected persons in almost all states of the world. A holistic approach was adopted to battle the outbreak. Health authorities in core Western cities adopted scores of disease-containment strategies such as the closure of borders, churches, theatres, and suspension of public gatherings. Unfortunately, the disease-containment measures came too late. Startlingly, history repeated itself in 2020 with the emergence of COVID-19 that eroded the WHO EWARS, infiltrated national borders globally, and threatened humanity's health security. The failure of the WHO to effectively put its EWARS to use is an indication of a failed international health regime. Dispassionately, the realist school of thought warned that the state can be a member of an international organisation but should not rely on it for survival. Dunne and Schmidt (2001:176) assert that "no other state or institution can be relied upon to guarantee a state's survival"; central to this assumption is the realist cardinal value of self-help. States of the world entrusted their health security to WHO. Unfortunately, the international health regime 'WHO' could not protect member states from the severity of COVID-19. At this juncture, nations of the world have no option other than to secure their people's survival by relying on exogenous or endogenous welfare. The WHO's failure triggered the fury of the United States President, and as one of the top funders of the WHO, the USA threatened to discontinue its contribution (Jessie, 2020; BBC, 2020; Fedor & Manson, 2020). Although, this study does not discredit the validity and significance of international regimes but merely echoing the need for reliance on self-help in a situation where an international regime has erred.

Western European Governments Dissonance to Imported/Exogenous Welfare

The severity of COVID-19 descended on the Western European States and North America, starting with Italy and Spain. Before the rest of the Western European Countries and North America began to experience an increased rate of COVID-19. Italy was the first victim, followed by Spain, and consequently, the entire European axis got engulfed by the horror of Coronavirus. As of 15th March 2020, Italy had total confirmed cases of 21157, Spain had 5753,

France 4469, Germany 3759, and the United Kingdom 1144, while North America had zero incidents. Almost all the COVID-19 cases in Europe were locally transmitted except for the Russian Federation, Georgia, and Latvia, where the virus was imported (WHO, 2020). COVID-19 proved itself a common threat to the security health of continents globally, and this is evident in the WHO (2020) Situation Report – 73. States of the world had no choice but to embrace the 8-Pillars of the PRP recommended for countries of the world by the WHO. It is a generic approach to curtail the spread of COVID-19 across the globe, as states look inwardly and outwardly for a solution to contain or eradicate the virus.

European nations' response to COVID-19

As the severity of the COVID-19 in Europe reached its peak, the European countries adopted a multilateral and unilateral approach by looking inwardly for solutions and seeking help from other nations. Although the unilateral approach to solving the threat to health security preceded the multilateral approach as the Western States looked inwardly for a solution to the problem. It is a reflection of the mentality central to European societies. The European nations are known for an inclination to self-help to guarantee the survival of their nation. However, they are equally inclined to the existence of an international regime such as WHO and WTO, where they advance collective interests. Contrarily, the reality of the COVID-19 triggered an unusual aspect of the European nations, which made them solicited for imported/exogenous welfare in the form of medical palliatives. For instance, Italy, a famous member of the G-7, was rendered vulnerable by COVID-19, which made her succumb to imported/exogenous welfare. Similarly, Italy, Spain, the USA, and other Western nations received medical aid from other countries as the reality of COVID-19 descended on them (Teslova, 2020; TRTWorld, 2020; Boorstein & Raghavan, 2020; UNICEF, 2020).

Italy, a member state, primarily beckoned to the European Union (EU) for help in a statement on BBC where Prime Minister Conte avowedly stated that "If we do not seize the opportunity to put new life into the European project, the risk of failure is real (Mark, 2020)." According to this statement, Giuseppe Conte directly urged the EU to assist affected EU Member States in fighting COVID-19. It is an indication that some of the Western European nations adopted a unilateral and multilateral approach to fighting COVID-19. Although, before beckoning for exogenous welfare, they relied heavily on endogenous welfare. The severity of COVID-19 showed an unusual aspect of Western European society because it forced them to seek exogenous/imported welfare to some extent. According to historical facts, the last time Western European nations relied on exogenous welfare was after the Second World War, when the USA established the Marshall Plan to temporarily help them recover from the injury inflicted by the Second World War.

As put by Matunhu (2011:67), "Modernisation is a concept premised on development aid from developed countries. It is an idea that has its root in the Marshall Plan of the Post-World War II." The Marshall Plan was an economic recovery plan. In a fundamental sense, the Marshall Plan was exogenous welfare that helped the Western European states to attain financial stability (Constitutional Rights Foundation, n.d.). However, the above extraction might appear less relevant to this discourse but considered to prove that reliance on exogenous welfare used to be an economic development trajectory in Western Europe in the early days after World War II.

However, the horror of COVID-19 triggered an intermediate reliance of the Western European countries and the US on exogenous welfare, as they relied on endogenous welfare; as a matter of fact, the USA transported almost 18 tonnes of medical essentials to Wuhan (Fact Sheet, 2020; USAID, 2020; Leonard, 2020). It was recorded that the United States of America sent COVID-19 palliatives across the globe, despite the affliction of COVID-19 in its national frontiers. On this premise, it can be said that the Western nations adopted a holistic approach to COVID-19, in that it featured realism, modernisation, and intermediate-dependency.

Similarly, Germany, a member state of the European Union, despite being confronted by COVID-19, aided Italy by transporting infected Italians from Italy to Germany for medical attention. Additionally, medical palliatives were donated to Italy by Germany; and Russia, an East European nation, also did not abandon Italy during the peak of its coronavirus crisis (Kanning, 2020; Germany Reuters, 2020; Ibbetson, 2002; Bateman, 2020; Hallam, 2020).

Concerning COVID-19, the European nations adopted a multilateral and unilateral approach in addressing the horror of the pandemic.

Along the line, China joined the zeitgeist of sending COVID-19 palliatives to the rest of the world; China sent medical palliatives and doctors to western Europe starting with Italy, as the country was rendered vulnerable by the severity of COVID-19. Paradoxically, China palliatives to Western European nations were welcomed with suspicion due to factors such as China being the source of COVID-19 and Europe's dissonance to the reliance on imported/exogenous welfare as they have a culture of self-help to survival. Below is an extract from a report that explicated one of the multiple factors that aroused Western Europeans skepticism regarding the role China played in the wake of the pandemic:

the contrast between early Chinese helplessness in managing the coronavirus – the underproduction and hoarding of masks early on, followed by excessive self-promotion afterward – might have won a few Serbian or Italian hearts. Still, it irked other Europeans far more (ECFR, 2020).

Western European, the North American Nations and China's Dissonance to Reliance on Imported Welfare

The horror of COVID-19 descended on the core, semi-peripheral and peripheral nations across the globe. States were left with no option but to rely on self-help for survival primarily; at a point, some Western Europeans such as Italy and Spain were worst affected by the virus in that thousands tested positive, while many died. As of 15th of March 2020, Italy had 21157 confirmed cases of COVID-19 and confirmed new cases of 3497. It means as of the 15th of March 2020, Italy had a total of 24654 cases of coronavirus and a total of 1614 deceased persons. On the same date as Italy, Spain recorded 7275 confirmed cases of COVID-19, and a total of 152 deceased persons from the virus (WHO, 2020). Similarly, the Atlantic Council (2020) reported that "as of the 25th of March, European nations had the highest cases of COVID-19 in the world, which includes 69,000 cases in Italy, 47,000 in Spain, and 35,000 cases in Germany. The fatality rate in Italy was above 7500, while 3500 persons in Spain were rendered extinct by the virus (Atlantic Council, 2020).

The harshness of COVID-19 in Italy and Spain aroused sympathy globally, and it exposed the vulnerabilities of the countries, especially Italy, to the world. Little was it known that the pandemic would trigger the intervention of China, as the nation assumed the role of supplying COVID-19 palliatives across the globe. In an uncritical sense, the Chinese benevolence to the European society would have been applauded. Although, the COVID-19 palliative sent to Italy by China aroused warm feedback from the Italian government. It is evident in the submission of the Italian Foreign Minister 'Luigi Di Maio' who avowedly claimed that "we are not alone, there are people in the world who want to help Italy (Atlantic Council 2020)." Below are the experts' narratives, aroused by the role China played in Western Europe as COVID-19 gained prominence:

Dimitar Bechev, a nonresident senior fellow in the Atlantic Council's Eurasia Center; research fellow, Center of Slavic, Eurasian, and East European Studies at the University of North Carolina at Chapel Hill.

"Never, let a good crisis go to waste. There is no better illustration than the medical supplies and crews of doctors China has been supplying to Italy and other European countries battling COVID-19. Beijing does carry a large share of the blame for the global pandemic over how authorities mishandled the situation in Wuhan at the outset of the contagion. However, now it seeks to shape the narrative of the crisis unfolding before our eyes. In short, China has managed to suppress the coronavirus, and it is all thanks to its governance system, allowing it to tackle public policy challenges more efficiently than Western democracies. And now it is extending a helping hand to the world the EU included. This is a reversal of roles given Europe's long and cherished history of projecting its model to the globe, from the colonial empires of old to Brussels' a regulatory imprint on free-trade agreements and multilateral cooperation schemes. One person who has taken note is Russian President Vladimir Putin. Jumping on the China bandwagon, the Kremlin dispatched aid to Italy too (Atlantic Council 2020)."

Sophia Besch, a nonresident senior fellow in the Atlantic Council's Future Europe Initiative; senior research fellow at the Centre for European Reform:

"In the competition over narratives, after a strong early showing from China, the EU is catching up. The EU and its member states fell short in their initial response to the outbreak. When the Italian government first activated the EU's solidarity mechanism, not one country came to its aid. Instead, some, including Germany and France, initiated export bans on medical equipment. This left room for China to intrude. The regime, usually not exactly known for its soft power, is attempting to make up for its initial mismanagement of the coronavirus outbreak at home with aid packages to European countries—too small to fix the gaps in European health care system capacity, but expertly publicized to portray China in the best possible light. This strategy has already proven successful—the Italian government has stated that it would not forget who its friends were in crisis times. In Germany, in the early stages of the crisis, a Christian Democratic Union (CDU) community leader wrote an open letter to Beijing, asking for help (Atlantic Council 2020)."

Ian Brzezinski, a resident senior fellow in the Atlantic Council's Future Europe Initiative and the Scowcroft Centre for Strategy and Security:

"China's global coronavirus rescue campaign is well underway. A key focus is Europe. Last week, Beijing sent millions of surgical masks (including 200,000 advanced masks) and 50,000 testing kits to Europe. Chinese medical experts have been sent to Italy. The Alibaba and the Jack Ma Foundation airlifted shipments of medical gear to Belgium, Ukraine, and Spain. And the list goes on. There is a clear good in such actions, but one cannot ignore China's other geopolitical objectives in play. Beijing is trying to rewrite the history concerning its mismanagement of the coronavirus that enabled a local outbreak in Wuhan to erupt into a global pandemic. That is a story about the perils that come with secretive and authoritarian regimes, a story that Chinese President Xi Jinping prefers not to be told. Beijing's assistance could help jog memories of how the pandemic first started (Atlantic Council, 2020)."

As explicated by the above experts, the European axis response to China's role in Italy and Spain at the initial stage of the outbreak has elements of geostrategic interest advancement. The virus randomly forced the European States to initially rely on self-help for survival due to the near horizontal nature of how the virus spread to most of the region. Unfortunately, Italy and Spain were the worst clobbered by the plague. Still, they were left alone to address the affliction that attacked their country; this could be because the same affliction equally confronted most of their neighbors. However, this created a vacuum in Western Europe that was speedily occupied by China. The opportunistic tendencies exuded by China in Europe made Ian Brzezinski say that "China's geopolitical quest amidst the COVID-19 pandemic came to the fore." It is an indication that China's benevolence to West Europe has generated a dissonance of EU Member States to imported welfare amidst the pandemic. Similarly, it revealed that the EU member states are not inclined to a culture of unethical dependency on other states, regions, or global international regimes.

Wong (2020) labeled China's largesse to Western Europe "*Mask Diplomacy*," a strategy aiming to fuel long-term dependence and a patronage network. Furthermore, Wong claimed that it is part of China's "*Go Out Strategy*," which has been labeled by faultfinders as "*debt-trap diplomacy*."

Analogously, ETNC opined that "at the initial stage of the pandemic in Wuhan, European nations were not hesitant to give a helping hand to China. Western European nations forwarded tonnes of medical palliatives in January 2020 to China. Appallingly, Europe's medical palliatives to China were unknown to global audiences, according to reports, because China diplomatically urged the European Union to make it discrete. Consequently, as COVID-19 afflicted Europe, medical palliatives from China to the afflicted European nations were donated from the Chinese government, state-owned enterprises, private companies, foundations, and local Chinese communities. And it was observed that there was a similarity of interest between Chinese companies that have a commercial interest in the host countries in Europe, and donations from these companies, as seen in the cases of Greece, Hungary, Italy, Portugal, and Spain. This approach was observed in Europe and was also the case in other countries that received China's exported welfare. However, the intrusion of China in the affairs of Europe has always proved to be a catalyst for the re-emergence of geopolitical Europe.

