

AFRICAN RESPONSES TO THE COVID-19 PANDEMIC: ABSENT PRESENCES OR PRESENT ABSENCES?

Tikum Mbah Azonga, PhD

Department of Information and Communication

Deumaga Royal University Institute – Yaounde (Cameroon)

Telephone/WhatsApp contact: (237) 673224352 Email: tikummbahazonga@gmail.com

Abstract: The purpose of this study was to examine Africa's reaction to the coronavirus pandemic since its appearance in China in November 2019 and subsequent rapid proliferation worldwide, including Africa. The ultimate goal was to use the disaster management narratives and strategies formulated not only in Africa but elsewhere, to help in pointing the way forward for Africa. Although all the continents took steps to address the challenge, the case of Africa was bound to raise eyebrows because despite the rich natural endowments of the continent, it has still been regarded as backward, with some observers doubting it could cope with an epidemic of such a magnitude. As such, we sought to determine whether Africa was present or absent during the COVID-19 outbreak. **Methodology:** We analyzed secondary research sources such as published articles, speeches, press releases and books; as well as online sources, notably the Google website, and institutional databases such as that of the United Nations organizations. We employed the post-structural/structural theoretical framework of "presented signifiers" referring to "absented signifieds" in order to gain a deeper epistemological understanding of the notions of presentation, representation, and re-presentation as they relate to Africa in the context of COVID-19. **Findings:** Our study revealed that while Africa was – just like the other continents - taken by surprise by the outbreak, it still took a number of preventive measures and patient treatment that contributed in curbing the spread of the disease. The proof is that the huge numbers of casualties that some observers had predicted for Africa did not materialize as anticipated, especially at a time when the progression curve of the pandemic is believed to have started peaking already. Instead, in terms of number of people infected, the dead and the recovered, Africa seems to have done rather well. **Conclusions:** COVID-19 has undoubtedly served as an eye-opener to African policy makers. Firstly, it gives them the opportunity to prepare their countries better for a subsequent pandemic. Secondly, the crisis has exposed weaknesses in public policy and governance which African nations must seriously address. One of them is the realization that corruption is still endemic on the continent, the reason being that some officials abused COVID-19 resources placed at their disposal for the benefit of the general public. Africa will also have to strengthen its social policy in terms of education and literacy, as well as provide better health services.

Keywords: COVID-19, Coronavirus, Pandemic, Africa, Responses, Absences.

1. INTRODUCTION

The manner in which the coronavirus – popularly known as COVID-19 – has hit and traumatized the world is likely to leave many a nation in a long term state of shock. Di Gennaro (2020) citing the WHO (2020) and Hsu et al (2020), traces the pandemic's path so far: "The COVID-19 epidemic expanded in early December (2020) from Wuhan, China's 7th most populous city, throughout China and was then exported to a growing number of countries. The first confirmed case of COVID-19 outside China was diagnosed on 13th January 2020 in Bangkok (Thailand). On the 2nd of March 2020, 67 territories outside mainland China had reported 8,565 confirmed cases of COVID-19 with 132 deaths, as well as

significant community transmission occurring in several countries worldwide, including Iran and Italy and it was declared a global pandemic by the WHO on the 11th of March 2020. The number of confirmed cases is constantly increasing worldwide and after Asian and European regions, a steep increase in cases is currently (31 March 2020) being observed in low-income countries.”

Still on the fear-inspiring origin of the disease, John-langba & John-Langba V.N. (2020) recount: “In December 2019, China identified and notified the global public health community about the emergence of a novel coronavirus among patients at health facilities in the Hubei province of the country. This novel coronavirus was identified as the coronavirus SARS-CoV-2 and its attendant illness as coronavirus disease 2019 (Covid-19).”

In the specific case of Africa, The UN (2020) reports that “as at May 13, 2020, 53 African countries were reporting 69,578 COVID-19 cases, 2,403 deaths, and 23,987 recoveries”. Bekker & Mizrah (2020) state that “so far, COVID-19, caused by severe acute respiratory syndrome – coronus 2 (SARS-COV-S) – has infected 5 million people worldwide and caused 328,000 deaths. Africa now has over 95,000 cases of infection across the continent and more than 3000 deaths with Egypt (14,000) just behind South Africa (18,000) in reported infections”

Given such a grim situation, eyes were turned to Africa with some observers casting doubts on the continent’s ability to handle the crisis. In April of this year 2020 for instance, Belinda Gates who is a philanthropist and wife of the world’s richest man (an American), Bill Gates, declared among other things that “the disease is going to bite hard on the continent. I see dead bodies in the streets of Africa” (Africa Check 2020). Muhajarine et al. (2020) warned: “As the SARS-COV-2 virus sweeps across the globe, African countries are bracing themselves for grave consequences. The projections released on April 17, 2020 include a worst-case scenario of a billion cases and 3.3 million deaths. This scenario is based on an assumption of no social distancing measures being taken. With intense social distancing, the estimates drop to 122 million infections and 300,000 deaths” Okereke& Nielsen (2020) also cite Belinda Gates` message of doom in an utterance concerning why it is risky to spell doom for anyone. The two authors also cite two UN sources that see dark clouds over Africa, one of which is a WHO Africa regional official, Michael Yao, who said “coronavirus causes in Africa could surge from just thousands now to million within three to six months, according to provisional modeling”. The other source is the UN Economic Commission for Africa which stated: “Anywhere between 300,000 and 3.3 million African people could lose their lives as a direct result of COVID-19”.

Even the Africa Center for Strategic Studies based in Washington declared the pandemic the worst challenge the African continent had ever faced: “Africa faces the world’s most dramatic health burden in any given year, given its constant fight against recurring and infectious diseases. The emergence of the COVID-19 pandemic and the pressure it has put on some most advanced health systems in the world, is noted by Africa’s public health community. With high levels of poverty, urban density, widespread infectious diseases, limited access to healthcare, and overcrowded informal settlements, Africa faces a preponderance of risk factors that threaten to exacerbate the pandemic on the continent”

WHO even questioned Africa’s ability to find enough beds for COVID-19 victims: “According to the World Health Organization, fewer than 5000 beds are available for use in intensive care units in 43 African countries during COVID-19. This is about five beds per one million people, compared to 4000 beds per one million people in Europe. Fewer than 2000 functional ventilators are available in public health services in 41 African countries” (Nemkul 2020)

Concerning the inadequacy of pharmaceutical products with which to counter the virus, Abogo (2020) lamented: “The continent’s poor pharmaceutical capacity has been a source of amazement to locals and foreigners alike. Bangladesh, a poorer country than many African countries, produces 97 % of the national demand for medicines, in contrast to Africa which is almost 100 % dependent on imports”

Such was the background against which we set out to investigate Africa’s preparedness for the pandemic. In other words, what steps did the continent take? And to what extent were they successful in both checking the propagation of the scourge on the continent and treating affected persons?

2. THEORETICAL FRAMEWORK

This study was placed within the framework of the absent-present philosophy because of Africa’s ambiguous present-absent role in world events which has made some scholars to wonder whether the continent is absent, or present, or paradoxically both. This conundrum is illustrated in the “fugitive poses” of American Indians as illustrated by Vizenor

(2000). The scholar states in the introduction to his publication: “Native peoples today are best known to others, and often to themselves, through their fugitive poses: textual and graphic depictions preserved by scholarship, consumed by the dominant culture, and steeped in a modernist aesthetic of romantic victimry, tragedy, and nostalgia. Because such representations do not easily convey the immediacy and distinctiveness of Native cultures, they effectively celebrate the absence rather than the presence of the Native. The fugitive poses captured in photographs, portraits, translations, official documents, New Age stories, blood-quantum counts, captivity narratives, and museum objects simulate Native peoples rather than reveal them”.

