

Lessons from the Covid-19 Coronavirus Pandemic: Why Africa Needs a New Development Strategy?

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Abstract

This research article aims to bring to the attention of African leaders and their respective constituents the importance of healthcare systems and policies in national development strategy. The author recognizes the decades-old internal and external challenges that African leaders have been facing since the late '70s and '80s. Yet, he argues that African leaders should be accountable for their development policy failures even though their supporters may absolve them. The article depicts the consequences of neglecting the healthcare sector and services of many African leaders and expounds on their dire effects on African families. Further, it describes how African leaders outsourced their national development policies to international experts and specialized multilateral agencies like the World Health Organization (WHO). It also discusses how ill-prepared and vulnerable several African countries were when facing life-threatening diseases without running for help to foreign donors and the international community. As such, the outbreak of Covid-19 revealed the limitations of those development policy prescriptions and shed light on Africa's political leadership failure and what had been ailing Africa's development policy strategies for decades

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1. INTRODUCTION

The Covid-19 Coronavirus pandemic was first reported around November-December 2019 in Wuhan, China. On December 31, 2019, the Chinese government informed the World Health Organization (WHO) about the outbreak. The following month, on January 30, 2020, WHO declared Covid-19 a public health emergency of international concern (PHEIC). On January 31, 2020, the United States closed its borders. Soon after European Union (EU) closed its internal Schengen space areas and border, other countries closed their aerial space and physical borders. On March 11, 2020, the WHO declared that the virus had become a pandemic. Consequently, the outbreak brought the entire world economy to a standstill within two to three months. International flights and economic activities came to an abrupt halt. During that time,

only the transportation of medical equipment from China to the rest of the world continued as a regular flow of international commerce and trade exchanges.

As the crisis unfolded, a battle of narratives also emerged. The US initially supported the Chinese government's explanation of the virus's origins. However, the Trump administration made it clear through diplomatic channels that it needed credible data to investigate the virus's origins. It requested authorization from the Chinese government to send American scientists and a specialized medical team to the Wuhan lab to conduct its investigation. A request that the Chinese government denied. The Europeans also had their theory about it. The Chinese had their official explanation about the virus, which ran counter to the Americans and other suspecting countries. The Africans held their view about the disease but stayed silent. The rest of the world also had its narrative.

2. THE BATTLE OF NARRATIVES

The African narrative about the pandemic during the first six months was an attitude of wait-and-see to pick up signals and cues from the international community. Several African governments and their people (s) initially did not believe that the disease was a deadly pandemic. It was business as usual. Africans went on with their daily lives while the rest of the world was counting its Covid-19 fatalities.

During the early stages of the outbreak, the US narrative laser-focused on what the Chinese government knew about the virus and refused to share with the rest of the world. Initially, the Trump administration did not officially contradict the Chinese government's view about the virus's origins. It played the wait-and-see policy expecting China to provide it with credible data to take adequate measures against the spread of the disease. It requested authorization to send American scientists and a specialized medical team to the Wuhan lab to conduct its investigation. The Chinese government refused and denied the request. As a result, the Trump administration changed its accommodative position and began to publicly, via media and daily briefings, accuse China of being opaque with the data it was reporting. President Trump publicly lashed out and started to call the soon-to-be pandemic "China virus." He repeatedly accused Beijing of not being forthcoming, transparent, and cooperative enough about the origins of the disease. [1] He blamed China for causing the crisis and unleashing human and economic losses worldwide unseen since the Great Depression.

The European narrative was similar to the American's. The Europeans mostly refrained from openly criticizing the Chinese, at least officially. At the time of writing, only Germany openly asked Beijing to provide the world with explanations about the origins of the disease. Furthermore, Sweden also signaled it would support initiatives from the EU Commission to investigate the origins of the disease and the EU's initiatives.

China's narrative from the beginning was crystal clear. It insisted that it had informed the world community and the WHO as early as it became clear that the pandemic was a threat to international public health and safety. Moreover, to counter the incessant American criticism and the growing international anger about the origins of the crisis, some Chinese nationalists unsubstantially claimed that the CIA and the US Army were the creators of the virus. [2] However, their attempt to deflect the blame for the crisis on the United States did not succeed. However, their ploy and strategy also flopped because the entire world had already recognized that the virus originated in Wuhan, in the Province of Hubei, China. The uncertainty around the pandemic was how it came to be since its origin was established.

The rest of the world narrative was derived from the instructions of disparate governments, directives by the WHO regional offices, the US, the EU commission, and Japan's initiatives and measures taken to combat the pandemic. An exception to this wait-and-see attitude of the rest of the world was Australia, which alone called on Beijing to tell the world what it knew about the origins of the disease and pushed for an international investigation into it. [3] And as a consequence of that, China took retaliatory measures against it as a warning to any country that would insist on investigating the true origins of the disease at the international level. [4]

3. LESSONS LEARNT FROM THE COVID-19 CORONAVIRUS PANDEMIC

After three months of living with the virus, private sector economics and corporate governance became its first victims. First, the virus showed the limitations of globalization. Second, it highlighted what was wrong with the global supply chains. Third, it revealed the underlying challenges of international economic relations. Furthermore, it caused disruptions in supply chains across the world. By then, nothing else mattered more than saving lives and preventing the spread of the disease. At the time of writing, 12, 589, 749 people were affected, and over 562, 137 have lost their lives (See table 1). Further, the disease also revealed other interesting phenomena, such as bringing the states back into the limelight of national governance in public affairs. It brought the powers of the states back and made them the main interlocutors in managing existential threats and combating life-threatening diseases. [5] In doing so, it relegated private companies to the background and made them compliant with the guidance and dictates of their governments.

As an illustration of this new development, in the early stages of the crisis, the US government, corporate America, and the American scientific community came together and set up a task force mandated to coordinate the US crisis responses to fight the pandemic under the leadership of the then Vice President Mike Pence. The daily Covid-19 briefing that former President Trump and his Vice President Mike Pence, Secretary Carson, doctors Fauci and Birx, Sergeant General Jerome Adams, other prominent members of his administration, and leading Corporate America's executives showed the world and the American people that, in the end, states mattered.