Furthermore, it was observed that the medical supplies from China to Europe exceeded the aid volume. Therefore, Chinese largesse is an avenue to create a strategic partnership with Europe. It is the perception held by most European nations in Germany in Poland and to the Czech Republic. It is glaring that China converted its role in the global fight against COVID-19 to public diplomacy to foster national interest. It is evident from China's simultaneous involvement of its embassies and diplomats across Europe in social and traditional media as COVID-19 gained global awareness. China's public diplomacy globally in the wake of the pandemic is predicated on four cardinal nationalistic themes, which are: i) Emphasis on solidarity and aid; ii) messages on international solidarity; iii) Publicity of war on COVID-19 in China as successful. And incitement of locals in host territories, as in France where China blamed Western democracy for incompetent management and banality of the virus; iv) Balancing against accounts questioning China as the source of 2019-nCoV (2020:7-9)."

According to the views expounded by European experts, reports, leaders, and journals, it was deduced that China seized the pandemic to advance its geostrategic interest, by gunning for strategic partnerships in targeted territories worldwide through its mask diplomacy.

The Western axis dissonance to reliance on imported welfare triggered an upsurge of criticism from European political experts, leaders, and the European Union against China's *mask diplomacy*. However, it is paradoxical that the Western European axis developed skepticism towards a gesture made by China to them, whereas they have a culture of promoting such dependence in Africa.

Central to the Europeans skepticism regarding China's "*Go Out Policy*" is the reliance on the self-help approach to survival, which they are accustomed to. Without departure from this study, Western society's response to COVID-19 and China's diplomacy has been assessed with the theoretical frameworks of this study. It is observed that the

European approach alternates between unilateralism and multilateralism. However, the following section would be based on the appraisal of African nations' response and approach to the severity of COVID-19.

The Prevalence of COVID-19 Myths in Africa

The novel coronavirus proved that the world is indeed a global village judging from how it spread from Wuhan, Hubei province to the rest world within two months. It equally validated the fact that national borders are porous. The global north states security, infrastructure, and military strength could not repel the intrusion of COVID-19 in their national frontiers. Surely, such a virulent virus is expected to affect the global south or peripheral countries the most. Conversely, hitherto, the case of 2019-nCoV in Africa is nothing compared to cases in Asia and Europe, but its economic severity is strongly felt in Africa. WHO (2020), 15th of March 2020, the total confirmed cases of COVID-19 was 88,424 across the globe, in which Africa simply had a total of 178. The total fatality globally on the date highlighted above was 2,864, while the overall death in Africa was 4. Based on these figures, it should be expected that Africa sends medical palliatives to Asia and Europe. Still, the reverse was the case, in that the profoundly affected continents such as Asia and Europe were the ones that forwarded medical palliatives to Africa, knowing that Africa has a dependency culture, also known as reliance on imported or exogenous welfare 'always at the receiving end.'

From the onset of the COVID-19 pandemic, African states succumbed unthinkingly to conjectures that the virus cannot survive in hot weather conditions; this assumption prevailed on social media such as Facebook, Twitter, and WhatsApp (Nebe, 2020). It was acknowledged in NOIPolls (2020) that "invalid assumptions of immunity circulated in Nigeria regarding COVID-19." The myths that Africans are immune to the pandemic might be one of the factors that encouraged African states to a reluctance to declare lockdown. Hairsine (2020) reports that "a theory claimed that Africa is too warm for COVID-19 to thrive. Epidemiologist Paul Hunter explained that the virus had not been around for long; therefore, it is uncertain whether its transmission would be affected by a change of season. However, Hunter claimed that Africa might not experience COVID-19 outbreak as did China."

Similarly, BBC (2020) reports that "a release finding on the 18th of May 2020 by NOIPolls foundation of Prof. Ngozi Onkonjo-Iweala, former Nigeria Minister of Finance, revealed that 26% of Nigerians feel that they are immune to COVID-19 because they are children of God. They further claimed immune to the virus because they assumed that their antibody is strong enough to repel the virus and that the virus cannot survive in hot weather conditions." NOIPolls (2020), alluded that "according to their survey, it was discovered that 8% of Nigerians are inclined to the assumption that the use of herbs will protect them against COVID-19. While 5% sees the virus as a western disease incapable of infecting Africans." However, not only the common Nigerians embraced, the false information propagated about COVID-19. The Nigerian government might have fallen for the ruse that was in circulation regarding the virus. This might be the main reason why Nigeria left her national border opened, despite the WHO recommendations.

Nebe's (2020) report concerning the banality of fake news and its effects on the fight against COVID-19 is more explicit. Nebe opined that "Africa adhered to the Preventive measures recommended by the WHO to curtail the banality of COVID-19, but the precautions are frustrated by the prevalence of myths regarding the virus across Africa.

AFLIA (n.d.) labeled the myth circulated regarding the pandemic a 'fake news' because it is a 'misinformation' and attributed its prevalence to the high level of illiteracy in Africa. AFLIA explicated that misinformation thrives in climes where there is a high level of ignorance. Central to AFLIA's submission is that misinformation gains impetus when the inability to understand and access information is ubiquitous. Furthermore, it is evident that Africa lags in world averages on literacy levels; therefore, Africa is a breeding or fruitful ground for misinformation on COVID-19. The prevalence of COVID-19 should be expected as the continent has a high level of illiteracy. As put by AFLIA:

"Misinformation about COVID-19 is engendering false hopes and generating fear, promoting quackery, and undermining scientifically proven pathways designed to curb the spread of the virus such as social distancing, staying at home, proper handwashing and use of hand sanitizers. This endangers lives and allows the pandemic to spread increasingly (n.d.)."

A report from Cape Town by Le Grange (2020) garnered 13 myths about COVID-19, which featured claims that "chloroquine and ARV cure COVID-19; only the White race can contract the virus; people dwelling in a hot climate are immune to the virus; and that COVID-19 is just like flu, the world is simply over-emphasising it."

From the above extracts, the inclination to myths regarding COVID-19 in Africa is undoubtedly gaining momentum. In a fundamental sense, this is another threat capable of giving the virus leverage over human health security and thwarting the precautionary measures put in place by the government. However, following the intrusion of COVID-19, the veracity of its severity could not be undermined by the masses and decisionmakers across Africa as it posed health security and economic threat. COVID-19 has proved to be a common threat to humanity across the globe. Africa is not exempted as cases of the novel coronavirus are gaining strength daily and frightening the entire continent. The emergence of COVID-19 jostled countries of the world to seeking multiple avenues for a solution to the pandemic. We have seen Europe and North America going from a self-help approach to multilateral and regional approaches. However, in as much as the developed axes alternated between realism, dependency, and modernization approaches, they still relied on self-help. The same problem similarly confronts Africa like China, North America, and Europe. But the African continent is more frustrated by the economic challenges posed by the pandemic. The following section will be concerned with a critical assessment of the African nations' response to the novel coronavirus.

Africa's Response to COVID-19: The Dissonance of the People and Consonance of the Government to Imported Welfare

At the onset of COVID-19, little was known or assumed that it would become a pandemic when the novel coronavirus covered Wuhan in China's Hubei region. To the shock of the entire world, the highly communicable disease proved to humanity that the world is indeed a global village. It is like a case of Wuhan caught cold, and the world as whole sneezes. Africa, as a highly globalized continent, is increasingly and profusely sneezing as Wuhan caught a cold. Following the fall of colonialism in the Third World War, almost all African nations emerged sovereign and were left to decide their fate. However, following decolonization victory, the entire African countries developed a culture of dependency on their colonial masters, and at present, dependent on any nation capable of exporting welfare. It is evident in the forward and backward linkages between the developed, developing, least developed, and underdeveloped countries across the globe. As acknowledged by Immanuel Wallerstein's World-System theory, "peripheral nations are dependent on the core and semi-peripheral nations (Frank cited in Hout, 2019:7)." The African nations' response to COVID-19 validated the assumptions of Samin Amin and Walden Bello regarding the reliance of Africa on developed and developing nations as Nigeria, and South Africa look towards Europe, China, and Cuba for help, at a time where the same problems confront these helpers.

In the fight against COVID-19, the Nigerian government displayed a stack reliance on imported welfare. It is evident in the report of Ayangafu (2020) that "a Chinese Company 'Chinese Railway Construction Corporation' (CRCC) through its subsidiary China Civil Engineering Construction Corporation (CCEC), following a formal request by the Nigerian government, collected medical supplies from China for Nigeria. Also, CECC consequently dispatched a 15-member technical team from CRCC to Nigeria. 12 out of the 15 medical teams are experienced medical professionals equipped with the technical know-how to treat COVID-19." Although, Anadolu Agency (2020) reported that "The CCECC Executive Director 'Jacques Liao' avowedly submitted that the main aim of the team is to provide the CCECC employees with the needed essential healthcare, should in case health challenges are identified."

It is questionable in the context of this study because it is a glaring indication of reliance on imported welfare. In a fundamental sense, it implies that the Nigerian physician and virologists in Nigeria are incapable of treating or managing the novel coronavirus. In reaction to the importation of medical doctors, the Nigerian government's decision in conjunction with the CCECC perturbed the fury of the Nigerian Medical Association (NMA) and the Peoples Democratic Party (PDP). Oyebade et al. (2020) reported that "the PDP avowedly told Nigerians that should the country experience an upsurge of COVID-19, the incumbent President of Nigeria should be held accountable for importing welfare from China in the form of medical assistance. Furthermore, the PDP expressed disappointment over the President's indifference to the protest of Nigerian professionals and NMA against the importation of doctors from the home of COVID-19." Below is the submission of the PDP National Publicity Secretary, Kola Ologbondiyan:

"even as Nigerians across the board have continued to question the status, identity, and interest of the Chinese doctors as well as the safety of kits and equipment in China, particularly following scary reports of escalation of the scourge in certain countries reportedly after the arrival of Chinese medical personnel in those countries (Oyebade et al., 2020)."

The PDP expressed optimism in the Nigerian Doctors response to the pandemic based on the fact that there are records of recovery and fewer fatalities without the assistance of imported doctors; therefore, the real motive behind

the importation of Chinese doctors should be made known (Oyebade et al., 2020). The President of the United Labour Congress' (ULC) Joe Ajaero' equally echoed dissonance to imported welfare, which is premised on the harmful impact of foreign doctors' importation on local doctors. In his view:

"Anything Chinese, as far as the pandemic is concerned, raises some hairs among Nigerians, and that is understandable given a lot of stories and fears out there. Therefore, it is better to take another look at this offer for assistance to assuage these feelings. We are also worried that a company that has had a pervasive influence on the government of this nation oversees various critical infrastructural projects in this country is the one making this offer at this time. Could it be that this may be our government's way of favoring the company to take charge of their Chinese personnel during this pandemic? Was there a quid pro quo that may compromise our nation's ethos, interests, and pathological processes? (Oyebade et al., 2020)"

The above submissions are an indication that the Nigerian people showed dissonance to imported welfare in the case of the novel coronavirus. In contrast, the Nigerian authority portrayed a strong consonance to reliance on imported welfare. It is evident in the argument between the interest groups and the Nigerian government. Correspondingly, the Algerian and South African governments equally showed consonance to the reliance on imported welfare. The South sought medical assistance from Cuba and China, while Tunisia received support from (Theafricanreport, 2020; Prinsloo & Vecchiato, 2020; TRTWORLD, 2020; Global Times, 2020). Although South Africa and Tunisia have a culture of reliance on imported welfare in the form of medical aid, the global audience's awareness as COVID-19 emerged. South Africa has a record of dependence on Cuban medical assistance, and this accounts for the South African government sending South African doctors to Cuba for medical training.

Martel (2020) reported that "South Africa's News24 documented the arrival of 217 Cuban medical workers to Waterkloof airforce base in South. It is a medical team that includes family physicians, biostatisticians, healthcare technology engineers, biotechnology experts, and other specialists."

Similarly, Tunisia has the same relationship with China, but the relationship predates the emergence of COVID-19. The Health Minister of Tunisian 'Abdellatif Meki', as reported by FOCAC (2020), claimed that "Tunisia-China medical cooperation is not new, but dates back to decades. China first dispatched a medical mission to Tunisia as far back as 1973. Consequently, 1000 Chinese doctors have been imported to Tunisia to offer medical assistance such as surgery, gynecology, obstetrics, radiography, pediatrics, orthopedics, cardiology, and acupuncture."