Let us now examine meanings of the concepts of “absence” and “presence”. This is how Bell (2020) explains them: “The terms absence and presence describe fundamental states of being. For this reason, they are difficult to define without referencing the terms themselves. The Oxford English Dictionary definitions of both terms are self-referential: ‘the fact or condition of being present’ and ‘the state of being absent or away’. The difficulty of these terms stems from the fact that they are dependent upon the notion of being. The OED cites the primary definition of being as ‘to have or occupy a place ... somewhere ... Expressing the most general relation of a thing to its place.’ According to this definition, then, being is not inexplicable or transcendent, but exists within a framework or state. Therefore the definitions of presence and absence explicitly rely upon the states within which they are found. Some examples of these states could be the world, images, and representations. Throughout history, scholars have debated the relative absence and presence within such states. At the heart of this issue is the question of whether truth and presence are absolutely linked. For instance, in *Phaedrus*, Plato argues for unmediated truth of speech over the mediation of writing. The unmediated truth of speech comes from the presence of the speaker, while the writing mediates this presence. Therefore, representations in the form of images or writing present presence through mediation. According to Derrida, however, these mediated forms are the only available forms of presence because meaning cannot appear outside of a medium.” (Bell 2020)

Adami (2015) examines the philosophical-phenomenological aspect of the “absence-presence” phenomenon and argues that absences are not just simply what there is not: “Absences are present. We can feel, perceive, and sense them quite distinctively. We may say that absences have a phenomenology of their own, usually manifesting in an inventory of traces, in the shape of a negative mirroring, or in the sudden disturbance of a perception of continuity by the discontinuous irruption of a removal. Yet, their elusive status makes of them an object difficult to pin down, define or represent. In the end, are they even objects, or just the empty spots left behind by the objects withdrawal, the wounds of a lack? Every time we try to determine them ontologically, or to express them in words, we need to recur to the grammatical mode of the negative and the rhetorical device of comparison. Absences are not just what there is not, but rather what was there and now is not any longer, or what should be there and yet is not – these connotations adding the importance of a temporal fluctuation or immoral omission.”

Relating this now to Africa and by extension, the COVID-19 pandemic that has become a world concern, one can extrapolate Derrida (1997) who reflects Socrates’ thoughts on Plato’s *Phaedrus* to the effect that when a writer is absent from a text he/she has authored, that absence can lead to misinterpretation of the text by its readers, as opposed to if the text was read and interpreted in the presence of the author. Yet, it can still be argued that the “absent” author remains present through the text, since it is common practice to visualize an author when reading that author’s work. This post-structural theory fits Africa because despite its many natural endowments, the continent is still “absent” from some achievement league tables. Okure (2020) makes that point and in doing so, knows where to place the blame: “Africa is perhaps the richest piece of land on earth, given its natural resources, rich fertile land, precious minerals and its biodiversity. Yet majority of Africans live in abject poverty conditions. Why? Basically, it is the failure of government in the promotion of the common good, resource distribution, lack of transparency and accountability and an independent judiciary system that works for all”. It is therefore not surprising that when an opportunity arises like that of the COVID-19, reasons are easily found to write off Africa.

However, there have been instances where Africa has been “present but absent”, not through its own fault but through the fault of others. An example is the Berlin Conference of 1884-1885 (Hyam 1964, Craven 2015) during which Africa was arbitrarily partitioned and shared by the Great Powers, without taking into account the views of the Natives. Another example of an African “absence presence” was highlighted by Algeria’s foreign minister, Mourad Medelci, at the UN’s 67th Assembly General Debate in 2012 when he cried out: “The working methods of the Security Council must be revised to ensure democratization, and its membership must be expanded to include new permanent and non-permanent members of the developing world, particularly Africa, the cradle of civilization”. The minister’s complaint was only one in a series

of others from other African leaders over the decades who felt that they could not be considered as fully fledged members of this important world body, (presence) and not be allowed to be part of the decision making process (absence).

However, some theorists such as Bell (2020) hold that the line between presence and absence is blurred and can therefore not be considered to be definite and asdefinitive: “Through the revaluations of philosophers like Deleuze and Derrida, the terms absence and presence have lost their binaried distinction. Instead, absence can be thought of as a kind of presence and presence as a kind of absence. For instance, the medium of photography is typically thought of as having a direct connection to some form of reality, presence and/or truth. In Roland Barthes’ book, *Camera Lucida* he is struck by the connection between absented forms of photographic representation and the presence of truth: “what the photograph produces to infinity has occurred only once; the photograph mechanically repeats what could never be repeated existentially ... it is the absolute Particular, the sovereign Contingency”. According to Barthes, the represented forms refer to someone or something “real,” but that event no longer exists, except in the photograph. Therefore, the photograph is a kind of absented presence, which, for Barthes, still holds subjective significance, but not absolute truth. Therefore, Barthes’ assessment agrees with the typical association between photography and truth, but in a way that thinks past the extreme binaries of presence = truth and absence = falsity.” With such flexibility between “absence” and “presence” being possible, Africa can always still navigate itself from “absence” to “presence”.

Derrida (1997) quoted by Bell (2020), scoffs at the concept of a “totally present”: “Jacques Derrida, the father of deconstruction, relies heavily on Heidegger’s revaluation of the metaphysics of presence. Essentially, in *De la Grammatologie* (Of Grammatology translated into English in 1976), Derrida attacks the notions of an origin, or center of knowledge that is conventionally allied with presence. He launches his attack on logocentrism through the privileged position speech assumes next to truth, where writing is the “translator of a full speech which was fully present (present to itself, to its signified, to the other, the very condition of the theme of presence in general), technics in service of language, spokesman, interpreter of an originary speech itself shielded from interpretation (Derrida 8).” In the above quote, Derrida derisively describes the position of the “fully present” speech in relationship to its “interpreter” writing. Throughout his theorization of the deconstruction of logocentrism, he focuses on this transcendent characteristic associated with the “fully present” speech to reveal that speech is mediated by language just as is writing.”

Stern (2012) offers some comfort to those who may feel that “absence” spells doom, because he has worked out a means by which someone “absent” from another can still be present. He explains: “One of the fundamental pedagogical questions in teaching about human rights, war, and global citizenship is how to educate students to care about strangers whom they may never know and whom they may assume they have nothing in common with. At its core, this is an ethical question that highlights a problem in articulating relations between self and other. This article proposes a type of deconstructive literacy that uses photographs depicting suffering to address how viewers can consider their responsibilities to other people in a world marked by violence. Critiquing normative pedagogical methods that use the visual power of photographs to impose ethics upon viewers, I outline how what I term a hauntagogical approach provides an opportunity for an emergent ethical relation between a viewer and the viewed. Suggestions for foundations approaches to pedagogy are considered.” From that perspective, therefore, one can consider that although “absent”, Africa can still be “present” on the world scene; so too can the rest of the world be in the life of Africa.

3. METHODOLOGY

The aim of this investigation was to study Africa’s reaction to the outbreak of the coronavirus, popularly known as COVID-19, which started in China and has spread to other parts of the world so much that it has been declared a world pandemic. In the process, we were guided by two research questions, one of which was whether Africa had responded to the disease and the other consisted of finding out whether if the continent did, the effort bore any fruit. In terms of the type of data we used, we relied mainly on existing secondary data such as published material, speeches, declarations, the works of previous researchers, historical works of epidemics and pandemics in the world and Africa in particular, online sources such as Google; and institutional databases such as that of World Health Organization (WHO).