Following this model, governments of all political stripes worldwide emerged as 'the go-to focus points' during these distressing and challenging times. That is to say, Presidents, Prime Ministers, Heads of Government, Kings, and Princesses all stepped up to manage the crisis and assured their respective populations of potential solutions they foresaw on the horizon. In showing a common front, they reassured their nations and gave hope to the world. Nonetheless, it did not take long before the whole world began to feel the impacts of the crisis. Covid-19 impact quickly became apparent in the social, personal, psychological, economic, and geopolitical spheres. Tensions arose within nations about the best way to address the pandemic. Geopolitical tensions arose between the US and China due to the outbreak. At the time of writing, no country in the world had escaped the wrath of the disease and its devastating consequences. The finger-pointing between the two countries resulted in constant recrimination between the Trump administration and Beijing. Consequently, a trade war ensued between the two countries, and the Trump administration-imposed sanctions against China, and Beijing retaliated in kind.

On the global economic front, the United Nations, International Monetary Fund, World Bank, Federal Reserve, European Commission, and JP Morgan, among many private and public economic and financial institutions, forecasted a global economic downturn unseen since the Great Depression. [6] And

as regards Africa, they also forecasted that its economic growth for the years 2020 and 2021 would contract. Its macroeconomic numbers would drastically shrink as well. [7] As a case in point, countries such as Nigeria, Angola, Algeria, South Sudan, and many others, which had been relying on one commodity economy like oil, unexpectedly saw their economies grinding to a standstill in some cases teetering on the verge of collapse. In short, the pandemic revealed in plain sight what had been ailing Africa's political leadership for years. It showed their vulnerability and ill-preparedness when faced with a crisis manufactured or naturally engendered thousands of miles away from their shores. This vulnerability and the ill-preparedness were palpable in the number of ventilators and personal protective equipment (PPEs) that every fifty-five African countries had at its disposal in the early stages of the pandemic. (See Table 2). To their dismay and the cheers of their citizens, the Covid-19 pandemic unexpectedly came, took the lid off their economic mismanagement, and blew it wide open for all to see.

The powerful Africans could no longer jump onto their private planes or first-class international flights, go to London or Paris and leave their destitute citizens behind. They were grounded as anyone else and hunkered down in their bunkers. For the first time, many discovered how dilapidated and deficient their hospitals and healthcare systems were. Hence, where it counted the most, Africa was absent and nowhere to be seen. That is to say, when the WHO selected sixty companies to develop vaccines against the virus at the time of writing, sadly, there was no single African company in the race to find vaccines against the pandemic. [8] In other words, the disease inadvertently showed African leaders and their people (s) their place in global health governance and economics. It showed them how Africa was passive in international public health politics. Africa did not invest where it counted in the 1990s when the Cold War ended and the waning globalization took off. She, therefore, lacked voices and weight in the scientific race of the second decade of the twenty-first century that mattered. Furthermore, the disease also showed how 'fake' and unsustainable the touted so-called economic successes of many of their countries were. For with the early sign of trouble, their governments ran and pleaded as usual for international solidarity, debt service moratorium, or outright cancellation. [9]

Surprisingly, when the disease struck in early 2020, African governments shamelessly scrambled and raced to secure ventilators and all the equipment needed to run a decent health center or hospital. In the early days of the crisis, some governments were even surprised to see that the prices of those ventilators had doubled or tripled overnight. Their leaders magically discovered the forces of the market economy and the fundamentals of supply and demand that they so worshipped but generally did not truly understand its mechanics. As a result of their failure to invest in their countries' healthcare systems, they had to plead and beg international organizations whose financial budgets largely depended on the United States, Japan, EU member countries, and other emerging nations. In the past, it was the above-cited countries whose economic, financial, and foreign aid largesse they were after; and with Covid-19, it was now China they were pleading with for help and assistance. This shameful and never-ending pleading for assistance handsomely paid off. As part of its solidary and strategy to reinforce China's role in Africa, President Xi Jinping mentioned Africa briefly when he addressed the 73rd World Health Assembly in May 2020. He committed \$ 2 billion to the World Health Organization's Covid-19 response, especially for developing countries. In June, he also pledged more Covid-19 pandemic support and assistance to Africa at the China-Africa Summit on 'Solidarity against Covid-19'. This package of Covid-19 related-support included debt relief, equipment, vaccines, education and training, and technical expertise. In October, two Chinese pharmaceutical giants, *Sinopharm* and *Sinovac*, committed to establishing Covid-19 vaccine production

lines in Africa, with Egypt and Morocco as the first destinations. In December, Chinese officials and African leaders met in Ethiopia to launch the construction of the Africa Centers for Disease Control and Prevention (Africa-CDC) headquarters by China Civil Engineering Construction Corporation.

As part of China's 'corona diplomacy' in Africa, Corporate China also stepped up to the plate and assisted the continent in fighting against the spread of the disease. For instance, Jack Ma and Alibaba Foundations delivered three rounds of medical equipment and supplies to all African countries in coordination with the Africa Centers for Disease Control and Prevention (CDC), Chinese Embassies, Ethiopian Airlines, WHO, and UN Agencies. On March 16, 2020, the foundations committed to donating 100,000 masks, 20,000 test kits and 1000 sets of protective clothing and face shields for all 54 African countries. On April 6, 2020, the foundations pledged to deliver 500 ventilators, 200,000 sets of protective clothing and face shields, 2000 thermometers, 1 million swabs and extraction kits, and 500,000 gloves for all 54 African countries. On April 20, 2020, the foundations made another announcement for a third batch of donations which consisted of 4.6 million masks, 500,000 swabs and test kits, and 300 ventilators, 200,000 sets of protective clothing, 200,000 face shields, 2000 temperature guns, 100 body temperature scanners, and 500,000 pairs of gloves to the African Union (AU) and Africa CDC for distribution across the continent (See Factsheet: Jack Ma Foundation and Alibaba Foundation's Global Donations and Efforts to Combat Covid-19, by Alizila Staff, published on April 15, 2020, accessed at <https://www.alizila.com/factsheet-jack-ma-foundation-alibaba-foundations-coronavirus-donations-and-efforts/>; Africa CDC receives third donation of medical supplies from Jack Ma Foundation, co-hosts global Medix Change webinar on COVID-19, ADDIS ABABA, ETHIOPIA, APRIL 27 2020, accessed at <https://africacdc.org/news-item/africa-cdc-receives-third-donation-of-medical-supplies-from-jack-ma-foundation-co-hosts-global-medixchange-webinar-on-covid-19/>).