Helen Yaffe, a lecturer in the Economic and Social University of Glasgow, submitted that "the idea of free healthcare as a universal human right can be traced to the 1959 Cuban Revolution which marked the origin of its medical internationalism; it is a medical idea and practice premised around the sending of medical teams to support other nations in time of medical needs. According to her, this was when Cuba developed its public health care framework centered on primary care and prevention, coupled with the development of medical diplomacy, which embodied solidarity. Cuba's medical diplomacy offered free medical assistance to some countries until early 2000. After Hugo Chavez assumed power in Venezuela, Cuba indulged in the sending of medical staff and educators to facilitate his Bolivarian revolution. Following the emergence of Hugo Chavez as the leader of Venezuela, Havana indulged in the purchase of buying Venezuelan oil at below-market prices. The trade pattern between Venezuela and Havana was the exchange of oil for doctors. Cuba sent 30,000 medical workers to Venezuela in the first ten years of their relationship. This was how Cuba, according to Yaffe, later consolidated permanent medical missions in some countries across the globe such as South Africa, Brazil, Ecuador, and Qatar that pay in hard currency to Cuba for medical service delivery (Petkova, 2020). Khan (2020) noted that "medical diplomacy between South Africa and Cuba transcends two decades."

The South African Medical Association (SAMA), just like the NMA, expressed strong dissonance to the South African authority reliance on imported medical welfare. Central to their criticism of the Cuban medical brigades' government importation is the existence of many unemployed medical doctors in South Africa, and many community service medical officers are still waiting to be placed (Sama cited in Martel, 2020). Furthermore, central to South African health workers' discontent is the considerable remuneration of Cuban health workers by the South African government (ibid). Kahn (2020) reported that Cuban medical brigades were sent to South Africa following a request by President Cyril Ramaphosa of South Africa to help with COVID-19.

The lesson learned from the submission of Helen Yaffe is that Cuba created a chain of dependency by offering free medical services to countries until 2000. This perfectly explains why South Africa, without hesitation, beckoned at Cuba for medical assistance on the novel coronavirus, however, at a huge cost. The response of the dominant African countries to COVID-19 revealed that the African governments are reliant on imported welfare, as it is evident in the above sources that South Africa, Nigeria, and Tunisia sourced for medical aid from foreign territories as WHO could

not offer a solution to the banality of COVID-19. The African society's response to the novel coronavirus is an embodiment of dissonance and consonance to reliance on imported welfare. It is evident in the resistance mounted by the medical association and other interest groups when the government of South Africa and Nigeria imported doctors.

Appraisal of Africa's Reliance on Imported Welfare in a Phase of COVID-19

Following the decolonisation of the African continent, most African nations gained sovereignty and acquired equal recognition as their colonial masters in the United Nations. This means that the colonised countries can now engage in negotiations with other primary actors in the global domain as equals, according to international law, which accorded them international legal personality. However, the reality of the postcolonial African society appeared to be a subterfuge in that one cannot expressly claim that Africa, China, North America, and European nations are equals in a fundamental sense, especially when political and economic strengths are considered. Central to the inequality of power and influence between Africa and other continents is a culture of dependency of the African nations on the developed nations and the high middle-income country 'China.'

The reality of the virus across the globe and the failure of WHO triggered states' reliance on self-help for survival, and those that could not thrive on self-help such as the African continent, exuded reliance on imported welfare. The spillover effect of the novel coronavirus polarised the responses of states nationally across the globe; the polarity took the patten of self-reliance and reliance on foreign partners. The severity of the virus in the world threatened both aid givers and receivers simultaneously; in fact, the USA received aid from Turkey and Russia. Similarly, there was a flow of aid from China to Western Europe and vice versa. However, the problem identified in Africa relations with China and Europe in the phase of COVID-19 is the over-reliance of African governments on imported welfare, at a time that self-help is expected to gain momentum. This section will borrow from the realist core values 'self-help and survival', and development theories to analyse, address, and highlight the ill consequences of the reliance on imported welfare concerning COVID-19 in Africa.

Self-help and survival

When multilateralism and international regimes failed to find a prompt solution to a pandemic afflicting humanity, nation-states would be forced to make rational choices by looking inwardly or outwardly. However, in the case of COVID-19, states of the world are afflicted simultaneously. Therefore, each state is obliged to look internally for survival as it is a ubiquitous deadly virus that affected states horizontally in the context of health security. The African countries appeared to be the most vulnerable in this period of COVID-19 due to a historical culture of reliance on imported welfare, which comes in the form of financial aid, services, or materials as it is now. In other words, Africa is not self-sustainable due to a culture of reliance on the rest of the world for survival. COVID-19 revealed that the African continent proved unfit to address its internal challenges. Therefore, the principle of self-help in the African continent is near to absence. It is evident in the Nigerian, South African, and Tunisian authorities' response to the COVID-19 outbreak (Kahn 2020; TimeLIVE 2020; Martel 2020; Shaban 2020; Agabi & Saawua, 2020; Xinhua, 2020; FOCAC, 2020).

Dunne and Schmidt (2001:176), argue that "no other state or institution can be relied upon to guarantee one's survival. It is because the logic of international politics does not permit trust, friendship, or honor." Central to this perspective is the anarchical nature of the global domain, where national interest shapes states' actions; it is the core view of the structural realist. On this premise, *free lunch* is undoubtedly something wanting in an interstate relationship. Therefore, state reliance on other states is unethical in the realist school of thought because each country is expected to pursue its national interest. Waltz cited by Dunne and Schmidt (ibid) claimed that "in the self-help system of international politics, the logic of self-interest infringes on collective interest." It is evident in the discord between the USA and China concerning the spread of COVID-19. Furthermore, the USA accused WHO of failing to protect humanity, while the EU calls for an independent probe into the matter (Huet, 2020; BBC, 2020). The USA and the EU accused China of using the plague to advance its geopolitical and geostrategic interest.

ETNC (2020) reported that "China indulged in using its *mask diplomacy* in creating a strategic partnership which aims to lure the region into a cage of dependency; therefore, China is using public diplomacy to promote its geopolitical interest in Europe." It is the pattern of behavior Europe observed in China's *imported welfare*. As a good student of the realist school of thought, the Europeans openly expressed dissonance to China's importation of welfare to their region. Conversely, the African nations proved to be a bad student of the realist school of thought, which is evident in the reliance on imported welfare from China, Europe, America, Cuba, transnational organisations, and

international regimes. The dependence of a sovereign nation on the importation of a solution to address a domestic problem is an indication of the absence of self-help. Following the emergence of COVID-19 Africa saw the inflow of substantial funds from IMF, World Bank, Germany, USA, Russia, and China (IMF, 2020; The World Bank, 2020; Bloomberg, 2020; Borbon, 2020; Royal, 2020; Premium Times, 2020; Dlwati, 2020; Klomegah, 2020).

African leaders' realisation of their inability to balance against the severities of the novel coronavirus forced them to indulge in seeking imported welfare such as medical and financial aid across the globe. This is an indication of a continent unwilling and unable to address their domestic problems. The only way forward for African nations in the phase of COVID-19 in the African governments' view is to rely smugly on imported welfare, which they did. The African nations' reliance on imported welfare is an indication of the absence of self-help in the continent. The dependence of the African nations on foreign partners and international regimes is an indication of the zero influence of the African nations on global affairs. However, only one African country 'Madagascar' attempted to solve the COVID-19 severity by looking inwardly. It is quite surprising that Madagascar turned out to be the only African country making waves across the globe in the phase of COVID-19, with its indigenous herb '*Malagasy*' introduced to the world as a cure to the deadly novel coronavirus. Although, the Madagascan antidote triggered impressive awareness; however, it was confronted by the disapproval of Western mainstream medics and the WHO. But it was approved by some member states of the African Union. The Madagascan indigenous COVID-19 antidote has triggered division across the globe between those that are for the medication and those that are totally against it, and astonishingly, this was the case within WHO. South Africa and Senegal offered to sponsor the clinical test of the herb further; similarly, the WHO considered subjecting it to clinical trial. After the President of Madagascar accused the international health regime of undermining its national discovery. In solidarity with Madagascar, Tanzania purchased the antidote (Sari, 2020; Vyawahare, 2020; BBC, 2020; Tih, 2020; Shaban, 2020; Aljazeera, 2020; Finan, 2020).

The rest of the world and the international regimes' response to African leaders' plight in the phase of COVID-19 pandemic has a glaring character of the modernisation approach, as they are bent on helping Africa to balance against the triple threat posed by the pandemic.

A Modernisation Approach to COVID-19 in Africa (Importation of welfare)

The novel coronavirus in Africa has threatened the economic stability, livelihoods of Africans, and left most African governments with no option but to declare and enforce the immobility of persons and the deactivation of economic activities, to curtail the spread of the novel Coronavirus. The Preventive method adopted by the entire African countries to curtail the spread of the virus has its root in the *eight pillars of operational planning guidelines* recommended by the WHO. The *eight pillar operational planning guidelines* are strictly preventive measures to curtail the spread of the virus, as scientists are occupied finding an antidote. Despite the adoption of the eight pillars recommended by the WHO, the African continent is still experiencing an upward trajectory in the confirmed cases of the virus daily (Mwangi, 2020; Mingmei, 2020). The African governments adopted and enforced imported preventive measures such as national lockdown in South Africa, while Nigeria adopted a partial lockdown approach to tackle the virus's diffusion. Social distancing, hand sanitisation, screening of people assumed to be in contact with an infected person, consolidation of isolation centers, and the imposition of public nose masks was equally introduced (Low, 2020; Krippahl, 2020; Fidelis, 2020). It is evident that the preventative approaches were imported; similarly, funds, expertise, and medical palliatives were all imported by international regimes, profiteers, and foreign nations to Africa in bid to abate the severity of the virus and the threat of economic shock it posed. The problem identified in this section is the reception of African governments to imported welfare, despite the awareness of the EU and China's subtle dissonance to imported welfare from each other at the onset of COVID-19. The disapproval of both axes to imported welfare was captured in the report of ETNC (2020).

The threat of hunger triggered by COVID-19 lockdown in Africa

Following the adoption of the *Eight Pillars Operational Planning Guidelines* to support country preparedness and response, most of the African governments portrayed an identical pattern of political behavior. Central to the homogenous pattern of political behaviour portrayed by the African leaders succeeding the adoption of the WHO 8 pillars, was the threat of economic shock posed by the severity of COVID-19. African governments were confronted

by the challenge of feeding their citizens that were rendered sedentary and inactive by the imposed curfew to curtail the infamous novel coronavirus's ubiquity. The imposed curfew in South Africa, Nigeria, and other African countries negatively impacted the poor, casual workers, and people working in the informal sector. The deactivation of economic activities and the imposition of immobility threatened their livelihoods. This forced them into a penurious existence whereby they had no choice but to rely on the government for survival; unfortunately, the government could not feed its entire population, especially in the case of Nigeria (New Humanitarian, 2020; Burke, 2020; Muller, 2020; Kazeem, 2020; France24, 2020; BBC, 2020). HRW (2020) urged the Nigerian government to ensure the right to food, shelter, and other necessities for people plunged into destitution by the policies enforced to curtail the pandemic's ubiquity. However, the economic assistance announced by the Nigerian government to abate the challenges confronting the people under the lockdown has revealed the weaknesses embedded in Nigeria's social protection system, which has exposed the poorest and most vulnerable to risk.

However, private individuals and the government endeavored to feed the masses, but the population is too large to be covered. The African nations were threatened by economic shock as the emergence of COVID-19 decoupled global economic activities and immobilised persons globally. It was a sudden reality that offered the masses no option other than to feed on the little in their possession and rely on the government for survival, as was the case in South Africa, Nigeria, and other African nations. Unfortunately, the response of the governments indicated incapability to feed their population. Based on this premise, an erstwhile Senator of the Federal Republic Nigeria 'Dino Melaye' avowedly stated that "all political elite in Nigeria has failed the masses because Nigeria sold crude oil for 64 years. Still, the government could not feed its citizens for two weeks (Majeed, 2020)."

Similarly, President Cyril Ramaphosa of South Africa, the incumbent African Union Chairperson, asserts that "the infamous novel coronavirus already ill impacted the African economy. The situation would be exacerbated as the cases of the virus escalates. The COVID-19 is a hindrance to the advancement of socioeconomic and sociocultural achievements (IMF, 2020)."

Furthermore, the AU Chairperson appointed a number of renowned African leaders as special envoys of AU to solicit international support for Africa as a concerted effort to mitigate the imminent economic challenges posed by the COVID-19 pandemic. He consequently expressed profound gratitude to the international community for the immense support extended to Africa (APO Group, 2020). The severity of the novel coronavirus posed an economic threat to the African countries. In the view of the African governments, the way out is to seek loans from international financial institutions and foreign partners. And in a fundamental sense, this is an indication of a firm reliance on imported welfare, which the late nationalist leader 'Thomas Sankara' stood against during his reign.