From that perspective, our work was basically descriptive and analytical in the sense that we described what was contained in our data concerning Africa, the coronavirus pandemic and other stakeholders such as the other continents; and then analyzed it. We used qualitative ethnography to describe attitudes, behaviours, and shared beliefs of groups of people towards Africa. We also used quantitative analysis to break down and analyze data such as the bar charts and pie charts we produced to demonstrate Africa’s participation in the fight against the pandemic.

Our data sources included international institutional bodies such as UN organs, international medical NGOs, individual researchers, institutional group researchers, private group researchers, international human rights NGOs, international media groups, international research bodies, African research bodies, and previously published research work carried out mainly on COVID-19.

After the data was gathered, we checked it for any missing elements before analyzing it. We made use of the SPSS statistical software to generate the bar charts and pie charts we used. That was within the context of quantitative analysis. We used qualitative analysis which is also relevant to our research requiring work on language, images and observations and involving some form of textual analysis. As such, content analysis was used to categorize and discuss the meaning of words, phrases and sentences. To crown it all, we searched for and used scholarly critical works on the theoretical framework on the epistemological subject of absent presences and present absences, as the structure and support that held together our research study.

Based on the explanations and justifications above, other forms of research automatically excluded themselves from this investigation. They include associational research which is correlational, causal, and comparative; intervention research which is experimental, quasi-experimental, or action-based; as well as exploratory research which is rather more appropriate for disciplines such as marketing and business studies.

4. FINDINGS

Africa`s vulnerability

The analysis of the data revealed that just like the other continents, the African continent had also been hit by the pandemic. The table below demonstrates Africa`s place on the region-by-region league table of COVID-19 confirmed cases established by the WHO in June 2020:

World regional league table of confirmed cases

S/N	REGION	CONFIRMED CASES
1	Americas	4,092,526
2	Europe	2,490,815
3	EasternMediterranean	856,650
4	South-East Asia	541,041
5	Western Pacific	202,489
6	Africa	201,178

Source: WHO June 2020

As can be seen from the table above, Africa emerged as the least affected region in terms of confirmed cases of infection. The table below gives the same information but in terms of percentages.

The continent-by-continent infection rate including that of Africa Coronavirus Observer (2020) stood thus:

Continental league table of infection rates

S/N	CONTINENT	INFECTION RATE
1	NorthAmerica	0.43 %
2	South America	0.38 %
3	Europe	0.23 %
4	Asia	0.05 %
5	Oceania	0.021 %
6	Africa	0.021 %

SOURCE: *Coronavirus Observer (June 2020)*

However, the COVID-19 infection rate in Africa is not patchy but affects all African countries, as demonstrated by the table below, in alphabetical order:

Country-by-country league table of reported cases of COVID-19 in Africa

1. Algeria – 11,385
2. Angola – 166
3. Benin – 597
4. Botswana – 79
5. Burkina Faso – 899
6. Burundi – 104
7. Cameroon – 10,638
8. Cape Verde – 823
9. Central African Republic – 2,605
10. Chad – 854
11. Comoros – 210
12. Congo-Brazzaville – 883
13. DR Congo – 5,283
14. Djibouti – 4,557
15. Egypt – 50,437
16. Equatorial Guinea – 1,664
17. Eritrea – 142
18. Eswatini – 586
19. Ethiopia – 3,954
20. Gabon – 4,340
21. (The) Gambia – 36
22. Ghana – 12,929
23. Guinea – 4,841
24. Guinea-Bissau – 1,492
25. Ivory Coast – 6,444
26. Kenya – 4,257
27. Lesotho – 4
28. Liberia – 542
29. Libya – 510
30. Madagascar – 1,403
31. Malawi – 592
32. Mali – 1,906
33. Mauritania – 2,424
34. Mauritius – 337
35. Morocco – 9,074
36. Mozambique – 662
37. Namibia – 39
38. Niger – 1,020
39. Nigeria- 18,480
40. Rwanda – 646
41. Sao Tome and Principe – 688

42. Senegal – 5,475
43. Seychelles – 11
44. Sierra Leone – 1,272
45. Somalia – 2,719
46. South Africa – 83,890
47. South Sudan – 1,830
48. Sudan – 8,020
49. Tanzania – 509
50. Togo – 547
51. Tunisia – 1,132
52. Uganda – 741
53. Zambia – 1,416
54. Zimbabwe – 463

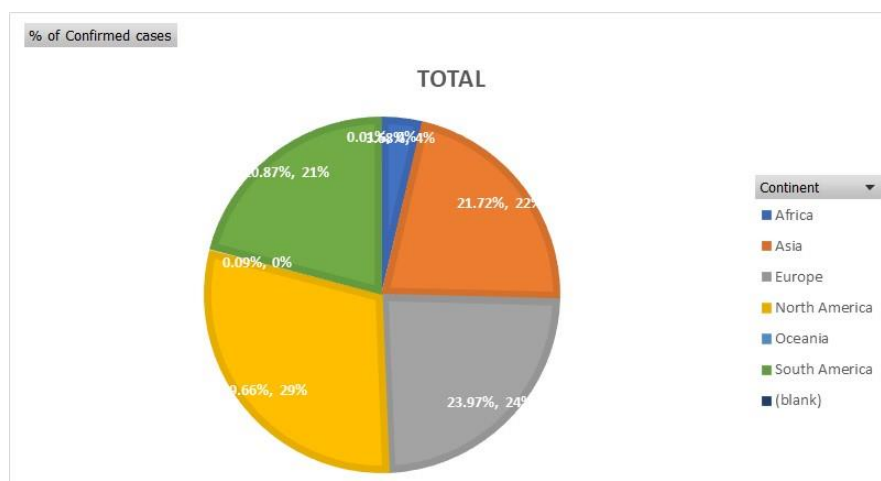
Source: *Africa News (June 2020)*

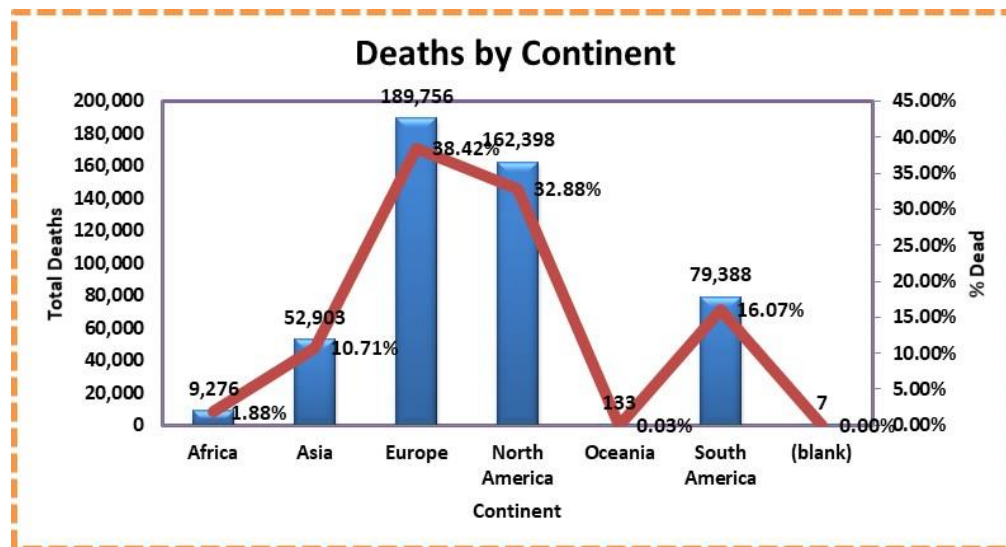
Continent-by-continent table of confirmed cases and deaths