Hence, having witnessed this unacceptable state of affairs, the questions that every conscious African should ask himself or herself are the followings: 1) How could an entire continent of 1.3 billion human beings possess no more than 2000 ventilators (prior to the donations made by the Chinese government and its corporate arm)? 2) How could a country of 5 million people dispose of 3 ventilators (prior to the donations made by the Chinese government and its corporate arm)? 3) How could a continent of 1.3 billion human beings have no more than 5000 intensive beds (prior to the donations made by the Chinese government and its corporate arm)? 4) How could a country of 200 plus million people, two third of the US population, dispose of fewer than 100 ventilators, 20 to be specific (prior to the donations made by the Chinese government and its corporate arm)? (See World Health Organization.)

Furthermore, in the early stages of the pandemic, we saw every country look after itself and the well-being of its citizens. We witnessed every country scramble to beef up and secure its medical supplies. At the height of the crisis, the world saw some European countries temporarily ban exporting personal protective equipment (PPE) and other essential medical supplies. We saw every country running to and taking strong measures to combat this invisible enemy on its own. In a short space of time, the world also saw protectionism and nationalism regaining primacy over the solidarity of the so-called international cooperation and supranationalism. [10] Thus, the pandemic taught experts and non-initiated global affairs that international cooperation and multilateralism were only good when the US, European Union member countries, Japan, China, and selected emerging countries, were not directly affected by catastrophic events like the Covid-19 pandemic. The outbreak showed how realist policies in times of catastrophic events

trump international cooperation and solidarity. In short, we all witnessed the US, European Union, and other Covid-19 affected countries adopting early on an inward-looking strategy to counter and combat the disease. Thus, the realist policy orientations that the citied-above countries adopted proved to the African leaders the imperative of redirecting their economic development strategies. They also showed Africans how crucial it was to invest in healthcare sectors to address future international public health crises effectively. As alluded to above, the realist policies espoused mainly by the G7 and G20 members proved to the skeptics why states mattered in national economic affairs. This is why they remain the main actors in setting national strategic policies such as the public health sector, in addition to enlisting a responsible private sector in policy formulation and implementation in line with the health security of a nation as elements of its national security and defense policy. In short, Covid-19 taught African leaders and their respective citizens what was essential for their national development strategy and what to do away with in public policy governance.

Furthermore, the pandemic also taught the international community the danger of relying too much on the assistance of international donors. The disagreement between the Trump administration and the leadership of the WHO proved that funding of international organizations by their donors could be suspended at any time or withdrawn on short notice. Former President Trump temporarily suspended millions of dollars that the United States disbursed to the WHO over policy disagreements to make that point. [11] He suspended the funding because the agency was in the crossfire of geopolitical wrangling pitting the United States against China. He accused it of colluding with China and not doing enough to protect Americans from the pandemic. The disease brought to the surface geopolitical undercurrents, tensions, and competition between China, the EU, and the US predating the advent of the pandemic. Since President Trump had incessantly accused it of ‘China bias’, he repeatedly said it had supported China in concealing the true origins of the disease, and that both China and WHO were not forthcoming about the origins of the virus. [12] To Trump and millions of his supporters, independent and political observers alike, China and the WHO could have done more in the early stages of the disease to provide vital information to the international community. [13] That is to say, instead of withholding crucial data on the disease and contributing to the mess that the world found itself in, they claimed that China and the organization would have early on helped the world take solid measures and saved lives, fortunes, and thousands of lost and decimated businesses globally. [14] In short, the main point here is to clarify that those funding multilateral organizations and agencies have ‘*the power of the purse*’.

4. AFRICA’S CRISIS RESPONSES TO THE PANDEMIC

The overriding priorities for Africa at the early stages of the pandemic were the detection and management of the virus among its populations. While millions of Africans were nonchalant about the crisis, all sorts of theories ran wild across the Continent. These included, 1) Covid-19 was a white man's disease, 2) Covid-19 would not harm Africans because of the hot climate in Africa, 3) Black people were somehow immune to the virus, and 4) Some Africans believed the disease was a hoax, a fraud. Meanwhile, the official crisis responses of the African governments were to quickly coordinate their policies on combat the pandemic before they ever recorded their first fatality. Their responses carried the directives issued by the African Union Center for Diseases Control (CDC), their respective health officials, recommendations from their Covid-19 Task Forces, and the regional offices of the WHO.

Africans swiftly and responsibly acted with the minimum resources they possessed. First, they closed their borders and began to monitor international flights bound for their shores, especially from Europe. Second, they introduced restrictions and banned outright internal travel within their territories until further notice. Third, they ran behind the ready-made logistics and assistance from multilateral agencies. Fourth, some began calling on foreign-owned private companies under their jurisdictions to provide their populations with basic health necessities, equipment, and food. They called those donations good gestures and signs of solidarity. [15] All the while, those were services they were supposed to provide for their vulnerable populations. Unfortunately, resources were not distributed as intended as the greedy and corrupt leaders had siphoned off their states' resources and turned their governments into mere spectators in their economic management. Still, the same leaders who had unashamedly failed to provide those essential healthcare services, infrastructures, and decent living conditions were forcing their populations to strictly enforce stay-at-home orders in the name of a national emergency. They did that knowing full well that over eighty percent of their population did not have three daily meals, round-the-clock electricity, and safe drinkable water. [16] Furthermore, in addition to knowing for years that many of their respective citizens survived in extreme poverty while living on \$ 1.25 per day (absolute poverty). (See Table 4).

The French-speaking African countries or francophone Africa sought consultations and directions from France. They strategized with the Macron administration to effectively coordinate their responses and stem the spread of the virus within their respective territories before it was too late. They instituted lockdowns, economic shutdowns, and stay-at-home shelter orders (home confinement). Artists and singers like Koffi Olomide from the Democratic Republic of the Congo (DRC) and Northern Nigerian popular musicians like Aminu Ala, Tijjani Gandu, Isa Ayagi, and Fati Niger, among many other African musicians and artists, produced hit songs after hit songs about the virus. They promoted awareness and educated their populations and the world about it. They addressed the mitigating methods against the disease as presented to them by their health officials and scientists to effectively and successfully combat the pandemic and fight its spread. [17] Their efforts were laudable and appreciated.