Funds from international financial regimes, foreign partners, profiteers, and local investors and political elites

The novel coronavirus brought the economic weakness of the entire African nations to the fore. It subsequently exposed the inability of the African continent to unilaterally solve its continental challenges such as poverty, increasing unemployment, and security health challenges. At the onset of the pandemic, the African nations solicited funds from local investors, international profiteers, foreign partners, and international monetary institutions to mitigate the spread of the virus, manage the illness it imposes, and to abate the economic shock.

Local investors role in the fight against COVID-19

The African governments, precisely Nigeria and South Africa solicited funds from local investors and political elites. Devermont (2020) reported that "the business mogul, Alhaji Alinko Dangote synergised with Access Bank to launch a coalition against COVID-19 called 'CACOVID' to offer a hand of assistance to the Nigerian government in the battle against the novel coronavirus. The CACOVID foundation raised a total of \$40 million from 37 sources, namely banks and individuals." The South African approach to the imminent economic instability posed by COVID-19 appears holistic and effective compared to that of Nigeria that was marred with irregularities. Hairsine (2020) maintained that "countries like Nigeria and South Africa announced scores of relief initiatives designed to abate the horror of the novel coronavirus, but when the funds would be available and how it would be accessed remains an uncertainty."

The Pretoria Government established a solidarity fund to accumulate donations. The wealthy indigenous South Africans, such as Oppenheimer, Rupert, and Motsepe families, donated R1 billion, equivalent to \$57 million, €51 million. Daily Maverick, cited by Hairsine (2020), claimed that "it seems the majority of the accumulated funds would be channeled towards mitigation of the virus, but some portion of the donations are expected to be made

available to small enterprises." Furthermore, it was stated that "the government announced that R2 billion would be made available through the Debt Relief Fund to small and medium-scale enterprises affected by the economic harshness caused by the virus (ibid)."

The South African government created scores of relief initiatives to protect its citizens from the virus's severe economic consequences. The Nigerian government, just like the South African government, created an initiative to abate the suffering of its citizens; however, Nigerians' opinion regarding the government aid scheme has been negative. For instance, in Nigeria, Femi Egbesola from the Association of Small Business Owners maintained that "in a population of almost 200 million, the government has not done enough to abate the economic harshness caused by the virus (ibid)."

The African governments and economic elites synergised to heal the economy and abate the spread of the virus. Still, it appeared that the economic effect of the pandemic sprang beyond their competence and efforts. It is self-revealing that should the African government rely on self-help, the continent might experience the devastation of unimaginable proportions. Economic activities are discontinued, which means employers cannot pay employees, and casual workers' livelihood has reached an abrupt halt. The way out of the economic shock in the logic of the African leaders is to seek funding from international monetary institutions and foreign partners.

AU Envoys and International Monetary Institutions

The AU Chairperson's appointment of selected African leaders as envoys of AU to solicit funding outside Africa for the fight against all the threats posed by the virus is an indication of the African continent's submission to the view that reliance on imported welfare is the way forward. On this backdrop, the dependency approach to COVID-19 in the entire continent is not feasible as the continent's health sector is underdeveloped and has economic instability.

Following the AU envoy's appointment by the AU Chairperson, funds were solicited; consequently, the IMF and WB pledged to throw their weights behind the African continent in a bid to lessen the economic jolt caused by the novel coronavirus. The World Bank Group President David Malpass claimed that it would put its resources together to offer Africa needed support in the fight against COVID-19. He further contended that the pandemic is devastating and unusual. Therefore, no nation can be left alone. Africa cannot be isolated in the fight against the pandemic. Emergency support has been provided to 30 countries across the African continent, and more should be expected. The WB will continue to press for debt relief and additional resources, particularly for the countries worst hit by the novel coronavirus. Similarly, the IMF Managing Director Kristalina Georgieva stressed that they are by the side of Africa with their pledge; therefore, they are rallying with Africa to help alleviate the shockwave of COVID-19 afflicting the continent. The astronomical impact of the pandemic is felt across Africa; based on this premise, the IMF, in conjunction with its partners, aims to intensify its resources to help preserve lives and livelihoods (IMF, 2020).

The MD of IMF further alluded that the monetary institution will provide additional allowances, also urged other institutions capable of assisting to contribute their quota, in the protection of the people's economy, and to help the country balance against shocks for the economy to recover (IMF, 2020). The WBG applauded the developed nations 'G20' for the unity and understanding that they displayed in allowing the WBG to provisionally halt the debt payment of the International Development Association (IDA), for the payment of the least developed nations that is scheduled to commence on May 1st, 2020. The WBG adopted a holistic and fast approach to assist developing countries in their response to the novel coronavirus (ibid). According to IMF (2020), the COVID-19 support fund to developing countries is for the strengthening of Africa's response to the pandemic, enhance their disease surveillance, improve public health interventions, and to relieve the stress encountered by the private sector due to economic decoupling caused by the pandemic. For this purpose, the WBG is set to relay **\$160 billion** in financial support, of which the African continent will have a share of **\$55 billion**. The monetary relief will continue for 15 months to assist financially weak and vulnerable countries, for the protection of businesses and to bolster economic bounceback.

African Development Bank Group

Concurrently, the African Development Bank Group (AFDB) contributes to the fight against the virus; it unveiled a Response Facility to help regional member countries abate the severity of the novel coronavirus. The Response Facility approach adopted by the AFDB aims to fight the pandemic; the bank vouched to make **10 billion dollars** available for the public and private sectors. The President of the AFDB 'Akinwunmi Adeshina' acknowledged the economic shock triggered by the virus, and he introduced a financial package to mitigate its effects. The AFDB

Response Facility in total is **\$10 billion** but divided into three strata as follows: **\$5.5 billion for sovereign operations in AFDB countries; \$3.1 billion for sovereign and regional operations for states under the African Development Fund, the Bank Group's concessional arm that caters for fragile states. Additionally, \$1.35 billion was being provided for private sectors** (Wanneburg, 2020).

The IMF and WB showed commitment to the sponsorship of the fight against COVID-19 in Africa by providing immense debt relief to the continent. Similarly, the IMF showed profound consideration in helping Africa battle the daily growth of the virus, by allowing the international monetary institutions put their debt relief on hold for the speedy payment of debt relief to the African continent. Consequently, the AFDB equally joined in helping the African governments and private sectors in the fight against the pandemic. However, the international monetary institution's contribution dwarfed that of the AFDB, but it is a global and continental synergy worthy of applause for consonance in battling the pandemic. It is an indication that the African continent is not left alone in the fight against the novel coronavirus. The incumbent President of the AfDB acknowledged the harmony of countries, individuals, and international institutions fighting against the pandemic. It appears that the pandemic brought countries, institutions, and individuals across the globe together to balance against the global health security threat. The response of the three financial institutions to COVID-19 in Africa has a glaring element of a modernisation theoretical approach that aims to address a collective health security issue by modernising the health care sector across Africa and abating the punitive economic conditions triggered by the pandemic.

Funds from the rest of the world

Germany, the EU, the USA, Russia, and China showed support to the African governments in the fight against the pandemic. Aside from the realisation of the need to help the African countries out of sheer humanity, the economic and infrastructural reality of the African continent depicted the inability of do-it-yourself in the entire African continent. This is a fact that resonated politely in the reasons highlighted by the IMF, WB, AfDB, and the submission of the incumbent AU Chairperson. This is why Africa deserves international financial sustenance from the rest of the world in the fight against the novel coronavirus.

Team Europe

The EU launched an initiative labeled *'Team Europe'* on April 8th to assist developing countries confronted by the severity of COVID-19. It will inevitably plunge the continent into economic shock and threaten the security of its population due to the poor state of its health infrastructure. Team Europe is a stimulus package of over €20 billion aimed to assist vulnerable countries, especially African countries and the EU neighboring states. The EU, according to **Tomas Tobé**, the Swedish EPP member and chair of the Parliament Development Committee, stated that "they coordinate through its Team Europe allocation of €20 billion. Still, member states are tasked to step up their action because the EU needs additional financial resources. It is the EU obligation to assist emerging nations. For instance, in Africa, cases of COVID-19 are underreported. Therefore, it behooves on EU to necessarily help Africa in the mitigation of the virus severity. Furthermore, he stated that everyone acknowledges COVID-19 as a pandemic; therefore, no nation is spared from its callousness. This is a virus that has no regard for national frontiers globally. Thus, success in fighting the virus has to be global. It is a verifiable fact that the challenge posed by the pandemic in Africa is gigantic. It is because Africa has more vulnerable people due to insufficient health infrastructure. Hence, stretching a hand of humanity to Africa is in the interest of solidarity to protect human lives. A concerted effort at helping Africa is equally in Europe's interest because whatever affects Europe's neighboring countries can inevitably reach Europe, and Europe is not willing to experience the upsurge of the second and third wave of the virus (World, 2020).

Noura Hamladji, the Deputy Regional Director for Africa at the United Nations Development Program (UNDP), claimed that "EU funding is paramount to Africa in the fight against the pandemic, because of its weak health systems. Its economic growth could fall from 3.8% to 1.8% as the virus decoupled economic activities. Following the end of the Second World War, this is the worst crisis. Therefore, solidarity and support are essentially needed for the fight against the life-threatening novel coronavirus (Okello, 2020). From the view of Team Europe and the UNDP, Africa cannot address domestic challenges posed by the pandemic. Therefore the reliance on the rest of the world is inevitable for the survival of the African continent. Central to the conclusion of Team Europe and the UNDP concerning Africa is the inevitability of a modernisation approach to the pandemic.

BRICS New Development Bank (NDB) aid to South Africa

The BRICS NDB, an association of Brazil, Russia, India, China, and South Africa, showed commitment in the fight against the pandemic. On April 28th, 2020, the BRICS foreign ministers held a video conference where the bloc's approach to the pandemic was discussed. In the meeting, the pandemic's effect on international relations and the economy of member states was addressed. At the meeting, the Ministers assented to the allocation of 15 billion dollars to the NDB to set up an initiative to help member states abate the ill economic and health consequences of the novel coronavirus. The NDB discussed the appropriation of \$1 billion each to Brazil and South Africa after a billion dollars was allocated to India. The President of the NDB '**K.V. Kamath**' avowedly stated that the bank is willing to do more for its member states if requested (Preuss, 2020).

Germany, USA, and China's aid to Nigeria

Germany labeled the virus as the most significant global health crisis in decades. Therefore, the need to slow down the virus in Germany and the rest of the world is substantial. Development Minister of Germany, **Gërd Muller**, avowedly stated that "a collective approach to the fight against the pandemic is the sole way to curtail the spread of the virus in Germany and the rest of the world (BMZ, 2020). Central to Germany's reason for throwing its weight behind Africa in the fight against the pandemic is based on the observation that Africa is ill-equipped to balance against the dreadful novel coronavirus. Furthermore, WHO cited in BMZ (2020) maintained that "the pandemic can cause a colossal blow to Africa due to its inferior health sector. WHO is of the view that if Africa's health sector is not modernised, most people would be infected and consumed by the pandemic." Based on this backdrop, Germany granted a total debt relief of €22.4 million (N8.9bn) to Nigeria to fight against the pandemic; and further pledged €12 million (N4.8bn) to the West Africa Health Organisation (WAHO), a regional health body of the ECOWAS. Germany claimed that its pledge to the benefactors is to purchase core medical supplies, personnel training, and promoting cooperation along national and regional lines (Vanguard, 2020).

The US, in solidarity with the rest of the world in the fight against the pandemic, relayed funds to Nigeria through its US Agency for International Development (USAID). The Department of State announced on April 17th, 2020, that \$21.4 million has reached the Nigerian government for the mitigation and prevention of the novel coronavirus. \$18 million of the donation is targeted at humanitarian assistance, including risk communication, water, and sanitation provision, effection prevention, humanitarian aid to refugees, internally displaced persons, and their host communities (US Mission Nigeria, 2020).

Like the developed countries, China joined in fighting the pandemic by assisting countries envisaged to be the worst-hit later by the virus. To mitigate the virus's economic and health challenges, the Chinese automaker Guangzhou Automobile (GAC Group) bestowed almost \$51,000 to the Federal Government of Nigeria. Furthermore, it was reported that the Consulate-General of China in Lagos, Nigeria, partnered with the Overseas Chinese Association (OCA) based in Nigeria, and offered \$91,000 largesse and medical essentials to the Lagos State government to assist in the fight against the pandemics (ChinaDaily, 2020).