Continent	Total Confirmed Cases	Total Deads	% of Confirmed cases	% Dead	Dead rate by Total Pop	Dead rate by Confirmed Cases
Africa	359,078	9,276	3.68%	1.88%	0.001%	2.583%
Asia	2,121,733	52,903	21.72%	10.71%	0.001%	2.493%
Europe	2,341,334	189,756	23.97%	38.42%	0.025%	8.105%
North America	2,897,881	162,398	29.66%	32.88%	0.027%	5.604%
Oceania	9,157	133	0.09%	0.03%	0.000%	1.452%
South America	2,038,906	79,388	20.87%	16.07%	0.018%	3.894%
(blank)	696	7	0.01%	0.00%	0.000%	1.006%
Grand Total	9,768,785	493,861	3.68%	100.00%	0.006%	5.056%

According to the table above, only Oceania has a lower number of confirmed cases (9,157, which is 0.09 %) than Africa (359,078, which is 3.68 %). In terms of death rates by total population, Africa and Asia are ranked 4th with 0.001 % each; although Africa's toll is higher when it comes to the dead rate by confirmed cases, since it scores 2.5853 % while Asia scores only 2.493 %. Even so, from both perspectives, Africa's rates are still low. The same trends are portrayed in the pie chart and bar chart below.

Pie chart showing proportional data of confirmed cases



Bar chart and accompanying curve comparing deaths by continent

The African Union sounded the alarm bells in April 2020 (Longba & Longba 2020): “At its 910th meeting held on February 13, 2020, the African Union’s Peace and Security Council noted that the Covid-19 outbreak is a public health emergency that “could constitute a threat to peace and security on the Continent.”

While attention was focused on the pandemic itself, Amnesty International identified another factor that could pose a threat to any response the African continent could give to the pandemic: “Along with countries in Latin America and the Middle East, Southern African countries face serious corruption risks in addressing vulnerabilities across national healthcare services. As in other regions, public procurement, which plays an essential and often life-saving role in the response to the pandemic, also presents significant opportunities for corruption” (Transparency International 2020)

Nonetheless, Muhajarine et al. (2020) believe that Africa’s late arrival in the group of continents affected by the pandemic could be a blessing for the continent in that the time lapse has given it some time to prepare itself.

Africa’s ripost

We found that faced with the pandemic, Africa did take some steps to contain the disease. Longba & Longba (2020) report the move: “Public health responses to the Covid-19 pandemic in Africa have varied from one country to another, but reflect a general trend towards declaring states of emergency followed by restrictions of movement (mostly lockdown and shelter-in-place restrictive measures), except in instances where access to essential supplies such as food or medicine are required. In addition, most African countries have adopted other WHO recommended mitigation strategies including quarantine, social distancing, self-isolation, and improved water, sanitation, and hygiene (WASH) practices. Others include mass coronavirus testing and contact-tracing at the community level.”

In addition to the above measures, some African countries have provided mobile testing facilities along main transportation highways, as a means of identifying infected travellers, isolating them and providing them with treatment so that they do not travel and infect other people. Some of such countries are Botswana, Ghana, Nigeria, South Africa, Burundi, Kenya, South Sudan, and Tanzania (Africa Center for Strategic Studies 2020). Other steps which the Center cites as having been taken in Africa include provision of public sanitation conveniences complete with “hand-washing stations, community toilets, and clean water kiosks in all access points, staffed by volunteers and a network of health workers, like in the case of Kenya”

The search for a cure has brought to the fore some of the continent’s herbalists. Abogo (2020) reports on the case of Madagascar: “The African Union is in discussions with Madagascar over the *Artemisia Annuua* tonic, a herbal remedy that Andry Rajoelina, President of Madagascar, presented to the world as Africa’s solution to COVID-19”. Journal du Cameroun (2020) reports another case, this time by a cleric in Cameroon’s economic capital of Douala: “The Archbishop of the Douala Metropolitan Archdiocese, His Grace Samuel Kleda has affirmed that his herbal concoction against the deadly coronavirus pandemic is effective”.

According to the same source, some countries, again like Kenya, have facilitated information flow by getting locals to subscribe to a WhatsApp group that informs them on the pandemic and how they can protect themselves from contracting it; or how to have themselves treated, if they have contracted it. Further, vulnerable families have been supported with cash payments to meet their basic needs as a means of cushioning the devastating effects of coronavirus on the community. Local factories have also been made to adapt to the new dispensation forced on them by COVID-19. Such is the case of a factory in Keberia-Kenya, Cited by the Africa Centre for Strategic Studies (2020) as having switched from textile manufacturing to the production of coronavirus surgical masks.

Still according to The Africa Centre for Strategic Studies (2020) another strategy put in place by African countries to counter coronavirus are presidential task forces set up here are there. These are a think tank of health and sectoral experts put together to pilot the fight against the pandemic. In essence, it is a fine crop of multidisciplinary professionals who like in the case of Uganda as pointed out by The Africa Centre for Strategic Studies (2020), comprise “economists, anthropologists, epidemiologists, public health experts, virologists, and lawyers”. The Centre further comments that “The result (of the presidential task forces) has been an aggressive effort to mount tailored and scientifically and culturally sound public health actions with an aim on preventive interventions, rather than relying on a therapeutic approach that would overwhelm the limited treatment options at Africa’s hospitals”

The Africa Centre for Strategic Studies (2020) notes that while combating COVID-19, African countries have been forced to take into account local: “Given these challenges, many African countries followed the global trend of imposing shutdowns of businesses and human movements. Yet, with 70 per cent of some African populations relying on subsistence livelihoods, it was understood that this would only be a temporary solution. Africa’s response to the pandemic would need to be customized to its own realities, challenges, resources, and strengths. This has spurred a number of innovations and adaptations to the coronavirus response in Africa – initiatives that continue to unfold”

Abogo (2020) reports that Africa’s response has not been limited to COVID-19 alone: “Ever since the virus crossed the continent’s borders, regular bilateral and multilateral consultations among African finance ministers have philosophically revolved around the need to rethink our multifaceted responses to COVID-19 and other future threats that have equal or greater potential for disruption”

The coming of COVID-19 has contributed in reawakening the debate as to whether Africa should serve as a “dumping ground” for Western drugs or a guinea pig on which new vaccines should be tested. In April of this year, two doctors in France suggested that the BCG tuberculosis vaccine could be clinically tested in Africa with a view to using it for COVID-19 treatment (Busari & Wojazer 2020). That suggestion met with wide-scale condemnation with the French doctors being accused of being “racist” and “colonialist”.

Nmubiru (2020) is alarmed that the French doctors should have targeted Africa when according to her; Africa is “the continent with the lowest numbers of confirmed cases so far”. Noko (2020) notes “Remarks about testing coronavirus drugs on Africans, part of a pattern where some bodies are dehumanized, others protected” WHO boss, Dr. Teodros Adhanom Ghebreyesus reproached the French doctors: “It was a disgrace, appalling, to hear during the 21st Century, to hear from scientists, that kind of remark. We condemn this in the strongest terms possible, and we assure you that this will not happen” (BBC 2020). Thierry Le Gall, director of the French National Council of Evangelicals (CNEF) pastoral service for parliamentarians said: “The gospel carries in its DNA the protection of the weakest. Christ demonstrated this by giving his life for all humanity, regardless of race or person” (Soriano 2020).