The bright side of Africa's response to the pandemic was the launch of what was branded as Covid - Organics or "African" therapy for Covid-19 developed by the Malagasy Institute of Applied Research (IMRA). This herbal tonic developed in Madagascar that President Andry Rajoelina was presented to the world in a ceremony in Antananarivo on April 20, 2020. As a result, several African presidents and countries showed interest in the treatment and placed orders for the drug. For example, the late President of Tanzania, John Magufuli, expressed his enthusiasm and acceptance of the brew, saying that "We will send a plane to bring the drugs so that Tanzanians can also benefit." (See unproven herbal remedy against Covid-19 could fuel drug-resistant malaria, scientists warn, May 6, 2020). Other African countries such as the Republic of Congo, Equatorial Guinea, and Nigeria, among many others, also showed interest and placed orders for the Malagasy herbal treatments even though, at the time of writing, the scientific evidence of the drug had yet to be established. In essence, this alternative endogenous African response launched on April 20, 2020, by Madagascar's President Andry Rajoelina was the only positive crisis scientific response Africa gave the world at the height of the pandemic. Even though the international scientific community, World Health Organization, African Union (AU), and some skeptical African scientists demanded the scientific evidence and efficacy of the Covid – Organics tonic, its launch by the

Malagasy President as an alternative response emerged from the Continent stood out and created a debate about investing more in healthcare systems and modern vaccine infrastructures in Africa.

5. HOW DID AFRICA'S HEALTHCARE INFRASTRUCTURES GET TO WHERE IT IS TODAY?

From the post-years of independence to the late 1970s, many African countries had decent and working healthcare systems aligned with their population needs. However, when those newly independent states adversely became affected by the international economic and geopolitical crises of the early to late 1970s (1973 and 1979 Arab oil embargoes and the USSR invasion of Afghanistan), they progressively lost control of their national development policy and planning. As a result, the early vision of nation-building and national economic policies of the fathers of independence got sidelined. [18] In addition, when the consequences of the 1982 global economic and debt crisis and the post-Cold War (1991 onward) market-driven liberal economic policies known as the 'Washington Consensus' (via the structural adjustment programs of the '80s) became the only development policy doctrine of Africa, with a few exceptions, Africa's economic and financial dependency on foreign lending institutions and private investors grew and took over Africa's development strategy. Consequently, the policies initially devised to uplift millions of African citizens out of abject poverty were shut out and ceased to exist. Over time, it became clear that the real aim of the said-policy prescriptions development doctrine was to relegate the states to the curbside, place them in a secondary role, and enthrone the private sector to be in charge of national policy and economic management of African countries. Enriching oneself, whether licitly or illicitly, became the new purpose and modus operandi of many African leaders and 'all in' objectives and goals of their political governance. [19] Sadly, this resulted in saying Adios to the nation's building projects and Africa's pursuit of excellence for its people and their well-being.

Therefore, after the end of the Cold War (1991), the private economic sector took over the state's role in managing national economies across Africa and the world at large, for that matter. As such, in the 1990s, multilateral agencies treated African countries like companies operating under the shareholder quarter mantra. [20] They rationalized quick result-oriented management of Africa's public affairs as a safe way for African states to access multilateral funding under the *best practices and sound governance principles*. They lectured African leaders and advised them to produce quick market and financial results to achieve economic miracle growth *à la Asian* tiger economies or China as of late. They and private management consultants of mainly Western capitals gave the African leaders a simple and unwavering message: decrease the capabilities of your states, deregulate and privatize your economies. This liberal economic policy approach ran counter to many African countries' long-term national development policy planning. It devised a market-based approach for governing state affairs and mandated the private economic interests to manage key sustainable development sectors such as public health. It sidelined state-led economic policies understood by the nationalist and inward-looking African leaders. It pushed many to decamp policy spaces like healthcare sectors and forsake them to the same multilateral agencies and specialized NGOs. (See Analysis NGOs In Africa: A Tainted History New Africa 15/07/2018) Consequently, Africa's political leadership lost its autonomy to initiate socio-economic policies without the validation and advice of multilateral agencies, specialized NGOs, and private management firms. As a result, it could no longer devise endogenous policies to address its healthcare challenges and create acceptable healthcare systems for its general populations. Hence, in the last three decades, it has only relied on the assistance and logistics of the United Nations' specialized agencies like the world health organization. Private philanthropic

foundations such as the *Bill and Melinda Gates* to meet their immunization targets and combat diseases like *Polio, Measles, Smallpox, Malaria, Cholera, AIDS*, and so forth.

6. WHY INTERNATIONAL ORGANIZATIONS ARE NOT THE ANSWERS

In the 1920s, 1930s, 1940s, and the late 1960s and early 1970s, the principal international actors were the Western European colonial powers. After World War II, with the loss of their overseas colonies and empires, the United States and the dissolved USSR emerged as the principal international actors and benefactors, shaping and dictating the politics of major multilateral organizations and agencies. Historically, the United Nations' specialized agencies and many other Bretton Woods multilateral organizations were not initially established to serve and bail out Africa's failed and misdirected political leadership and vision-less ruling class. The Allied powers established those agencies to safeguard the interests of former colonial powers and serve the interests of the emerging American empire and the defunct Union of the Socialist Soviet Republic (USSR). [21] In addition, they gave them the mandate to manage the lingering post-World War I and interwar crises of the Great Depression. Also, they instituted in them the responsibility to settle the unfinished business of the Treaty of Versailles and the unresolved issues and negotiations left behind by the League of Nations. That is, leading powers from the beginning of World War I and throughout the interwar years (1919-1939) have always shaped and directed the international organizations' policies that support their economic and geopolitical interests and advance their vision of world affairs.

With this short reminder of the nature and history of international organizations and multilateral agencies, one would think that African leaders would be conscious of the relative powers, limitations, strengths, and agendas of those multilateral agencies. This has been to no avail. They have consciously or unconsciously, for decades, refused to see the obvious. On the contrary, since the end of the Cold War, they and many African public intellectuals and prominent political opponents have also been openly espousing a multilateralist view of world affairs. (See Analysis NGOs In Africa: A Tainted History New Africa 15/08/2018; and The limits of international organizations: systematic failure in the management of international relations by Giulio M. Gallaroti published online by Cambridge University Press: 22 May 2009, pp. 183-220) In my opinion, this idealistic understanding of world affairs and blind belief in international organizations has led many to forsake their roles and responsibilities to various multilateral agencies and NGOs. Hence, one sometimes wonders who is really in charge of Africa's development affairs. 1) Are the Ambassadors of the former colonial powers, the US, and increasingly China de facto African Presidents? 2) Are the military advisors of the former colonial powers and private security firms, in the case of the French African countries, the heads of national security advisors and defense Ministers of that particular Africa? 3) Are the envoys/consultants of the International Monetary Fund, World Bank, United Nations, World Trade Organization, International Labor Organization, and World Health Organization the real policy thinkers and development planners for Africa? 4) Are the powerful heads of various NGOs running and shaping social policies across the Continent the real social and development Ministers of African states? To answer these above-formulated questions, African peoples and the youths, in particular, ought to ask themselves why is it their respective leaders seem incapable year after year of providing them with basic essential public services such as healthcare coverage.