Medical palliative from the rest of the world to Africa

In the wake of the pandemic, a concerted effort by states was absent. Still, in the latter, states of the world adopted a collective approach to fighting the virus as developed nations offered medical and financial aid to developing countries. As a developing continent, Africa enjoyed an inflow of pharmaceutical materials from China, Europe, Dubai, and the US. This is an initiative of solidarity between states of the world to alleviate the severity of the novel coronavirus. Africa enjoyed medical palliatives and Personal Protective Equipment (PPE) from Jac Maa Chinese billionaire, GAC Group's chairperson in Nigeria, Consulate-General of China in Lagos, and the OCA. Africa Centres for Disease Control and Prevention is equally a beneficiary of Jac, Maa's Foundation, and co-hosts the global MediXChange webinar medical essential to help in the fight against the pandemic (ChinaDaily, 2020; Matengo, 2020; Africanews, 2020).

Importation of foreign expertise to Africa

The intrusion and prevalence of the novel Coronavirus saw foreign medical experts in some African countries, especially South Africa and Tunisia. Similarly, Nigeria relatively has a case of importation of foreign medical expertise. However, it is controversial because of the Nigerian government's stance, which denied their identity and purpose in Nigeria. South Africa and Tunisia have a culture of reliance on imported medical expertise; South Africa

is known for its dependence on Cuban medical experts. Tunisia relies on Chinese medical experts. It is a reliance on imported welfare that predates the emergence of COVID-19. Contrarily, Nigeria does not have a culture of importation of foreign medical experts. Still, in the wake of COVID-19, NMA protested against the Federal Government due to the import of Chinese medical experts. However, this is not an indication that Nigeria does not rely on foreign medical experts; in the case of Nigeria, the elites are well known for sorting medical help outside the continent. Tunisia, Nigeria, and South Africa's indulgence in the importation of medical doctors to assist in the curtailment of COVID-19, to some extent, validated the claim of IMF, WB, EU, and USAID that Africa's health infrastructure is in shambles. Therefore, it cannot curtail the threat to health security COVID-19 (IMF, 2020; USAID, 2020; World, 2020).

After the pandemic gained banality, China became the center of public attention through the free supply of PPE across the globe, even to the donor society. It explains why some observers labeled China's global response to the pandemic a '*mask diplomacy*.' China's *mask diplomacy* penetrated the European Union through some of its member states, and Africa, where it gained esteem. Olander (2020) claimed that "China's relief efforts in Africa commenced with the distribution of PPE and medical palliatives, including government-to-government assistance such as the Jack Ma Foundation COVID-19 palliatives to African governments."

In Africa, Algeria pioneered the importation of medical experts in the wake of the novel coronavirus. China exported a 13-medical team that arrived in Tunisia in a flight with loads of PPE, medical palliatives, and respirators that were extremely in need. The medical assistance of China to Tunisia includes the construction of a mini infirmary that will serve as a preventive care center for 5000 Algerians and 4000 Chinese working in a Chinese engineering company in Tunisia (Olander 2020). Although before the existence of the novel coronavirus, Tunisia already had bilateral medical ties with China, where Chinese experts train Tunisians medically in Tunisia and provide medical aid. Rakhmat (2020) claimed that "despite the growing scrutiny of China's penetration into the Maghreb, yet China's relationship remains quiet and unreported. Tunis established a bilateral tie with Beijing in 1964, from then to date, the diplomatic relationship grew stronger. It is evident in the agreement China had with Tunis to build her, a university hospital in Sfax's coastal city in 2013. Concurrently, Beijing made a large donation of \$1.8 million to Tunisia's health sector; additionally, Chinese doctors were sent to work in Tunisia's hospitals. The history of the medical relationship between Tunisia and China commenced as far back as 1973."

Nigeria equally portrayed a relative reliance on imported medical expertise. On April 3rd, the Nigerian government acknowledged the arrival of 18 Chinese medical experts. According to the Nigerian government, the medical team consists of doctors, nurses, and medical advice-givers. The medical team arrived in an airplane loaded with PPE to Nigeria (Olander, 2020). Furthermore, Olander, claimed that "the cost of importation of PPE and Chinese medical experts was incurred by Chinese state-owned enterprises, not by the Chinese government."

However, the importation of Chinese medical personnel aroused the grouse of the opposition party (PDP), and the United Labour Congress (ULC). The NMA criticised the Federal government's decision and accused them of undermining their efforts despite being acknowledged by the UN. The PDP expressed disappointment over the zero response of the President to the NMA protest. It accused the government of putting Nigerians' lives at risk by indulging in the importation of medical experts from a nation that is the primary hub of the virus. PDP further stated that it is needless to import China medical experts because the Nigerian doctors are making progress in the treatment of the infected people (Oyebade et al., 2020; Anadolu Agency, 2020).

Like the Nigerian, the Tunisian government, and the South African government displayed reliance on imported medical experts, but from a different continent. The South African approach to the dependence on imported welfare differs from that of Nigeria and Tunisia on two grounds: medical experts were imported from Cuba and sponsored by the South African government. In a fundamental sense, this commands dignity, but it remains a reliance on imported welfare. However, the Cuban medical brigades were beckoned at by the South African government to help mitigate the growing cases of COVID-19 in the country. The arrival of the Cuban medical brigade met with the hostile wall of the South African Medical Association (SAMA). Harding cited in BBC (2020) reported that "Cuba had almost the same cases of COVID-19 as the United Kingdom, but Cuba took observers aback by curtailing the spread of the Virus." The Cuban success in mitigating the number of confirmed cases of COVID-19 might be a contributing factor to the South African government's decision. Cuba's **ambassador Rodolfo Benítez** to South Africa, cited in BBC (2020), stresses that "the Cuban medical brigades are scheduled for deployment to provinces across South Africa's Department of Health." However, medical diplomacy between South Africa and Cuba antedates the emergence of COVID-19.

Nevertheless, the reaction of the South Africans to the arrival of the 217 Cuban medical brigades appeared paradoxical in that they received warm hailing from President Cyril Ramaphosa. At the same time, the SAMA expressed disapproval of their presence in South Africa. Central to the critical stance of SAMA against the importation of Cuba medical experts is the huge estimated cost of the imported 187 medical brigades R439,916,317 believed to be excessive. South African observers were taken aback by the arrival of 217 medical brigades instead of the expected 187, which triggered questionings. South African critics expressed discontent because of the Cuban government imbalanced the salary payment of its medical brigades in South Africa from home (Davis, 2020).

The inevitability of a modernisation approach to COVID-19 in Africa

As stated in the introduction of this study, the pandemic decoupled economic activities and immobilised persons globally; it is a backlash of the standard traditional policy adopted to curtail the spread of COVID-19. Tognotti (2020) referred to the quarantine and lockdown approach as a standard conventional policy. The novel coronavirus threatened the global north countries more, compared to the global south nations' nay Africa. However, the global south appeared more vulnerable to the pandemic due to economic instability and poor health infrastructure, which cannot help to abate the effect and spread of the virus. It is acknowledged by the IMF, WB, AFDB, local donors, foreign profiteers and partners; this accounts for the COVID-19 emergency aid package introduced by international financial institutions, and developed nations, to help standardise health infrastructure in Africa, and facilitate economic recovery. The inflow of funds from the rest of the world to Africa evidently proved that the continent could not rely on self-help for its survival. The survival of the African continent in the phase of COVID-19 proved highly dependent on the mercy of international regimes, international profiteers, and primary actors. In the realist and dependency school of thought, it is unethical. It is evident in the view of classical and structural realists that in an anarchical society, conflict of interest jeopardises cooperation. In an anarchical domain, a state must not rely on another state for its survival. However, in a situation where self-help cannot guarantee the survival of a state, international regimes such as the AFDB, WB, IMF, and EU help to ensure durability. The response of the international community to Africa, following the emergence of the pandemic, validated the assumption of Dunne and Schmidt (2001:176), who maintained that "the contemporary liberal solution to a problem of collective nature in self-help systems is through the construction of regimes." In an objective sense, indeed, Africa could not maintain the self-ethics prescribed by the realist and dependency school of thought, existing with the option of an international regime for its survival.

The modernisation and realist theory offers a solution from the liberal school of thought to ease the burden of self-help in a situation where survival is threatened. COVID-19 is a reality that threatened the survival of the African continent and jostled the sovereign nations of Africa into seeking assistance from foreign powers and international regimes.

The modernisation and international regime approaches appeared identical in that they often address collective challenges that threaten countries' survival, especially the developing ones such as Africa. Although the African approach to COVID-19 cannot be wholly labeled ludicrous because, after the Second World War, the West European nations and Japan were prime pumped by the US through its Marshal Plan (Kissinger, 2015). It is laudable that countries that benefitted from the Marshall Plan of the US later gained economic prosperity. In a fundamental logic, the Marshall Plan is imported welfare that the Europeans relied on after the Second World War. The success of the Marshall Plan is the strength of the modernisation theory, although the modernisation theory was disastrous in Africa in that it triggered dependency and underdevelopment. However, the modernisation theory should not be faulted for the anguishes of the African continent; the perception of African nations concerning imported welfare might be the source of its inapplicability in Africa. Dependency theorists such as Andre Gunder, Franklin, and Samir Amin view that developing nations' reliance on developed countries accounts for the prevalence of underdevelopment. Both theorists are glued to the logic of delinking or dissociation as the way forward. However, if adhered to in the phase of this COVID-19, their recommendation would trigger a disaster in Africa as the ethics of self-help is not feasible in the contemporary African continent. On this backdrop, COVID-19 can be perceived as a double-edged sword because it offers a solution where self-help is void; however, on the other hand, it reinforces a dependency syndrome.

The African nations were forced by the reality of COVID-19 to rely on imported welfare for the survival of the continent. A delink approach put forward by the dependency school of thought might subject the continent to tragedy due to the poor state of health infrastructure and economic instability. This is the fear that triggered the creation and appropriation of emergency funds to Africa by the WB, IMF, AFDB, EU, China, USA, local and international

profiteers. The *emergency fund* was created following the realization that Africa decries the ability to balance against the severity of the pandemic unilaterally.

The Dearth of Dependency Approach to COVID-19 in Africa

The novel coronavirus threatened the source of income of the entire African continent as the pandemic afflicted significant trade partners that buy Africa's natural resources. The developed nations were the worst hit by the pandemic, while the case of the novel Corona contagion in Africa was nothing compared to that of Europe and China. The European nations-maintained self-help, but countries such as Spain and Italy member states of the EU beckoned for help following the realisation that the fight against the virus proved abortive.

Similarly, China adopted a self-help approach to the pandemic. Despite the self-help approach that China maintained, Europe offered a kind Gesture and vice versa. It is an indication that, even when a state does not beckon for help during a crisis, other states might offer to help. Conversely, from the inception of the contagion in Africa, an attempt was not made by the African governments to look endogenously for a solution. Instead, most of the African nations looked exogenously for financial and medical support to balance against the novel coronavirus. It is evident in the massive inflow of funds and medical palliatives from the US, EU, China, IMF, WB, AFDB, local and international profiteers such as Dangote, Jack Maa, Bill Gates and many others (Rovira & Alcega, 2020). The following section will explore how the African continent's over-reliance on imported welfare from international regimes, foreign partners, and profiteers has reinforced the syndrome of dependency over the years. The African continent's reliance on imported welfare has now become a regular pattern adopted by African leaders to address continental challenges; it is evident in the approach the continent adopted to balance against the severity of the novel coronavirus.

Furthermore, the African continent's response to COVID-19 clearly validated the low position of African nations on the Global Innovation Index. This indicates that a continent that ranks low on the Global Innovation Index (GII) lacks core self-help capabilities or inward solutions to domestic challenges such as the severity of COVID-19. For instance, in the 2018 GII, South Africa ranked 58 and 63 in 2019; Nigeria ranked 118 in 2018, and 114 in 2019 (StatisticsTimes, 2020; GII, 2019). South Africa's score in the 2019 ranking was median, while Nigeria scored below average. However, Nigeria and South Africa's response to COVID-19 showed absolute reliance on imported welfare.

In contrast, Madagascar, a low-income country, attempted to find a solution to the novel coronavirus by relying on self-help. The Madagascan therapeutic response to COVID-19, in a fundamental sense, can be labeled innovative. Similarly, African scientists' associations such as NMA and SAMA were prepared to put their technical know-how to optimal use with an assurance to balance against COVID-19 threat to health security. But their morale was sagged by the governments' indulgence in imported welfare. For instance, Nigeria and Tunisia imported medical experts from China, while South Africa imported medical brigades from Cuba.

Reliance on imported welfare from international regimes, foreign partners, and profiteers is a potential threat to a self-help approach to COVID-19 in Africa. Given dependency theorists such as Andre Gunder, Frank, Samir Amin, and Walden Bello, underdevelopment in the developing axes across the globe is blamable on their reliance on modernisation approach to development advocated by the developed nations.

The dependency theorists view that a delink or dissociation of developing nations from the developed axis is the way forward. On the premise of dependency theorists, the reliance of African countries on imported welfare is a threat to reliance on self-help or an inward approach to domestic or continental challenges. The concept of imported welfare is an encompassing one that lumped together all forms of imported valuables, be it goods or services that are not of African origin. Therefore, any African country that received medical palliatives, PPE services, and financial aid from international regimes, foreign partners, and profiteers is a collective beneficiary of imported welfare.