Despite the condemnation of any COVID-19 clinical trials in Africa, Bekker & Mizrah (2020) argue that the continent stands to benefit if it accepts the clinical trials: “Today, many antiretroviral drugs were tested in Sub-Saharan Africa and found to be lifesaving for people with advanced AIDS. The extensive involvement of African women in clinical HIV/AIDS research underpinned the establishment of new preventive tools. Also developed in Africa were the guidelines for treating AIDS and TB co-infection, cryptococcal meningitis infection, immune reconstitution infection syndrome, the timing of pediatric antiretroviral therapy initiation, and the evaluation of new therapeutic regimes for treating drug-resistant TB. Vaccines for malaria and Ebola viruses were also tested across Africa. Recently, vaccine candidates for TB prevention were tested in East, West, Central, and Southern Africa, a necessary prerequisite before deployment across the continent (...) Nigeria, Tunisia, Egypt, and South Africa, have signed up for the Solidarity Trial [supported by the World Health Organization (WHO) and partners] to rapidly determine whether treatment options slow COVID-19 progression or improve survival. National regulatory authorities and national ethics committees from across Africa have agreed to

combine their expertise to expedite clinical trial review and approvals for new multinational preventive, diagnostic, and therapeutic interventions for COVID-19”

Interestingly, two major world bodies: the World Bank and WHO recognize Africa's effort in fighting the pandemic. The World Bank, for example, says: “COVID-19 (coronavirus) has arrived in Sub-Saharan Africa, and governments have stepped up measures to prevent the spread of this pandemic. Over the past weeks, travelers have been screened with thermal cameras and health agents have been deployed to increase surveillance, and countries have acted swiftly to cut down flights, close schools and borders, and limit public gatherings. For many African countries that learned difficult lessons from the West African Ebola outbreak in 2014, including the Democratic Republic of Congo which now sees an end in sight in the fight against Ebola, these are familiar scenes” (World Bank 2020). The WHO Regional Office for Africa says this: “The global community is racing to slow down and eventually halt the spread of COVID-19, a pandemic that has claimed thousands of lives and sickened thousands of others. In Africa, the virus has spread to dozens of countries within weeks. Government and health authorities across the continent are striving to limit widespread infection”(L'OMS en Afrique 2020)

Perhaps impressed by the fight Africa has put up against COVID-19, leading international organizations have stepped in to support the continent. The WHO for instance, has stated: “Since the start of the outbreak, the World Health Organization (WHO) has been supporting African governments with early detection by providing thousands of COVID-19 testing kits to countries, training dozens of health workers and strengthening surveillance in communities. Forty four countries in the WHO African region can now test for COVID-19. At the start of the outbreak, only two could do so” (World Health Organization 2020). *Doctors Without Borders* (MSF) has not been left out: “As in many other countries around the world today, MSF is supporting the national response to the COVID-19 pandemic in Cameroon. Our teams are increasing hospital capacity to manage and care for patients affected by the new virus, including reinforcing infection prevention and control measures, and setting up isolation wards” (Nemkul 2020). Other international bodies pooled efforts in order to assist women and girls in the fight against the disease: “The UN, the AU, and the ECA brought together African ministers for gender and women affairs to brainstorm on how to reduce the impact of the pandemic on women and girls in May 2020.

The debate about Africa's contribution or non-contribution to the fight against COVID-19 has enabled the continent not only to showcase its research capabilities but also to tell the world that scientific research is active in Africa. That is why Bekker & Mizrah (2020) have strongly denied claims by some Western researchers that clinical research on COVID-19 in Africa is unreliable because research standards on the continent are substandard: “Suggesting that clinical trial conduct is at a lower standard in Africa is unacceptable. Africa has innovated and implemented health solutions with high ethical regard for its people. In March, the Academy of Science of South Africa stressed the importance of research and development on COVID-19 in Africa as key to the response to outbreaks of emerging and re-emerging pathogens. The expertise and infrastructure of African and clinical research sites, along with African nations' engagement of their communities who wish to contribute to effective solutions, are already to be leveraged to tackle this pandemic emergency”. Bekker & Mizrah (2020) have gone further and stated that Africa is ready for COVID-19 clinical trials on its continent: “As with so many other diseases, COVID-19 trials will be carried out in Africa, under the highest ethical and safety standards. To exclude Africa would be a life-threatening mistake” It is therefore not surprising that *The Journal of Public Health in Africa* (2020), has called for submissions for publication: “We are reaching out to all the authors, reviewers and readers of *Journal of Public Health in Africa* to submit their papers on all aspects of the COVID-19 pandemic”.

In the quest for a solution to the COVID-19 attack, some authorities and countries around the world have opted for the use of the drug, Chloroquine. These include India (Pulla 2020), Djibouti (Marks 2020), Cameroon (Rich 2020), Brazil (Medical Xpress 2020). However, other authorities have expressed reservations about the use of the drug. Palmeira et al. (2020) have, for example, warned that “although chloroquine / hydroxychloroquine might yield promising results, they should not be announced as a cure by politicians and the mass media, as they have never been tested as treatments for *Coronaviridae* viruses” Saqrane et al (2020) suggest that while while chloroquine and its counterpart hydroxychloroquine may be used as a possible treatment for the pandemic, it is too early to tell whether the drugs are effective. The WHO has even gone further and suspended use of hydrochloroquine as a treatment for COVID-19 (Medical Xpress 2020). Despite the misgivings, the pro-African researchers, Bekker & Mizrah (2020) report that “Cameroon, Zambia, Zimbabwe, Uganda, and South Africa are applying for ethical and regulatory approval for the Chloroquine Repurposing to Health

Workers for Novel Coronavirus Mitigation Trial (supported by Washington University School of Medicine and the Bill and Melinda Gates Foundation)". This proves that African countries are confident about the state of their scientific research.

Muhajarine et al. (2020) advise African countries: "We offer three recommendations in this regard: dissemination of accurate information, a co-ordinated and equitable response from medical and civic communities and governments, and revamping up testing capacity"

5. DISCUSSION

The purpose of this study was to examine Africa's response to the outbreak of COVID-19, and in the process, compare it with that of the other continents. Significantly, in the Month of April 2020 when the pandemic was still in its infancy in Africa, Muhajarine et al. (2020) warned and advised African countries at the same time: "As the SARS-COV-2 virus sweeps across the globe, African countries are bracing themselves for grave consequences. The projections released on April 17, 2020 include a worst-case scenario of a billion cases and 3.3 million deaths. This scenario is based on an assumption of no social distancing measures being taken. With intense social distancing, the estimates drop to 122 million infections and 300,000 deaths". However, the authors warned: "These staggering estimates are a call to urgent action. The time to act in Africa is now, and to apply lessons from its own recent history of battling epidemics such as Ebola and HIV, as well as countries where COVID-19 outbreaks may now be peaking"

As this investigation has demonstrated, African countries took steps to limit damages caused by the disease. We have discussed those measures above. We also found that not only did world bodies such as the WHO and Doctors Without Borders acknowledge Africa's effort at fighting the pandemic, but they also actively assisted the continent to ensure that the battle was won.