The time has come for African leaders to understand that being proud members of international organizations is no panacea for development. Though it is understandable for sovereign nations belonging

to the international community to be proud members of international organizations and multilateral agencies with voices and privileged seats in their headquarters, in the whole scheme of things, more is needed for Africa's development objectives and goals. When one reflects upon the roles that the international organization and multilateral agencies such as the International Monetary Fund and World Bank have played in the construction of African development projects since the 1990s, one must conclude that their policies have not been overall positive for Africa's sustainable development. As a consequence, their policy prescriptions have weakened and rendered most African leaders inept at making independent policy formulation and governing, first and foremost, with the essential interests of their citizens. And above all, they have had destabilizing and adverse effects on the bureaucratic quality of many developing and low-income African countries in particular. (For further understanding of this allegation, see “The World System and the Hollowing Out of State Capacity: How Structural Adjustment Programs Affect Bureaucratic Quality in Developing Countries” by Bernhard Reinsberg, Alexander Kentikelenis, Thomas Stubbs, and Lawrence King in the American Journal of Sociology-2019). Nevertheless, one has to admit that they have successfully rescued many failed states in Africa from collapsing and kept bad and pseudo-democratically elected leaders in power through for years their resources and assistance.

7. CONCLUSIONS

It is no exaggeration to say that the Covid-19 pandemic was a turning point in human history. It brought a new era of disruptions and ushered in a new normal in human affairs. What some had begun to call the '*post-normal time*.' Thus, when the history of the impacts of Covid-19 on society, economics, and governance in Africa is written by future historians and sociologists, the catastrophic event will be remembered as a turning point for Africa's health policy and administration. Besides the economic and human losses, Covid-19 exposed what had been hampering African development projects for decades. It was a blessing in disguise for conscious African peoples because it showed how Africa's political leadership had failed where it counted, in health security. It exposed failed African leaders, their successive governments, and their years of economic mismanagement. It also displayed their deficient and non-existent health sectors for all to see.

The Covid-19 Coronavirus pandemic showed the entire world, the United States in the first place, that there was no commerce, no economic activity without health, and no economic consumption without health. There were no selfies Facebook-Instagram social postings with 'giddy faces' without health. There was no tourism without health. There were no major entertainment events without health. There were no major sports events without health. The Olympics themselves were canceled. Life itself could not go on without health.

Legendary African celebrities such as the late Manu Dibango of Cameroon, former President of Marseille Soccer Club Pape Diouf of Senegal, and influential Chief of Staff of Nigerian Government Abba Kari, among many premier African personalities, could not go on without health. As a result of the non-discriminatory nature of Covid-19 (Aunty Corona, as some Nigerians called the pandemic) on human lives, we saw everyone scramble and hunker down in their basements as sardines in order to save themselves and their families. The point is that investing in healthcare systems and building robust healthcare infrastructures while providing health security for more than a billion African people is a good strategy and prosperity policy prescription for sustainable and durable development. No market orthodoxy,

economic policies, and strategies alone will ever uplift Africa if African leaders fail to understand the basic premise of health security for their people.

In truth, it has been decades since African leaders truly wielded any power they independently initiated for the benefit and betterment of their respective populations; however minimum and minuscule those benefits may be. Barring some exceptions, for decades, many African leaders have led the fates of their nations and citizens via policy directives designed, 'helicoptered', and operationalized by multilateral agencies with the aim of quick market-oriented results to satisfy shareholders and their international financiers. This policy 'shortism' is the root cause of why many have largely proven inept and embarrassingly incompetent to lead and govern their countries responsibly and efficiently. In short, African capitals have had 'sit-in presidents' for years with no real presidents in charge of their policy formulations and executions. As a historical side note, the United States would never have become what they are today if the working Americans had not been healthy, well-fed, and secure in their healthcare systems irrespective of what the Democrats/Progressives desired, the Independent wished, and the Republicans preferred.

Thus, the time has come for African leaders to realize that the market and economic efficiency of the United States, Japan, South Korea, and other advanced, rich nations are rooted in healthy workers. Companies and governments provide and protect their productive workers with basic healthcare coverage and services. Hence, economic development without robust healthcare systems and healthy people is just an illusion. Any responsible African man or woman would attest that what counted for an independent country or a sovereign state was providing essential healthcare services for its people and access to robust autonomous healthcare systems. Nevertheless, not to continuously rely on and depend on the logistics and assistance of the international community year after year. Doing so is a sure road to disaster and perpetual dependence on foreigners. In essence, a country or countries may seek assistance on a contingent basis when their healthcare systems collapse or are overwhelmed because of a pandemic such as Covid-19 or natural disasters like Tsunamis. But to live and die under never-ending foreign assistance and international goodwill should not be acceptable for any independent, sovereign state and dignified people. That said, the question for African leaders and their peoples alike is this: What if the same donor countries that provide logistics and assistance to those African countries face an invisible and deadly enemy such as Covid-19, future 'Covid-21', etc.? The answers to the profound question would, unfortunately, be obvious. Africans would be left to the mercy of the living God and divine protection in the name of Allah, Dieu, God, Yahweh, Nzambe, Nyambe, Nzapa, and Ubangiji for the believers. [22]

8. Policy Recommendations

Africa needs a new development strategy because health security is essential to any self-dignified society. It is the primordial security that a sovereign state needs above all other development goals. Because without it, the economic development that Africa so highly pursues will be nothing but a mere illusion. For many years, negligent African leaders and wealthy families always hopped on a plane on short notice with the slightest headaches. They went to Europe, the United States, Asia, and today, increasingly Turkey, India, Dubai, or Saudi Arabia for their medical concerns and treatments. For decades, they and well-to-do African families went to spend millions of dollars in foreign hospitals and private health clinics, or what is generally known as 'medical tourism'. The astronomical sums that they have spent on medical treatments overseas over the years could have been allocated to build thousands of hospitals and health centers, and

train millions of medical professionals across the Continent. [23] The referred sums could have also rescued millions of Africans from the grief of watching their presidents after presidents run to foreign countries for their healthcare needs. That is to say, going to London, Paris, Barcelona, Riyadh, New Delhi, Cleveland, Istanbul, and many other foreign cities and capitals to attend to their health concerns and treatments. Africans would have been saved from being ruled remotely from foreign hospitals' beds or presidential retreat villas in Western and foreign capitals. While these soap operas' sit in presidents' are living in opulence and making sure they are medically seen in foreign clinics and hospitals, their poor populations are unable to afford hospital bed fees or monies to buy prescription drugs when family members and loved ones are hospitalized in their cities or countries. This absurd and denigrating situation is one of the consequences of African leaders blindly embracing economic governing principles based on market and short-term financial results devoid of long-term governing vision and strategies. Unfortunately, this is so because they are said to be more efficient than the state's long-term planning programs that prioritized policy areas such as healthcare sectors.