The African nations sourced for loans and aid from international financial institutions, allies, and international profiteers such as IMF, WB, BRICS, AFDB, USA, EU, Germany, and China as the severity of the COVID-19 protruded. However, not all African countries sourced for financial aid for COVID-19. It is evident in the IMF Emergency Financing Debt Relief, which includes the Rapid Credit Facility (RCF), Rapid Financing Instrument (RFI), and Catastrophe Containment and Relief Trust (CCRT). The IMF rolled out a total of US\$ 23,608.09 million debt relief for 66 countries, of which 27 are African countries. Africa received a total of US\$ 9,816.7 million (IMF, 2020). Simultaneously, the IMF rolled out a debt relief of US\$ 229.31 million to 26 countries, of which 20 were

African countries. The IMF provided emergency financial assistance and debt relief to member states that cannot endure the economic impacts of COVID-19.

The RCF makes provision for rapid concessional financial assistance with conditionalities to low-income countries (LICs) experiencing a balance of payments shortage. The RCF is encapsulated in the Poverty Reduction Growth Trust (PRGT) as a reform initiative to put the domestic needs of LICs into consideration. The core objective of the RCF is to mitigate reduction and foster growth. Nevertheless, the RCF has no interest rate but has a grace period of 5½ years, and a final maturity of 10 years. (IMF, 2020). Over half of the African countries relied on the IMF for survival, as the severity of COVID-19 swelled.

Similarly, South Africa, like other African countries, could not unilaterally balance against COVID-19; due to this fact, the state considered an alternative international regime for financial assistance. When most African countries depended on the IMF, the South African government relied on BRICS NDB as a member state. The BRICS Shanghai-based New Development Bank loaned South Africa a total of **USD 1 billion** to balance against the severity of COVID-19 (The Economic Times, 2020).

Concurrently, the EU, USA, and China vouched to assist Africa, financially and with medical palliatives, to mitigate the severities of COVID-19 in the continent. According to Africa's Pulse, the World Bank's bi-annual analysis of the state of the region's economies predicted that "the African continent could experience its first recession in 25 years, with growth forecasts that will start from -2.1 and escalate to -5.1% from diffident GDP growth of 2.4% in 2019 (World Bank, 2020).

From the above premise, it is arguable that the African nations that flowed to international monetary institutions and foreign partners for one aid or the other acknowledged their inability to balance against the severity imposed by COVID-19. However, the realist school of thought believes that a sovereign nation should rely on self-help but can seek help when the threat to survival is imminent but must not depend on it. It is a realist school of thought evident in the African nations' approach that imported welfare is a conduit against the severity of COVID-19. However, the dependency theorists are skeptical of the developing axis reliance on imported welfare, irrespective of its source.

It is evident in Andre Gunder Frank's philosophy of dissociation and the delink approach of Samir Amin and Walden Bello. However, only a few African countries such as Botswana and Tanzania, scorned a dependency approach to COVID-19. While Nigeria, South Africa, Rwanda, and Ghana adopted a modernization approach to the COVID-19 pandemic due to the imminent threat of triple tragedy.

Prior to the emergence of the pandemic, African leaders such as the late Thomas Sankara, late Ghaddafi, and the incumbent President of Ghana and Rwanda unequivocally expressed discontentment with the African continent's reliance on imported welfare, due to its geostrategic and geopolitical aspects. Central to their discontentment to imported welfare is that it is a core source of underdevelopment. Nevertheless, the geopolitical and geostrategic aspects of imported welfare seem ignored by African leaders in the phase of COVID-19 due to the imminent inevitable severities it posed. Conversely, the EU, despite offering assistance to Africa in a bid to mitigate the impacts of COVID-19, showed skepticism to the welfare exported by China to the EU based on the assumption that China is using its "mask diplomacy" for the advancement of its geopolitical and geostrategic interests.

Similarly, the Chinese government exuded skepticism when the EU exported medical welfare to China at the onset of the novel Corona contagion (ETNC, 2020). How sure is Africa that the international regimes, profiteers, and foreign partners, exported aid in multiple shades to Africa for the severity of COVID-19, are not using it for the advancement of geopolitical and geostrategic interest?

The African leaders openly acknowledged their inability to unilaterally fight the novel contagion in their respective countries, due to inadequate medical infrastructure and balance of payment challenges. It is a fact opined by Prime Minister' Abey Ahmed' of Ethiopia. Below is a summarised epistle of his views on why Africa must rely on imported welfare from the developed axis:

"The world would be increasingly afflicted by the pandemic until the contagion is sent to extinction across the globe. Based on this premise, the Global Health Pledging Conference was held on May 4, 2020. The collective effort of the developed world is needed to send the virus into extinction in Africa, to avoid its resurgence in fall. The African Union leaders highly appreciate the importation of test kits, PPE, and other medical palliatives and instruments by the developed world leaders. However, to overcome COVID-19, the developed world must assist the developing axis

in balancing against the contagion's dual severities. However, the worst of it all is the precautionary measures such as lockdowns, stay-at-home curfew, and recurrent hand decontamination recommended by the WHO that are feasible in the developed world are not easily fulfilled in the developing world such as Africa. Certain aspects of the precautionary recommendation can hardly be fulfilled in a crowded metropolis where it is almost inevitable for people to maintain social distance. Sadly, resources are inadequate to provide needed sanitation, especially the water required by the masses. The way forward, the African continent requires an inflow of funds for the consolidation of health infrastructure and social safety. The first approach to the problem of the pandemic in Africa is the provision of debt relief. However, relief from bilateral debt has been provided for the 173 member states of the International Development Association, which would end in December. However, for the fulfillment of the immediate needs and plans against the contagion in the continent, the debt relief initiative should stretch beyond 2020. Furthermore, the lending and grant ceiling of the international monetary regimes should be increased. We African nations are not simply fixated on our continent, but our situation in this pandemic requires more attention than the past. We Africans are modestly seeking the favour of the developed axis, including China, to protect the world from the severity of pestilence. Africa may be the last pandemic hit, but the threat of the virus is alarming and unbearable. To send this pestilence into extinction, and eliminate its effects, all hands must be on deck across the globe to accelerate the search for an antidote that would become ubiquitous (2020)."

The above submission by the incumbent Prime Minister of Ethiopia, in the view of a realist, is unethical because it showed the absence of self-help, over-reliance on foreign partners, and international regimes. Similarly, the dependency theorists would label it unethical owing to the over-reliance on an outward look approach. Conversely, in the view of the modernisation theorists, it is ethical because it aims to transform a society from traditional to modern in a bid to address an overriding issue. Nevertheless, the classical modernisation theory omitted the geopolitical and geostrategic inevitability of the sending state. The European Union, USA, and China in the phase of COVID-19 exuded the realist and dependency school of thought in their approach to the novel coronavirus except the African continent

Reliance on imported welfare in the phase of COVID-19 as a threat to intellectual growth

The intrusion of COVID-19 into national borders globally threatened the health security of humanity. It is an ill development that calls for the collective input of medical practitioners, virologists, and other health officials to force it into extinction. However, the African health officials showed readiness in balancing against the novel coronation virus, but their national decision-makers undermined their intellectual prowess. However, this was not the case in the entire African continent, but some regional powers such as Nigeria, South Africa, and Tunisia relied on imported medical experts. Nevertheless, the exportation of medical experts to Nigeria and South Africa attracted disapproval from the union of medical practitioners and other interest groups.

The Nigerian, South African, and Tunisian government importation of foreign medical experts can be categorised as the reliance on imported welfare. Dependence on imported medical experts can help abate the health security threat, but it would become a liability to the importer and a threat to existing medical officials. In this regard, foreign medical experts' importation is undoubtedly a temporary solution and a burden; neither is it a sustainable solution nor an asset to the receiving nation. For instance, the South African government has a diplomatic medical tie with Cuba, allowing South African medical practitioners to receive medical training in Cuba. However, shockingly, as confirmed cases of the pandemic rose in South Africa, the government paid a fortune for importing the Cuban medical brigades. Whereas before the year 2000, Cuba used to offer free treatment across the globe. However, after building a secure and reliable chain of dependency on foreign partners around her medical brigade, Cuba placed colossal price tags on foreign clients' medical needs. This is evident in the account of Helen Yaffe, cited by Petkova (2020), where she used the 'doctor for oil' case between Cuba and Venezuela as an example. Venezuela was a victim of a chain of dependency built by Cuba, which started with free medical services from Cuba to Venezuela. Still, in the end, Venezuela's oil became the victim. It is an indication that reliance on imported welfare can be detrimental in the long run irrespective of its appealing cradle. Similarly, the indulgence in foreign experts' use is glaringly an underutilisation of local experts or resources. Nigeria, South Africa, and Tunisia might become a victim of such if the indulgence on imported welfare is maintained.

Steel cage of dependency caused by over-reliance on imported welfare

The African continent has remained dependent on the developed world from the inception of its independence hitherto. Central to this fact is a steel cage reliance on imported welfare. Imported welfare can be in terms of final goods, services, policies, and capital goods from foreign territories. The African continent exhibited a steel cage reliance on imported welfare in the phase of COVID-19. Most of the African nations accepted medical palliative, medical precautions, and medical instruments from international regimes (WHO, UNICEF, and EU), foreign partners (USA, China, Germany), and global profiteers such as Jack Ma, Bill Gates and others. This is evident in the submission of the incumbent Prime Minister of Ethiopia, in his expression of gratitude to the developed axis leaders for relaying medical palliatives and instruments to the African continent (Ahmed, 2020). Similarly, the incumbent Chairperson of the AU appointed some highly respected African leaders as AU envoys to solicit funding outside the mainland nay Europe to fight against the pandemic (APO Group, 2020).

African continent unethical dependence on imported welfare in the phase of COVID-19

COVID-19, in the view of African leaders, AU, and donor communities, perceives the pandemic as an anomaly that will break the stability of the African society due to its threat to the economy, human health security, and social order. However, contrary to the popular conjecture, COVID-19 should not be seen as an anomaly that has broken the stability of the African society; rather, it should be seen as an anomaly that exposed the concealed ills of a broken society. The emergence of COVID-19 exposed the hidden reality of the contemporary African society, especially its underdeveloped health sector, and the inability of the entire governments of the African continent to guarantee the welfare of their people. This is evident in the views expounded by the lender monetary communities such as the IMF, WB, and the NDB. Similarly, donor communities and partners such as the EU, USA, China, Germany, and international profiteers see Africa's health sector as underdeveloped. The conclusions made regarding the urgency of foreign assistance in the African society in the phase of COVID-19 is transparent in the submissions of the incumbent AU Chairperson, the incumbent Prime Minister of Ethiopia, foreign loaners, foreign partners and international profiteers (IMF, 2020; World Bank, 2020; APO Group, 2020).

The African continent adopted a lackey approach to the COVID-19 pandemic; this came to the fore as most countries adopted an exogenous approach due to the imminent threat posed by the pandemic. Fortunately, Africa enjoyed the influx of imported welfare from foreign partners for the consolidation of standard medical health infrastructure and private businesses' protection. From the prism of the modernization theory, the influx of imported welfare is a sustainable development approach. But from the dependency theorist school of thought, it is an unsustainable development in that it creates a chain of unethical dependence just as it is with Venezuela and South Africa in their relations with Cuba.

The positive spirit maintained by African leaders regarding the COVID-19 pandemic funds might be met with disappointment as the imported welfare might not abate the pandemic's health and economic threat.

However, in a fundamental sense, the dreams of the African leaders might not manifest as the COVID-19 pandemic emergency funds might go into consumption spending as economic shocks in three waves confront the African continent. The OECD cited in OECD (2020:3) maintained that "the African continent is confronted with dual public health and economic challenge that might badly impinge on health systems, obliteration of livelihoods, and reduction of the region's growth prospects for years. Before the intrusion of COVID-19 into the African continent, a slowdown in growth and poverty reduction across the continent was prevalent, although the difference differs largely between the African countries. With the harshness of COVID-19, there is a possibility that the pandemic might shatter years of the constructed economic edifice."

On the premise of the speculations of the OECD (2020), Africa is vulnerable. Therefore, Africa cannot help itself but rely on imported welfare. However, the reliance on imported welfare at this juncture is inevitable for the survival of the African continent.

The COVID-19 pandemic exigency forced the unethical dependency of the African nations on the rest of the world. The African leaders, including the AU in this period of COVID-19, exuded receptiveness to imported welfare in a manner that would have an observer think there is free lunch in international politics.

In an international political system where, free lunch is a mirage, the African continent could become a geostrategic and geopolitical victim of the interest of non-African nations in the phase of COVID-19 and after. The question is, what is in it for all the partners and organisations that showed overflowing benevolence to the African continent in the phase of COVID-19?