So, not surprisingly, Africa has today emerged as the least infected continent, despite its numerous inadequacies and the gloomy predictions that were made about its ability to handle the pandemic. Bruce-Lockhart (2020) reports: "Today is a special day, said Dr. Tedros (WHO boss) in his opening remarks at the media briefing to commemorate Africa Day, 57 years after the formation of the African Union. While noting that there is a likelihood that some cases may be missed, the WHO chief commended the continent for having only 1.5 % of the world's reported cases of COVID-19 and less than 0.1 % of deaths, adding: "Africa is the least-affected region globally in terms of the number of COVID-19 cases and deaths reported to WHO"

It would appear that some Western authorities find it difficult to attribute Africa's success story to the steps taken by the continent. The BBC (2020) for instance, attributed it to the low percentage of the continent's population at risk of infection: "On the other hand, Africa's population is young. One reason given for Italy's high mortality rates has been that it has a large proportion of elderly people – 23 % of the population is over the age of 65 – who are most at risk should they contract the disease. By contrast, less than 2 % of Africa's population is over 65. For this reason alone, the virus' mortality rate may be lower on the continent" France 24 (2020) has even found Africa's low infection rate puzzling. Although this was far back in March of this year, in the month of June, Africa was still the least infected continent globally. France 24 said back then: "With only three official cases, Africa's low coronavirus rate puzzles health experts". The media organ went on to wonder even louder: "Whether it's a matter of faulty detection, climatic factors or simple fluke, the remarkably low rate of coronavirus infection in African countries, with their fragile health systems, continues to puzzle – and worry – experts".

Some observers have attributed the lower infection rates to "Africa's "younger population and other lifestyle factors" (McVeigh 2020). According to the philanthropist Melinda Gates, the low infection rates are attributable to poor clinical conditions in Africa: "Many like Gates are assuming that the only reason why African countries are reporting low rates of infection is due to its limited testing capacity. While this is not untrue for some countries, Gates's statement easily excludes from the conversation, countries like Ghana, Senegal, South Africa, Mauritius, and others which have ramped up their testing capability" (Okereke & Nielsen 2020)

However, there are other schools of thought that have slammed such explanations. An African data analyst, Humphrey Karamagi, is an example: "Karamagi points to South Africa which has good detection capabilities, but low numbers" (McVeigh 2020). Okereke & Nielsen (2020) attribute the questioning of Africa's low rate of COVID-19 infections to colonialism: "The view that all Africans think the same way and that all African countries will suffer the same fate is

deeply rooted in colonial ideology which dismisses an entire continent as inherently backward and dysfunctional” (Okereke & Nielsen 2020)

The row provoked by the two French researches who said coronavirus clinical trials should be carried out in Africa because Africa’s health structures and facilities are rickety appears to have enabled Africa to showcase its strength in the area of medical research. Bekker & Mizrah (2020) put it aptly: “Bekker & Mizrah (2020) have strongly denied claims by some researchers that clinical research on COVID-19 in Africa is unreliable because research standards on the continent are substandard: “Suggesting that clinical trial conduct is at a lower standard in Africa is unacceptable. Africa has innovated and implemented health solutions with high ethical regard for its people. In March, the Academy of Science of South Africa stressed the importance of research and development on COVID-19 in Africa as key to the response to outbreaks of emerging and re-emerging pathogens. The expertise and infrastructure of African and clinical research sites, along with African nations’ engagement of their communities who wish to contribute to effective solutions, are already to be leveraged to tackle this pandemic emergency”

Bekker & Mizrah (2020) feel that whatever is the case, neither Africans nor the foreign voices who speak about Africa ought to discourage the continent from continuing to contribute to the search for global solutions: “Once again, Africa confronts a new pandemic and must help find solutions, both for the continent and for the global community. Africa, a consumer of health products, has played a key role in developing new medical products. Driven by the need to improve local public health, highly collaborative partnerships have been established between international research teams that involve Africa scientists, clinicians, and community-based advocates. HIV/AIDS was a death sentence throughout Africa; that is no longer the case” (Bekker & Mizrah 2020).

Elsevier (2020) argues that the specificities of “Africa and countries in the Global South are such that their response to threats and epidemics might not be what other people expected: “African countries and countries in the Global South more broadly, have had different experiences, responded to the threat in quite different ways and are on different epidemic trajectories. Most importantly, these countries have quite different healthcare systems, economies, urban geography, political dynamics and social structures – all of which means that the best strategies to minimize the impact of the disease are likely to differ in significant ways from developed countries in the northern hemisphere”(Elsevier 2020)

According to Abogo (2020), Africa is not only addressing the pandemic but also looking beyond it: “Today, African States are developing strategic and in-depth approaches to human development, regional integration, digitalization, industrialization, economic diversification, fiscal and monetary policies, and international solidarity. In short, they are rethinking the causes of the continent’s underdevelopment and coming up with feasible solutions. The outcomes will undoubtedly be good for Africa and for all humanity”(Mba Abogo 2020).

This investigation had some shortcomings, the first of which was that while we focused on secondary sources, we equally deprived ourselves of the opportunity of first-hand information. As such, our work somehow took on a certain artificial outlook. Furthermore, for a study that was about the African continent, we suffered from the inability to travel to other countries to authenticate our investigation. As a result, we did all of the work from Cameroon which is our base.

Regarding the content of our findings, there are some points which we feel African countries should bear in mind when tackling health challenges of the magnitude of COVID-19. The problem is that a good number of countries announced protective measures without thinking of safeguards to cushion the effects. Consequently, the lack of social protection plans led to “severe consequences including starvation and depletion of coping mechanisms, particularly among the most vulnerable. Clashes between citizens defying movement restrictions and security forces have led to deaths and injuries in Nigeria, Rwanda, South Africa and Uganda”(Africa Centre for Strategic Studies 2020).

Longba & Longba (2020) point to other inadequacies: “It is not surprising that concerns have been raised by the AU and various UN agencies about the implications of the aforementioned Covid-19 response strategies on peace, security, and public health in African countries. The implementation of mitigation and containment strategies have resulted not only to the perpetuation of existing poverty and inequalities, but also heightened security-related problems.” Longba & Longba (2020) go further and pinpoint specific cases of unease and violence: “Across Africa, incidences of violence perpetrated by security forces deployed to enforce curfews and confinement measures are being reported. Deaths and injuries resulting directly from actions by State security personnel have been reported in a number of African countries including Nigeria, Zimbabwe, Kenya, and South Africa. The UN has also reported that violence against women – in particular

domestic violence – has intensified in countries where lockdown or stay-at-home orders have been implemented. This notwithstanding, evidence from the 2014 EVD outbreak in West Africa indicates that public health emergencies can exacerbate the multiple forms of violence that women and girls already face.”

Longba & Longba (2020) also make the following points: Firstly, that “The COVID-19 pandemic arrived relatively late to Africa, but the early responses from some African countries have been chaotic and violent, possibly helping to spread the disease. About 23,000 people fled South Africa on the eve of its lockdown, rushing the border into neighboring Mozambique on March 27. In Kenya, among a number of other countries on the continent, security forces have beaten, whipped, humiliated, and even killed civilians, including a 13-year-old boy, in an attempt to enforce curfews, bans on movement, and lockdowns. Similar pictures have emerged from Bulawayo, Zimbabwe’s second-largest city, with armed, uniformed men lining up people and shoving them onto the beds of police pickup trucks or encircling groups of people sitting on the ground.” Next, the researchers say: “African governments appear to have adopted the lockdown policy without either consultation with the affected people (I can see no cases in which they have done this) or analysis of its likely impacts on the trajectory of infections and the livelihoods of people,” said Alex de Waal, the executive director of the World Peace Foundation at Tufts University. “Everyone is still trying to figure out what the least harmful approach would be,” said Emma Naylor-Ngugi, CARE USA’s regional director for East, Central, and Southern Africa.”