Going forward with the 'post-normal time', African leaders should focus on providing African peoples, particularly their youths, with basic healthcare services and economic security. They should put less emphasis on the so-called personal freedom, human rights, and 'fake imported and pseudo-democracy' which have been nothing but a tool to advance the geopolitical interests of other nations rather than true development policy strategies devised to advance Africa's development interests further. Without health, personal freedom, and human rights mean nothing to the hungry stomach and sick Africans who cannot attend to their health concerns and treatments. So, in light of the Covid-19 pandemic, my policy recommendations for African leaders are as follows: First, invest your resources in your health sectors. Build your healthcare capabilities as all sovereign countries and states do. In doing so, you will embark on the best economic development path and safe road to prosperity for your billion-plus people. Secondly, states matter how much the private sector is touted as the engine of economic growth and job creation. Even though the private sector is touted as the engine of growth and job creation, and most forcefully so since the coronation of the 'Washington Consensus' and the end of the Cold War, Covid-19 has shown the preponderance of the state in times of national security crisis. Third, it is high time for African leaders to rise and do the right thing for Africa. African people have suffered so much and do not deserve the healthcare systems and security they are currently given. No one is asking them to turn their abandoned and underfunded healthcare infrastructures into first-rated healthcare systems as found in rich and advanced countries overnight. All that is asked is to be aware that modern societies rely first on good healthy populations, health infrastructures, decent hospitals, clean water, full capacity electricity, good education, good working physical infrastructures, and a political leadership that values, first and foremost, its people. Besides, nobody is asking African leaders to magically start paying their underpaid and unappreciated healthcare workers and medical professionals' salaries equivalent to what their colleagues perceive in the United States, Europe, Japan, or any other rich country. All that one is ultimately asking of them is to remedy this blatant neglect of a vital sector for human security and economic development they so highly pursue. Thus, without health, there is no economic, social, or political security and development. In short, states and leaders that empower their people and make their policies people-centric and not market-worshipped are the states that deserve such.

In closing, my plea to the African leaders is as follows: Stop running and incessantly begging for and constantly pleading with the international community and multilateral agencies to manage the

problems you created. Step up and find endogenous solutions for problems you alone are responsible for. To stop pleading or lobbying for a Marshall Plan for Africa. Create your own African Marshall Plan. Design your own African Marshall Plan. Finance your own Marshall Plan. Manage and supervise your own Marshall Plan. As a historical side note, the Americans designed and financed the original Marshall Plan for the Europeans, period. Therefore, expecting the Americans or Europeans to create a Marshall Plan for Africa is foolish and foolhardy. Just devise your plan and cease lobbying the international community for such a plan. It will not happen as you wish. 2020 was not 1947 when Secretary Marshall gave his speech at Harvard that launched the European Recovery Act, known popularly as Marshall Plan. [24]

Table 1. Number of Deaths Per Continent (2020)

Countries	Infected	Deaths
Africa	58, 663	1710
Americas	1,966,032	118,799
Eastern Mediterranean	326,568	9,841
Europe	1,874,075	166,121
South-East-Asia	134,531	27,321
Western Pacific	167,546	4,351
GLOBAL	4,529,027	307,565

Sources: Cadenaser; Johns Hopkins University, CDC; and World Health Organization

Table 2. Number of Ventilators Per African Country (April, 2020)

Country	No. Ventilator	Country	No. Ventilator	Country	No. Ventilator
<i>Algeria</i>	250	<i>Angola</i>	220	<i>Benin</i>	N/A
<i>Botswana</i>	150	<i>Burkina Faso</i>	11	<i>Burundi</i>	20
<i>Cabo Verde</i>	50	<i>Cameroon</i>	40	<i>Central African Rep.</i>	3
<i>Chad</i>	22	<i>Comoros</i>	N/A	<i>Dem. Rep. Congo</i>	60
<i>Congo, Republic of the</i>	N/A	<i>Cote d' Ivoire</i>	80	<i>Djibouti</i>	0
<i>Egypt</i>	400	<i>Equatorial Guinea</i>	21	<i>Eritrea</i>	0

<i>Eswatini (formerly Swaziland)</i>	16	<i>Ethiopia</i>	557	<i>Gabon</i>	100
<i>Gambia</i>	5	<i>Ghana</i>	200	<i>Guinea</i>	20
<i>Guinea Bissau</i>	0	<i>Kenya</i>	297	<i>Lesotho</i>	N/A
<i>Liberia</i>	6	<i>Libya</i>	246	<i>Madagascar</i>	34
<i>Malawi</i>	N/A	<i>Mali</i>	56	<i>Mauritania</i>	1
<i>Mauritius</i>	N/A	<i>Morocco</i>	1, 640	<i>Mozambique</i>	34
<i>Namibia</i>	313	<i>Niger</i>	12	<i>Nigeria</i>	500
<i>Rwanda</i>	46	<i>Sao Tome and Principe</i>	N/A	<i>Senegal</i>	40
<i>Seychelles</i>	N/A	<i>Sierra Leone</i>	13	<i>Somalia</i>	19
<i>South Africa</i>	3, 200	<i>South Sudan</i>	N/A	<i>Sudan</i>	300
<i>Tanzania</i>	N/A	<i>Togo</i>	15	<i>Tunisia</i>	250
<i>Uganda</i>	100	<i>Zambia</i>	100	<i>Zimbabwe</i>	35

Sources: See *10 African Countries Have No Ventilators. That's Only Part of the Problem*. Basic supplies like oxygen and soap are needed first to slow the spread of the coronavirus by Ruth Maclean and Simon Marks. Published April 18, 2020 Updated May 17, 2020 and accessed at <https://www.nytimes.com/2020/04/18/world/africa/africa-coronavirus-ventilators.html>; The world is scrambling to buy ventilators in the Covid-19 pandemic. One country has only four of them – for 12 million people by Amy Woodyatt, CNN. Updated 1:29 PM EDT, Sat April 18, 2020. Accessed at <https://www.cnn.com/2020/04/18/africa/covid-19-ventilator-shortage-intl-scli/index.html>; WHO Africa COVID-19 pandemic expands reach in Africa 10 April 2020 accessed at <https://www.afro.who.int/news/covid-19-pandemic-expands-reach-africa>; and Few Doctors, Fewer Ventilators: African Countries Fear They Are Defenseless Against Inevitable Spread of Coronavirus by ARYN BAKER / CAPE TOWN APRIL 7, 2020 9:11 AM EDT accessed at <https://time.com/5816299/coronavirus-africa-ventilators-doctors/>.