The African nations in the phase of COVID-19 are unanimously at the receiving end in all regard, due to the inevitable health, economic, and social challenges aroused by the pandemic. The African health infrastructure has been tagged substandard owing to its inability to address COVID-19 cases and the existence of fewer hospitals and medical practitioners. The social and economic reality of COVID-19 subjected the continent to internal and external threats has economic activities within stopped and ceased forward and backward linkages. Upon the above premise, it is evident that the public and private sectors would experience shocks. This explains why a modernisation approach, which has some elements of realism, is inevitable in the COVID-19 Africa phase.

The African nations unanimously observed the possible tragedy if reliance on self-help is maintained. It plunged the continent to rely on imported welfare; an approach adopted to balance against the unescapable severities of COVID-19. As the pandemic gained consciousness across the globe, the developed states alternated between self-help/unilateral and multilateral approaches. This is strictly a realist approach in which a state is encouraged to merge with other nations to address or balance a common threat when self-help is unreliable. In this regard, COVID-19 is a common threat, and it has triggered the concerted balancing response of states. However, the challenge in Africa's context is its reliance on the collective approach when self-help should not be jettisoned.

The modernisation approach has worked for Africa in that since the emergence of COVID-19, Africa had seen the influx of foreign aids from the international community. However, the cases of COVID-19 remained on the rise in Africa hitherto, and people across Africa strongly felt the economic harshness of the COVID-19 pandemic. Nevertheless, the mortality rate in Africa is less compared to other regions of the world. The economic severity of COVID-19 is strongly felt in the continent. Africa has almost 197,313 confirmed cases of the contagion, 86,338 recoveries, and 5,357 deaths (WHO, 2020; OECD, 2020; Moulds, 2020; Madden, 2020; Africa CDC, 2020).

The African society's socioeconomic and sociopolitical realities were brought to the fore by the novel coronavirus, as it exposed the weaknesses of the African health sector and its economic gaps. Central to the African society's economic fault, as showed by COVID-19, is the over-reliance on imported welfare. The African continent proved to the world in the phase of COVID-19 that the continent cannot look inwardly for solutions to domestic challenges. It equally shows that African economic stability is dependent on the dictate of the fluctuation of international trade. In most cases, Africa solves its economic domestic issues and infrastructure challenges by looking exogenously to the Western nations and now to China. It is evident in the African nations' response to COVID-19 as almost the entire continent relied on aid from the international regimes, the US, China, West Europe, and transnational organisations. For instance, Devex cited by Rovira and Alcega (2020) postulates that "since January they have tracked over 96 aid packages worth \$2.1 billion and 35 loans, sovereign and nonsovereign operations worth \$22 billion in West and Central Africa."

President John Magufuli of Tanzania, just like the incumbent Prime Minister of Ethiopia, called on international monetary regimes to consider debt relief for emerging countries to help them balance against the novel coronavirus. President Magufuli said that debt relief would be plausible compared to absorbing more loans that would result in debt repayment issues. He inferred that Tanzania incurs debt repayment of Sh700 billion per month, which goes to the World Bank. In his view, debt relief is plausible compared to the request for loans (Kamndaya, 2020). However, the African countries are still in a debt trap that precedes COVID-19, and the emergence of COVID-19 has plunged them into another as they sought loans from IMF and WB.

Foreign aid can be viewed as a product of modernisation theory in that it is a strategy designed to assist countries in the absence of self-help. International assistance in this regard is an initiative that aims to foster the welfare of recipient countries. Like the case of contemporary COVID-19 in Africa, almost the entire continent sought assistance from foreign partners, which is an indication of reliance on imported welfare. However, imported welfare is not injurious, but the dependence of receiving countries can be detrimental or harmful to sustainable development because it threatens the endogenous approaches to domestic questions.

Africa has the highest record of reliance on foreign aid from decolonisation hitherto. Still, the influx of foreign aid and the reliance of African governments on it has not amounted to sustainable development. Lyons (2014) alluded to the fact that "humanitarian organisations are famous for their involvement in crises like Tsunami and Haiti. However, the aid of this nature is simply effective in addressing immediate suffering. It is not a solution in the long-run, and it does not lead to sustainable development. Although, the US Marshall Plan in the late 1940s was a success; however, foreign aid effort in recent years has proved to be a demoting factor in the development of recipients developing countries." Similarly, the COVID-19 attracted the aid of international monetary institutions and foreign

partners. Their efforts might only find a temporary solution to the pandemic in Africa while plunging the continent into a debt trap and a steel cage of dependency.

Lyons (2014), further argues that "rich governments are famous for the campaign that an emerging nation should seek foreign aid. Conversely, all the aid accepted over the years has been unable to alleviate poverty in the African continent, especially Sub-Saharan Africa. From the 1950s, traditional development economics saw that large donations are the solution to the balance of payment deficit. But glaring and banal shreds of evidence proved that large influxes of foreign aid could be detrimental to the receiving states."

Foreign partners and international regimes in this phase of COVID-19 unanimously vouch for a collective approach to the pandemic, which means that financial institutions, developed nations, and other wealthy nations should assist the developing countries. In Lyons (2014), this is not a solution, and it has been more detrimental in that Africa remains poor and underdeveloped despite the massive influx of foreign aid.

Concurrently, Lyon stated that "foreign aid is synonymous with corruption and dependence; it is evident in the reality of most of the Sub-Sharan African countries, which are the largest recipients of foreign aid. Furthermore, foreign aid simply makes more resources available to already corrupt specific elite groups." It might be the case in Nigeria. Following the influx of foreign aid, a consortium of an anti-corruption campaign called 'Upright For Nigeria, Stand Against Corruption' urged both the federal and state governments of Nigeria to list and publish the names of all beneficiaries of government palliatives, for the assurance of transparency in the sharing of the novel Coronavirus palliatives (ACTIONAID NIGERIA, 2020). However, hitherto, the Nigerian governments did not publish the names of the beneficiaries of the Coronavirus beneficiaries. Similarly, Fasan (2020) claimed that:

"governments across the globe are bent on balancing against the severity of the pandemic, therefore embarked on economic changes which triggered enormous public spending to help the masses and protect the economy from collapse. For instance, the USA, a stimulus package of \$2 trillion, Germany €656 billion, France budgeted €350 billion, and the UK allocated £450 billion to alleviate the threat of COVID-19 to health, social and economic security. Similarly, as the pandemic started gaining attention in Nigerian, the Central bank of Nigeria provided a trillion Naira stimulus package. The Federal government of Nigeria got an approved N500 billion intervention fund consented by the National Assembly. Consequently, the Federal Government of Nigeria withdrew a total of \$150 million from the Sovereign Wealth Fund and aimed to borrow \$6.9 billion from international monetary institutions. Central to the large withdrawals and borrowings' is the need to lessen the economic and social impacts of COVID-19 in Nigeria. The Nigerian people are yet to directly feel the positive effects of the substantial withdrawal and borrowing of the federal government, as there is no credible and traceable evidence of how the collated financial instruments are being used or would be used. There is no credible evidence that Nigerians subjected to a curfew are receiving help from the government. Furthermore, the government claimed that N100 billion was disbursed to the beneficiaries of its Conditional Cash Transfer (CCT) in a week. According to the government, N20, 000 social palliatives were given to the people. Consequently, the President announced that the number of registered households in the national social register should be increased from 2.6 million to 3.6 million."

The response of the Nigerian government to COVID-19 validated Lyons's (2020) assumptions regarding foreign aid. Indeed, as Fasan (2020), rightly claimed, the public cannot give an account of how the Federal Government of Nigeria is spending the COVID-19 social grants as they did not receive COVID-19 package, let alone social grants. However, this is not a claim that foreign aid automatically fosters corruption in Africa, a view contrary to Lyons (2020). Still, there is a possibility of corruption owing to the past and present conduct of African leaders in the context of foreign aid. This study is not concerned with corruption and foreign aid. It is fixated on the reliance of African governments on imported welfare and the inevitable geopolitical and geostrategic interest of funding partners. However, it would be prudent of African leaders to consider the consequences of the over-reliance on imported welfare as the continent adopted a modernisation approach to COVID-19.

Geostrategic and geopolitical interest of donors to Africa in the phase of COVID-19

Central to geostrategic and geopolitical importance is the advancement of a national objective or benefit, directly or indirectly by the donor. It gives credence to the pessimist school of thought of realists, which claims that international organisations are a tool in superpowers' hands. Meaning, powerful nations can directly advance national interest' bilateral relations' or indirectly through international organisations' multilateral ties.' The direct approach to the advancement of national interest is to avoid muddling up of national interest by a multilateral bureaucracy (Shapiro, 2017). COVID-19 in the context of Africa attracted the influx of aid bilaterally, multilaterally, and individually; for

instance, the USA, China, Germany, EU, IMF, WB, NDB, Jack Maa, and Bill Gate sent aid to Africa for the mitigation of COVID-19 severities. It is an indication that COVID-19 in Africa attracted aid from the first, second, and third tiers of international actors' states, international regimes, and individuals. From a parochial view, the first and third international actors are often suspected of advancing geopolitical and geostrategic interests. However, the second-tier international actors, which are the international regimes, are not easily suspected of geopolitical and geostrategic interest, especially when viewed from the lens of modernisation theory. However, the realist school of thought in all its variations exudes cynicism regarding international regimes. They are tools in the hand of dominant primary actors for the advancement of geopolitical and geostrategic interests. The view of the realist school of thought regarding international regimes and dominant primary actors as a geostrategic and geopolitical tool acknowledged by Shapiro (2017) who claimed that:

"International organizations and most other multilateral groups are slaves to nation-states and tools of great powers. Once created, they often take on lives of their own, limping along by inertia and bureaucracy's survival instinct. It can give them the appearance of being supremely important. But often, they are co-opted by the interests of their member states. The key to analysing them is not to take their statements too seriously, and to keep your eyes on who is pulling strings."

Actions exuded by the USA and China concerning COVID-19 pandemic and WHO have eroded the primary purpose of the international health regime. It is an occurrence that coincides with Shapiro's view of 2017. He claimed that international organisations and multilateral organizations are tools in the hands of sponsors of international organisations or the superpowers. This is a realist position of international organisations.

Similarly, it can be said that the primary actors mentioned above might have the intention of using the WHO to advance their national geostrategic and geopolitical interests. Furthermore, Shapiro's view regarding the international regime as a tool of control in the hand of superpowers is evident in the annual contribution of member states.

Absence of the African nations in the core funding of the WHO

According to Moulds (2020), the USA, the Bill and Melinda Gates Foundation, the United Kingdom of Great Britain and Northern Ireland, and Germany are the highest contributors to the WHO budget in 2018. While the last five contributors of the top 20 are China, Canada, the Republic of Korea, France, and the United Arab Emirates. Judging from the available list of contributors to WHO funding in 2018, the African continent might not be able to exert any influence on the international health regime as none of the African countries appeared in the top 20. In a more straightforward phrase, Africa does not wield the ability to use international organisations to exert its geostrategic and geopolitical interests. However, Africa is a potential beneficiary of international regimes such as IMF, WB, and WHO, as it is evident in the inflow of emergency COVID-19 funds. For instance, West and Central Africa alone between January and May saw an inflow of aid worth \$22 billion, while South Africa received \$1 billion from the NDB (Rovira & Alcega, 2020; Economic Times, 2020).

The COVID-19 severity endowed Africa with an influx of imported welfare, which aroused the African leaders' countenance. However, the messages put forward by key African leaders in the phase of COVID-19 pandemic would have a layman think that the donor communities have no geostrategic and geopolitical interest in helping the recipient nations. However, when the skeptical views of realism regarding international organisations are considered, it arouses the view that international organisations have interests of their own, which is evident in the conduct of the top donor nations. Is imported welfare 'foreign aid' a free good? It would be answered in the next section.

Is imported welfare a free lunch (free good)?

Hender (2014) defined free goods as "*non-scarce goods*." Since imported welfare is not a free good, its geostrategic and geopolitical inevitabilities must be objectively assessed.