At the centre of this study has been the question of Africa’s ability or inability to handle COVID-19. While some authorities had already predicted doom and gloom for the continent with some seeing “bodies in the streets”, others affirmed that Africa was up to the task, one of the reasons being that prior to the COVID-19 pandemic, it had handled other epidemics such as Ebola and HIV/AIDS. From that perspective, we can argue that contrary to what Africa’s detractors might have thought, the continent has not only shown that it is present but doubly present because it has maintained a name for itself and made it possible to be counted among the top-ranking continents in terms of responses to COVID-19.

Placed within the contextual framework of the present/absent dichotomy when steeped in the metaphysical tradition, therefore, Africa would signify different things to different people depending on what is their viewpoint. From that perspective, we agree with Courses.Nus who assert: “According to Saussure, language functions by virtue of the fact that the signifying element (called signifier) relates to its signified by way of a perpetually undetermined aspect, an absent trace, which allows the fleeting and transient phenomena called reference to occur. I refer to this table here by virtue of what remains undetermined in the word table. The difference between the word and the thing necessarily involves a gap--this is play—which involves both differentiability (the condition for there being differences) and repeatability—the condition according to which a sign can signify again and again and again, each time in a different context, potentially infinitely.”Lanir (2019) breaks down Saussure’s theories on language, the sign, the signifier, the signified and signification into very simple terms.

6. RECOMMENDATIONS AND CONCLUSION

The BBC (2020) has made a recommendation to African countries and other stakeholders regarding the use of lockdowns to counter either COVID-19 or any other eventual epidemic: “Countries on the continent have learned much from tackling epidemics such as HIV and Ebola that should be put to good use as they face the impact of COVID-19. The most important lesson is that communities must be at the forefront of responding”

In the area of research, there is need for researchers in the field of conventional medicine to work hand-in-hand with their counterparts in African traditional medicine whose importance on the African continent is obvious. That is why Agbor & Naidoo (2019) say “Poverty, inadequacy of health services, shortage of health workers, infectious diseases scourges, rampant shortage of drugs and equipment in existing health facilities make traditional medicine an important component of healthcare in Africa, especially oral health care”.Gouws (2018) says: “Africa is home to an extensive and diverse medicinal plant life. This includes commonly used herbs like Rooibos (*Aspalathuslinearis*), Devil’s claw (*Harpagophytumprocumbens*), Buchu (*Agathosmabetulina*), Cape Aloe (*Aloe ferox*) and Hoodia (*Hoodia gordonii*). These plant – or herb-based treatments have been a key part of the continent’s traditional medicinal practices for thousands of years. Up to 80 % of people in some areas regularly use traditional medicines and consult traditional health practitioners” The World Health Organization has thrown in its weight behind Traditional Medicine (TM) practice in Africa, as can be seen in the case of Cameroon as reported by Fokunang et al. (2011): “The World Health Organization (WHO) in collaboration with the Cameroon Government has put in place a strategic platform for the practice and

development of TM in Cameroon. The platform aims at harmonizing the traditional medicine practice in the country, create a synergy between TM and modern medicine and to institutionalize a more harmonized integrated TM practices by the year 2012 in Cameroon”

African Traditional Medicine is very rich. In fact, Mahomoodally (2013) calls it “perhaps the oldest and the most assorted of all therapeutic systems”. There is need for collaboration in research in this vast and diversified area by scientists and researchers all over the world, and not only those from Africa. After all, it is known that the basis of Western Medicine is the diversified medicinal plants that abound in the world’s rain forests, not least among them being that of Africa.

Furthermore, while conventional medicine works on the basis of scientifically tested and proven drugs, it must understand that it may be difficult if it insists that for drugs by traditional healers to be accepted, they must also go through the same rigorous scientific process of testing. This is because traditional healers work more out of intuition than scientific know-how.

In conclusion, we say that in this study we sought to examine African responses to COVID-19 while placing our scientific analysis within the absent-present theoretical framework by asking whether for the continent it was an “absent presence or a present absent”. In response, we refer to Bell (2020) who states that “the terms absence and presence have lost their binaried distinction. Instead, absence can be thought of as a kind of presence and presence as a kind of absence”. Bell (2020) explains: “Through the work of theorists like Jacques Derrida, it is possible to think beyond the static binary distinction that once connected presence to an absolute truth or origin and absence to imitation or copy. This model of signification displaces absolutes from its center and replaces it with forms of mediation like language, representations and images. The ability to study these forms of mediation does not do away with the concept of an absolute or Platonic truth. Rather, it points our attention to those transparent mediums that mediate our everyday lives.”

By extrapolation, we affirm that to treat Africa’s response to the pandemic as an “absent presence” would be tantamount to saying the continent was judged to be “absent” but proved to be “present”. That is true because of the visible measures it has taken to counter the pandemic. On the other hand, to say the continent’s reaction has been a “present absence” would imply that it was present but failed to respond to a roll call. That too is true because of the shortcomings we pointed out in the study of Africa not being able to envisage accompanying social protection measures to cushion the adverse effects of its anti-coronavirus steps, a factor which led to discontent, outbursts and some kind of revolt from the very publics the governments were out to protect. Therefore there has been no absolutes or “finites” (to quote Bell 2020, again) between “absent presence” and “present absence”. To use a mathematical concept, both have served as sub-sets of the same whole, interwoven with each other as it were.

REFERENCES

- [1] Abogo, Mba Cesar Augusto (2020). “3 ways COVID-19 could actually spark a better future for Africa”, in World Economic Forum, available at www.weforum.org
- [2] Africa Centre for Strategic Studies (2020) “African adaptations to the COVID-19 response”, available at africacentre.org, and accessed on 13 June 2020
- [3] Africa Check (2020). “Melinda Gates said she feared coronavirus in Africa would lead to dead being put out in streets, as in Ecuador”, available at www.africacheck.org and accessed on 3 April 2020. Adami, Elisa (2015). “In the presence of absence: Editorial”, in *Mnemoscape*, Issue Number 2: 22 June 2020.
- [4] African Union, “Press Statement: 910th Meeting, 13 February 2020 Addis Ababa, Ethiopia PSC/PR/BR (CMX),” accessed 10 April 2020, <https://www.peaceau.org/uploads/psc.-910.press-statement.ebola-coronavirus.13.02.2020.pdf>.
- [5] Agbor, Ashu & Naidoo Sudeshni (2016). “A review of the role of African traditional medicine in the management of oral diseases”, in *African Journal of Traditional, Complementary and Alternative Medicines* 13 (2): 133 of February 2016.
- [6] Aristotle. “Poetics”, in Introduction to Aristotle. Trans. Ingram Bywater. Chicago: University of Chicago Press, 1973
- [7] Barthes, Roland (1991). *Camera Lucida: Reflections on Photography*. Trans. Richard Howard. New York: Hill and Wang,