Table 3. TOP 10 COUNTRIES FUNDING THE WORLD HEALTH ORGANIZATION (2019)

Country	Amount of Assessed Contribution (in US \$ million)	Percent of Total Assessed Contribution (in US \$ million)
1. United States	\$ 116 Million	(24% of Total)
2. China	\$ 57 Million	(12% of Total)
3. Japan	\$ 41 Million	(8% of Total)
4. Germany	\$ 29 Million	(6% of Total)
5. United Kingdom	\$ 22 Million	(4% of Total)
6. France	\$ 21 Million	(4% of Total)
7. Italy	\$ 16 Million	(3% of Total)
8. Brazil	\$ 14 Million	(3% of Total)
9. Canada	\$ 13 Million	(2% of Total)
10. Russia	\$ 12 Million	(2% of Total)

Sources: <http://howmuch.net/articles/who-contribution>; World Health Organization – <http://www.who.int/>.

Table 4. KEY SOCIO-ECONOMIC FACTS OF AFRICAN COUNTRIES (2020)

Country	Year 2020 Population	GDP/ Capita	Living in extreme poverty	Population with Household Electricity Access	Population with sustainable access to improved drinking Water	Population with sustainable access to improved sanitation	Adult life expectancy	Population living below poverty line
<i>Algeria</i>	43,851,044	\$4,450	- 3 %	N/A	15%	6%	76.3	23% (2020)
<i>Angola</i>	32,866,272	\$3,924	21 %	≥25 and <50	49%	50% %	61.8	39% (2020)

Benin	12,123,200	\$923	46 %	≥25 and <50	35%	70%	61.2	36% (2020)
Botswana	2,351,627	\$8,168	16 %	≥50 and <75	4%	53%	67.6	19% (2020)
Burkina Faso	20,903,273	\$734	33 %	<25%	28%	87%	60.8	40% (2020)
Burundi	11,890,784	\$307	76 %	<25%	29%	59%	57.9	65% (2020)
Cameroon	26,545,863	\$1,545	19 %	≥50 and <75	30%	49%	58.6	30% (2020)
Cape Verde	555,987	\$3,622	16 %	≥75	20%	59%	73	30% (2020)
Central African Republic	4,829,767	\$454	80 %	<25%	34%	69%	52.9	62% (2020)
Chad	16,425,864	\$890	39 %	<25%	50%	91%	53.2	47% (2020)
Comoros	869,601	\$877	20 %	≥50 and <75	15%	65%	63.9	45% (2020)
Djibouti	988,000	\$2,085	14 %	N/A	8%	33%	62.6	23% (2020)
DR of the Congo	89,561,403	\$478	74 %	<25%	54%	69%	60	63% (2020)
Egypt	102,334,404	\$2,572	- 3 %	N/A	2%	34%	71.7	28% (2020)
Equatorial Guinea	1,402,985	\$15,294	-3 %	N/A	57%	49%	57.9	44% (2020)
Eritrea	3,546,421	\$1,112	76 %	≥25 and <50	40%	95%	65.5	50% (2020)
Eswatini		\$4,093			40%	50%	58.3	63% (2020)
Ethiopia	114,963,588	\$891	25 %	≥25 and <50	58%	89%	65.9	30% (2020)
Gabon	2,225,734	\$8,385	- 3 %	≥75	13%	64%	66.5	34% (2020)

The Gambia	2,416,668	\$740	7 %	≥25 and <50	14%	48%	61.4	48% (2020)
Ghana	31,072,940	\$1,787	10 %	≥75	20%	90%	63	24% (2020)
Guinea	13,132,795	\$865	22 %	≥25 and <50	30%	81%	60.6	47% (2020)
Guinea Bissau	1,968,001	\$852	52 %	<25%	43%	67%	57.8	67% (2020)
Ivory Coast	26,378,274	\$1,791	18 %	≥50 and <75	19%	76%	54.1	39.5% (2018. Est.)
Kenya	53,771,296	\$1,865	16 %	≥25 and <50	41%	58%	67.3	36% (2020)
Lesotho	2,142,249	\$1,466	52 %	≥25 and <50	22%	64%	54.6	57% (2020)
Liberia	5,057,681	\$663	39 %	<25%	36%	68%	63	54% (2020)
Libya	6,871,292	\$6,639	3 %	N/A	29%	3%	72.1	N/A
Madagascar	27,691,018	\$475	76 %	<25%	53%	88%	66.3	71% (2020)
Malawi	19,129,952	\$349	67 %	<25%	24%	40%	63.7	51% (2020)
Mali	20,250,833	\$892	34 %	≥25 and <50	40%	55% %	58.5	36% (2020)
Mauritania	4,649,658	\$1,310	3 %	<25%	40%	76%	63.4	31% (2020)
Mauritius	1,271,768	\$11,015	- 3 %	≥75	0%	6%	74.9	8% (2020)
Morocco	36,910,560	\$3,355	- 3 %	N/A	17%	28%	76.1	15% (2020)
Mozambique	31,255,435	\$481.20	56 %	<25%	58%	69%	58.9	46% (2020)