In a fundamental logic, the acronym TANSTAAFL '*There Ain't No Such Thing As A Free Lunch*' popularised by a science fiction writer Robert Heinlein in his novel '*The Moon is a Harsh Mistress*.' The TANSTAAFL philosophy triggered the need to question the reliance of African leaders on imported welfare during the COVID-19 pandemic (Hender, 2014). Hender (2014) claims that "when you are offered something for free by a person, the giver always expects something in return." On the backdrop of this logic, the geostrategic and geopolitical inevitability of imported welfare enjoyed by Africa should be questioned assessed by African thinkers. Hender (2014) further cited

an example of his experience with his mother concerning TANSTAAFL. He claimed that "when he was young, his mother used to say to him '**never look a gift horse in the mouth,**' meaning when offered something or a gift, accept it without scrutiny. He said that according to TANSTAAFL, his mother was wrong; his mother should have taught him to '**always look a gift us in the mouth.**' Meaning, when offered a free lunch, a free horse, or anything for free, always seek to know why." This was the caution that characterised the EU's exported welfare to China, and China's exported welfare to the EU (ETNC, 2020). In the phase of COVID-19, African leaders' inclination to a modernisation approach certainly has no intention of looking a gift horse in the mouth, as the geostrategic and geopolitical interests of the international donors are not considered. On this premise, the African leader's reliance on a modernisation approaches to COVID-19 might further make Africa vulnerable as the continent is indebted to international monetary institutions and assisted by foreign partners in need of strategic primary goods. The post-COVID-19 Africa might not be promising as an economic shock would hit the continent and inevitably enhance the reliance on exogenous solutions.

Conclusion

In conclusion, according to this study, the concept of *imported welfare* is a novel and generic term for the reliance of governments or government on solutions or essential needs sourced from foreign territories that can locally be sourced. Imported welfare, in a fundamental sense, embodies the importation of capital goods, funds, services, policies, ideas, and final goods. These are facts that are not encapsulated in the common term '*foreign aid,*' which focuses explicitly on assistance generated from the rest of the world. Imported welfare can be bought or fee, but foreign aid is entirely free, but the common ground is that they emanated from an exogenous source.

In this phase of the COVID-19, the African continent approach to the pandemic can be best described as reliance on imported welfare. The continent relied starkly on the exogenous approaches by looking at international regimes, foreign partners, and transnational organisations for assistance and advice. The African continent saw the massive inflow of funds, health policies, medical tools, and palliatives from the rest of the world to help mitigate the pandemic's severities. However, reliance on aid has never helped alleviate poverty in Africa and has not brought sustainable development in Africa from its inception hitherto. Unfortunately, the African continent relied on the rest of the world to solve COVID-19 and social threats it posed. Shockingly, cases of the pandemic in Africa remain on the rise, although the mortality rate is low compared to the rest of the world. Africa rests on an exogenous approach to the pandemic to have its health sector modernised, and economy protected. Indeed, Africa saw an increase in the consolidation of isolation centres. However, the continent is still confronted by a challenge of the low existence of medical officers, health infrastructure, and the existing health officials are underpaid. On the other hand, the pandemic's social impacts received little attention from the government despite the massive inflow of funds from the international community. On this backdrop, Leons's view that foreign aid fosters corruption might be deemed authentic.

The pandemic exposed the social and economic weaknesses of the contemporary African society as the virus revealed the poor state of health infrastructure and the state's inability to feed its people and protect investments from collapse. The pandemic threatened the health security of developing and developed axes. Still, the the developed axis had the highest casualties, while the confirmed cases and mortality rate is incomparable to that of the developing axis nay Africa which is low. However, it is disturbing that the developed axis, which has more confirmed cases of COVID-19 and high mortality rate, was seen helping the African nations in terms of financial and medical support. The African countries showed absolute reliance on aid trooping in from the Western axis, China, and international regimes such as WHO, UNICEF, and EU. The developed nations adopted a dependency and relative modernisation approach to COVID-19 as they sought solutions to health security threats, by looking endogenously and exogenously. However, the exogenous approach to COVID-19 adopted by the Western axis came as a result of the incapability of an auto-centric approach to the pandemic. This was evident in the tragedy of the pandemic in Italy, Spain, and Germany. At this juncture, the EU reputation as a supranational organization was bitterly threatened, has the contagion afflicted the EU, as mentioned earlier member states simultaneously. It was a period that the European Union member states initially adopted an auto-centric 'self-help,' also known as a unilateral approach to the pandemic. Unfortunately, it failed as Italy and Spain's endogenous approach to the pandemic could not abate the pandemic's inevitable severity. This was when China crafted its '*mask diplomacy.*' European critics tagged China's '*mask diplomacy*' as a part of its '*Go Out Policy.*' China's '*mask diplomacy*' in the phase of COVID-19 embodies the worldwide delivery of medical doctors and palliatives to countries plagued by the novel corona contagion. Some Western European nations were a beneficiary of China's COVID-19 largesse, but European critics

perceived the largesse as China's tools for advancing its geostrategic and geopolitical aspirations. It is a conclusion evident in the European Think-Tank Network on China (ETNC) Special Report of April 29, 2020.

The pandemic triggered scores of occurrences such as a developing nation 'China' sending aid to the developed axis and vice versa. Similarly, the developed countries and developing nations were equally plagued by the pandemic; thus, the developing nations could not get instantaneous aid from the developed nations and international regimes. Consequently, the developed countries synergised against the pandemic and showed overflowing support to member states and the African continent. This is a glaring indication that the developed nations' approach to COVID-19 has an element of self-help, dissociation, and multilateralism. Upon this background, it is arguable that the western countries adopted a multilateral approach to the pandemic, but still, the endogenous approach to the pandemic prevailed in their choice. Central to this is the fear of dependency on imported welfare from foreign partners and international regimes. It is evident to the US hostility towards China and WHO. The fear of being a victim of the geopolitical and geostrategic interest of foreign partners might be a contributing factor to the approach adopted by the Western European nations And the USA.

Furthermore, despite the astronomical morbidity and mortality rate of the pandemic in the developed axis, they still indulged in exporting welfare to the African continent, just how China and the international regimes such as WHO, UNICEF, IMF, and WB did. The response of the Western European axis to China's exportation of welfare to their region in the phase of COVID-19 and vice versa is enough reason as to why African leaders must question the main objective behind Europe and China's exportation of welfare to the African continent.

Contrary to Western Europe and China's approach to the severity of the pandemic, the African nations showed absolute reliance on imported welfare from the West, China, other countries, and international regimes. Central to the African continent's essentiality of reliance on imported welfare in the phase of COVID-19 is the stark absence of self-help culture in the African continent caused by an inclination to a modernisation approach to development and other factors such as the prevalence of folk philosophy as opposed applied science. The COVID-19 pandemic rendered Africa vulnerable and fallible as it halted forward and backward linkages. The temporary stoppage of international trade between the developed and developing axes was a severe blow to the economy of the entire African continent. This is an indication that the post-COVID-19 Africa needs a standard inter-regional value chain, which would save the continent's economy from unseen shocks such as the one triggered by COVID-19.

The COVID-19 pandemic exposed the decay of health infrastructure in Africa to African leaders, Africans, and the rest of the world. However, the weakness of health infrastructure in Africa is not alien to African leaders. Prior to the pandemic African leaders have unmatched records of seeking medical help abroad. However, the banal spread of the pandemic and the immobilisations of persons within national frontiers made Western facilities inaccessible to African political and economic elites. Prominent politicians in Nigeria, Burundi, and other African countries lost their lives to the scorching volcano of the novel coronation virus. The harsh reality of the pandemic threatened humanity's health security in general, irrespective of country, class, and age. It is a harsh reality that revealed Africa's health infrastructure's incapacity to the extent that both foreign partners and international regimes volunteered to assist Africa with funds for the consolidation of health and isolation centers across the continent. It is sardonic to some extent that countries with astronomical cases of COVID-19, assisted a continent with lesser morbidity and fatality rate of the pandemic.

The African leaders and the African Union, following the realisation of the pandemic threat, openly begged international regimes, foreign partners, and profiteers for financial and medical assistance. Although beckoning for a favour from foreign partners is not something new and alien to the world's states, the problem, especially in the case of Africa, is the unethical reliance on imported welfare, which encompasses scores of imported solutions, be it bought or free. Imported welfare can offer solutions in dire need, but the geostrategic and geopolitical aspects can be detrimental. This is an exogenous approach to solutions, which has never transformed the African society hitherto. For instance, the African continent is home to scores of foreign aid. Still, Africa remains highly indebted and underdeveloped.

Similarly, the pandemic triggered an enormous influx of foreign aid to Africa. Still, its confirmed cases of COVID-19 remained on the increase, although some African states are using the received emergency COVID-19 funds for the development of health infrastructure, like in the case of Nigeria. Nonetheless, in a fundamental sense, the influx of aid is not the solution to the pandemic in Nigeria. It has not abated the severities of the contagion in any respect

as the disease is spreading daily; the masses are confronted by starvation as economic activities are halted. This is an indication that it is time the African continent soften her reliance on imported welfare and adopt an endogenous approach to the pandemic by putting all hands on deck.

In mitigating the pandemic's health hazard, the African governments through the AU, Africa CDC, and WAHO should adopt a multilateral endogenous approach. This approach will relatively delink the Africa CDC and WAHO from the WHO in a bid to search within the African continent for a solution to the pandemic. This will require African government sponsorship of scientific and trade-medical persons to put all their skills on the deck for a scientific solution to the health hazard imposed by the pandemic. This, in a way, would be a synergy between the traditional and western-oriented medical approach. If Madagascar adopted this approach, the Malagasy herb for COVID-19 would have been subjected to clinical trials, and if it proves potent, the herb would have been universally accepted. In addition, Madagascar would have been regarded as an exporter of welfare just like the western nations.

Finally, the reliance on imported welfare as an approach to COVID-19 is yet to augur a solution hitherto. The African countries indulged in the consolidation of health and isolation centers in a phase where a logical use of existing resources would have been helpful. Instead, most African countries nay Nigeria indulged in the consolidation of new health centres which might suffer from the possibility of lack of maintenance or abandonment in the post-COVID-19 periods. The COVID-19 pandemic, despite the reinforcement of funds inflow to some African states, governments could not succeed in feeding its citizens and in conducting a mass test. The take-home in this study is that over-reliance of the African nations on exogenous solutions to the pandemic will not bring sustainable solutions. Instead, it will make the continent a victim of the geostrategic and geopolitical interest of the rest of the world.

However, relative reliance on imported welfare cannot be deemed unethical, as developing nations need the help of the developed countries to fulfill specific needs, so does the developed nations need the emerging nations for the fulfillment of their economic obligations. However, the developing axis, total reliance on the developed axis, or international regimes is highly unpalatable in the realist school of thought. Horrendously, in the phase of the COVID-19 pandemic, the African continent exuded reliance on US, EU, China, IMF, World Bank, NDB, and multiple international profiteers. The dependence on imported welfare in the phase of COVID-19 proved effective, in that it attracted a temporary solution. However, the fear of an average African thinker should be the inevitable and hardly visible geostrategic and geopolitical interest attached to welfare imported to Africa by foreign partners in an anarchic international domain devoid of the existence of a free lunch.

Recommendation I

The member states of the AU, in conjunction with Africa, CDC, WAHO, all medical associations in Africa, such as NMA and SAMA, should synergize and look inwardly for a solution to the pandemic.

Implementation Strategy

The African head of states of the African Union and the African continent health regimes to conduct a plenary session of renowned African medical, trade-medical professionals, virologists, and medical researchers on the pandemic in a bid to adopt an endogenous approach to the novel coronavirus.

Recommendation II

The AU member states that benefitted from the IMF, WB, NDB, AFDB, and other international profiteers should sponsor and consolidate global standard medical and isolation centers across the continent.

Implementation Strategy

AU to put Africa CDC and national health ministries in charge of regional and national health centres for the consolidation and management of health and isolation centres.

Recommendation III

The AU member states should adopt a multilateral approach in balancing against the social impacts of the novel corona contagion by fostering continental trade and production of final goods for creating a value chain and balancing against economic shock. It will mitigate the unethical dependency for survival in the rest of the world.

Implementation Strategy

The African Continental Free Trade Agreement to be signed and ratified by the AU member states.

Recommendation IV

African nations should encourage transparency and accountability regarding imported medical palliatives for verification of their authenticity.

Implementation Strategy

A union of African law enforcement agents such as medical scientists in conjunction with customs, police, and immigration officers to be established for critical monitoring and appraisal of medical palliatives. It is to avoid the possibility of using Africa as a medical dumping ground.

Recommendation V

African leaders should indulge in the sponsorship of farming projects to foster the banality of food production as economic activities have been suspended. Farmers should not be suspended from farming activities.

Implementation Strategy

African governments to subsidize farmers and encourage them to produce essential foods in a bid to balance against the possibility of food scarcity.

Recommendation VI

In partnership with local and international organizations, African leaders should collaborate to assist the needy by dispatching food and cosmetics to needy households.

Implementation Strategy

African leaders to synergize with humanitarian foundations such as those that have unmatched technical-no-how on scientific delivery of humanitarian aid to the needy.

Recommendation VII

African heads of State should invest in scientific research in all essential sectors to resurrect innovation and transfer of knowledge.

Implementation Strategy

African heads of State to establish continental innovation body in partnership with universities, polytechnics, monotechnic, technical colleges, and vocational centers for the empowerment of Africans with exceptional scientific skills.

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