- [8] BBC (2020) “Coronavirus: Africa will not be testing ground for vaccine, says WHO”, in *BBC News* of 6 April 2020.
- [9] BBC (2020). “Coronavirus: Why lockdowns may not be the answer in Africa”, *BBC News* of 14 April 2020
- [10] Bekker, Linda-Gail; and Mizrah, Valerie (2020). “COVID-19 research in Africa”, in *Science*, Vol. 368, Issue 6494 Di Gennaro, Francesco; Pizzol, Damiano; Marotta, Claudia; Antunes, Mario; Racalbutto, Vincenzo; Veronese, Nicola; and Smith, Lee (2020). Coronavirus Diseases (COVID-19) “Current Status and Future Perspectives: A Narrative Review” in *International Journal of Environmental Research and Public Health*; 2020, 17, 2690.
- [11] Bell, Amanda (2020). “Theorizing Media since 2003”, available at <https://lucian.uchicago.edu/blogs/mediatheory/keywords/absence-presence/>, and accessed on 11 May 2020.
- [12] Bruce-Lockhart, Anna (2020). “Africa ‘least affected’ by COVID-19; hydroxychloroquine trial suspended – WHO”, in *World Economic Forum*.
- [13] Busari, Stephanie, & Wojazer, Barbara (2020). “French doctors’ proposal to test Covid-19 treatment in Africa slammed as ‘colonial mentality’”, in *CNN*.
- [14] Course.Nus.Edu (date not stated). “Introduction to Derrida: Presence and absence” , available at <https://courses.nus.edu.sg/course/elljwp/derriduction2.htm>, and accessed on 11 April 2020
- [15] Craven, Matthew (2015). “Between law and history: the Berlin Conference of 1884-1885 and the logic of free trade” in *London Review of International Law*, Volume 3, Issue 1, March 2015.
- [16] Derrida, Jacques (1997). *Of Grammatology*. Trans. Gayatri Spivak. Maryland: Johns Hopkins University Press
- [17] Gouws, Chrisna (2018). “Traditional African medicine and conventional drugs: friends or enemies?” in *The Conversation*, available at www.theconversation.com and accessed on 28 June 2020.
- [18] Elsevier (2020). “Call for papers: Special Issue on COVID-19 in African countries – Multidisciplinary perspectives on the global pandemic in Africa”, available at www.journals.elsevier.com, and accessed on 10 June 2020.
- [19] Fokunang, C.N.; Ndikum, V.; and Kamsu-Kom (2011). “Traditional Medicine: Past, Present and Future Research and Development Prospects and Integration in the National Health System of Cameroon”, in *African Journal of Traditional, Complementary and Alternative Medicine*, available at www.ncbi.nlm.nih.gov
- [20] France 24 (2020). “With only three official cases, Africa’s low coronavirus rate puzzles health experts”, in *France 24* of 1 March 2020.
- [21] Hsu, L.Y.; Chia, P.Y. & Lim, J.F.; Hsu, L.Y.; Chia, P.Y.; Lim, J.F. “The Novel coronavirus (SARS-CoV-2) epidemic”. *Ann. Acad. Med. Singap.* 2020, 49, 1–3
- [22] Hyam, Ronald (1964). “The Partition of Africa”, in *New Cambridge Modern History*, Cambridge: Cambridge University Press
- [23] John-langba, J; & John-Langba V.N. (2020). “COVID-19 Responses in Africa: Implications for peace, security and public health”; in *KujengaAmani / The Social Science Research Council (SSRC)*; available at <https://kujengamani.ssrc.org/2020/04/30/covid-19-responses-in-africa-implications-for-peace-security-and-public-health/>; and accessed on 20 June 2020.
- [24] *Journal du Cameroun* (2020). “Cameroon: Mgr. Samuel Klede affirms coronavirus herbal remedy is effective”, in *Journal du Cameroun* of 24 April 2020.
- [25] *Journal of Public Health in Africa* (2020). “COVID-19 pandemic: Call for submissions”, in *Home / Announcements*, of 29 April 2020.
- [26] Lanir, Lesley (2019). “Ferdinand de Saussure: The Linguistic Unit – Sign, Signified and Signifier Explained” in *Medium*, available at www.medium.com and accessed on 27 June 2020.
- [27] Mahomoodally, M.F. (2013). “Traditional Medicines in Africa: An Appraisal of Ten Potent African Medicinal Plants”, in *Hindawi Open Access*, Volume 2013, Article ID 617459

- [28] Marks, Simon (2020). “Djibouti is treating all COVID patients with chloroquine but scientists urge caution”, in VOA of 21 May 2020.
- [29] McVeigh, Karen (2020). “Global development: Africa facing a quarter of a billion coronavirus cases, WHO predicts”, in *The Guardian* 15 May 2020.
- [30] Medical Xpress (2020). “Brazil recommends chloroquine to treat even mild COVID-19 cases”.
- [31] Medical Xpress (2020). “WHO suspends hydroxychloroquine trial as COVID-19 treatment”; in Medical Xpress of 25 May 2020.
- [32] Muhajarine, Nazeem; Eboreime, Ejemai; Albin, Jacob; Alhassan, Korem; Badejo, Okikiolu (2020). “Why Africa needs to battle unique challenges to keep coronavirus numbers down”, in *The Conversation* of 21 April, 2020
- [33] Namubiru, Lydia (2020) “Opinion: Africans facing coronavirus must not suffer the injustices they saw with Aids”, in *The Guardian* of 18 April 2020.
- [34] Nemkul, Freida (2020). “Coronavirus COVID-19 pandemic: MSF supports COVID-19 response in Cameroon” in *Médecins Sans Frontières*, available at www.msf.org and consulted on 10 June 2020.
- [35] Noko, Karsten (2020) “Medical colonialism in Africa is not new”, in *Aljazeera* of 8 April 2020.
- [36] Okereke, Caleb; and Nielsen Kelsey (2020). “The problem with predicting coronavirus apocalypse in Africa”; in *Aljazeera*; available at www.aljazeera.com, and accessed on 19 June 2020.
- [37] Okure, Aniedi (2020). “Challenges facing Africa: 2019 in Review”; in *Africa Faith & Justice Network*; available at www.afjn.org and accessed on 24 May 2020.
- [38] Palmeira, V.A.; Costa, L.B.; Rerez L.G.; Ribeiro V. T.; Lanza, Katharina.; Silva, A.C.S. (2020). Do we have enough evidence to use chloroquine / hydroxychloroquine as a public health panacea for COVID-19?”, *Clinics*, Vol. 75; São Paulo of May 2020
- [39] Plato. *The Republic of Plato*. Trans. Benjamin Jowett. Oxford: Clarendon Press, 1980
- [40] Pulla, Priyanka (2020). “India expands use of controversial drug for coronavirus despite safety concerns”, in *Nature Research, News* of 5 June 2020
- [41] Rich, David (2020). “Covid-19: In Cameroon, chloroquine therapy hailed by French expert becomes state protocol”, in *France 24* of 3 May 2020.
- [42] Saqrane, M.A.; & Mhammedi, El (2020). “New Microbes and New Infections”, in *Science Direct*; Volume 35, of May 2020.
- [43] Soriano, Jonatán (2020). “Why is testing a vaccine in Africa immoral?” in *Evangelical Focus* of 20 April 2020.
- [44] Stern, Mark (2012) “Presence, Absence, and the Presently-Absent: Ethics and the Pedagogical Possibilities of Photographs”, in *Taylor & Francis Online*
- [45] Transparency International (2020). “Corruption risks in Southern Africa’s response to the coronavirus”, at Transparency International; available at www.transparency.org and accessed on 10 April 2020.
- [46] UN (2020). “Coronavirus: Africa’s responses to COVID-19 must be gender responsive”, in *Africa Renewal*, available at www.un.org, and accessed on 22 May 2020
- [47] Vizenor, Gerald Robert (2000). *Fugitive poses: Native American Indian scenes of absence and presence*. Nebraska-USA: University of Nebraska Press.
- [48] World Bank (2020). “In the face of coronavirus, African countries apply lessons from Ebola response”; *Feature Story*, April 3, 2020; available at www.worldbank.org and accessed on 14 June 2020