Namibia	2,540,905	\$5,923	20 %	≥25 and <50	7%	65%	64.9	29% (2020)
Niger	24,206,644	\$489	62 %	<25%	58%	93%	60.4	45% (2020)
Nigeria	206,139,589	\$2,050	48 %	≥50 and <75	53%	70%	53.9	70% (2020)
Rep. Of the Congo	5,490,680	\$2,572	67 %	≥25and<50	29%	80%	65.1	47% (2020)
Rwanda	12,952,218	\$800	46 %	<25%	35%	77%	67.5	39% (2020)
Sao Tome and Principe	219,159	\$2,069	19 %	≥50 and <75	14%	76%	66.8	66% (2020)
Senegal	16,743,927	\$1,485	27 %	≥50 and <75	23%	72%	67.5	47% (2020)
Seychelles	98,347	\$16,377	N/A	≥75	13%	N/A	73.7	39% (2020)
Sierra Leone	7,976,983	\$496	38 %	<25%	47%	89%	52.2	70% (2020)
Somalia	15,893,222	N/A	50 %	N/A	71%	77%	N/A	N/A
South Africa	59,308,690	\$6,560	24 %	≥75	7%	41%	63.4	17% (2020)
South Sudan	11,193,725	\$307	78 %	N/A	43%	66%	57.3	N/A
Sudan	43,849,260	\$792	25 %	≥25 and <50	30%	65%	64.7	47% (2020)
Tanzania	59,734,218	\$1,090	39 %	<25%	45%	67%	66.3	23% (2020)
Togo	8,278,724	\$668	41 %	≥25 and <50	41%	88%	60.5	55% (2020)
Tunisia	11,818,619	\$3,573	- 3 %	N/A	6%	15%	75.9	16% (2020)

Uganda	45,741,007	\$717	37 %	<25%	36%	67%	60.2	21% (2020)
Western Sahara	597,339	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Zambia	18,383,955	\$1,450	54 %	≥25 and <50	42%	48%	62.3	54% (2020)
Zimbabwe	14,862,924	\$1,269	9 %	≥25 and <50	19%	54%	61.7	72% (2020)

Sources: UN World Population Prospects 2019; <https://worldpoverty.io/map>; World Bank Electricity Access in Sub-Saharan Africa Report; Africa Public Health. Info; CIA World Factbook; <https://www.indexmundi.com/map/?v=69&r=af&l=en>; World Health Organization; <https://www.theguardian.com/news/datablog/2009/mar/03/access-water>.

References

1. For an excellent background on Trump and Pompeo’s evolving theory on the origins of the Covid-19 Coronavirus Pandemic, see What Happens Next with the U.S.-China Rivalry by IAN BREMMER May 2, 2020, 7: 00 AM EDT accessed at <https://time.com/5830990/happens-next-us-china-rivalry>.
2. See We Must Set Aside Crude Nationalism If We Want to Learn the Truth About COVID-19’s Origins-and Stop the Next Pandemic by KEVIN RUDD Former Australian Prime Minister May 6, 2020, 2:57 AM EDT accessed at <https://time.com/5832600/kevin-rudd-china-coronavirus-investigation/>.
3. See We Must Set Aside Crude Nationalism If We Want to Learn the Truth About COVID-19’s Origins-and Stop the Next Pandemic by KEVIN RUDD Former Australian Prime Minister May 6, 2020, 2:57 AM EDT accessed at <https://time.com/5832600/kevin-rudd-china-coronavirus-investigation/>.
4. See China Urges Citizens to Shun Australia as Virus Dispute Simmers by Associated Press June 06, 2020, 02:19 AM accessed <https://www.voanews.com/covid-19>
5. See Business heavyweights to launch private-sector coalition on health in New African January 2019, pp. 26.
6. See Coronavirus will haunt US economy for a decade and wipe out \$8tn, says CBO, Unemployment is soaring to levels unseen since the 1930s Great Depression as Congress debates another \$3tn aid package accessed at <https://www.theguardian.com/>.
7. See IMF, *World Economic Outlook*, April 2020.
8. See the medical companies racing to find a COVID-19 vaccine 4/17/2020 by Hannah Ward-Glenton available at <https://www.msn.com/en-us/money/companies/the-medical-companies>.
9. See Managing the Coming Global Debt Crisis May 13, 2020 by BARRY EICHENGREEN available at <https://www.project-syndicate.org>; and Communiqué Virtual Meeting of the G20 Finance Ministers and Central Bank Governors Riyadh, Saudi Arabia, April 15, 2020, at Munk school OF

GLOBAL AFFAIRS & PUBLIC POLICY available at <http://www.g20.utoronto.ca/2020/2020-g20-finance-0415.html>.

10. See the Continent's response to coronavirus proves that European 'solidarity' has always been a sham by CON COUGHLIN 18 MARCH•7:00 AM accessed at <https://www.telegraph.co.uk>.
11. See Trump announces a formal freeze on WHO funding, pending an investigation by NICHOLAS FLORKO/April 14, 2020 accessed at <https://www.statnews.com>.
12. See China policy round-up: Trump accuses WHO of being 'China-centric', State Council to develop capital markets, promote cross-border e-commerce by Addison Gong and Rebecca Fong/April 09, 2020 accessed at <https://www.globalcapital.com>.
13. See Richard Hass President of Council of Foreign Relations Bloomberg Interview October 18, 2020.
14. See Labor Department reports 36.5 million unemployment claims over 2 months by REBECCA RAINEY 05/14/2020 08:33 AM EDT Updated: 05/14/2020 09:19 AM EDT accessed at <https://www.politico.com>.
15. See *Telecongo -Grand Journal de 20h du 17 Mai 2020* available at https://www.youtube.com/watch?v=_MBY5QaNq-Y.
16. See Table III Key-Socio Economic Facts of African Countries.
17. See Koffi Olemide's song titled the *Assassin* and Aminu Ala's official song-*HASBI ALLAH* and Fati Niger, Tijani Gandu and Isah Ayagi's song *Sabuwar Wakar Fadakarwa* and Fati Niger Habu Tabule Tijjani Musbahu M. Ahmad Gandu Fadajarwa Daga KCCI song available at YouTube.
18. SEE AFRICA'S PROXY COLD WAR The years following the Second World War saw European empires lose their grasp on Africa by Lawrence James in *World Histories Fresh Perspective on Our Global Past* issue 3 April/May 2017.
19. See *Want to Be Rich in Africa? Very Rich? You Should Read This First...* by Jean Paul Iwuhoha in <https://www.smallstarter.com/>.
20. For historical perspectives, see *Shareholder Capitalism in What Went Wrong How The 1% Hijacked the American Middle Class... And What Other Countries Got Right* by George R. Tyler; and the *Divide Global Inequality from Conquest to Free Markets* by Jason Hickel, pp. 275-276.
21. Consult *BASIC FACTS ABOUT THE UNITED NATIONS* Published by the United Nations Department of Public Information New York, NY 10017. Note: Data current as of July 1998; and see *The Empire Strikes Out How American empire is a net drain-even for Americans* by Ryan Cooper in *DEMOCRACY A JOURNAL OF IDEAS* NO. 53 SUMMER 2019 pp. 73-83.
22. These appellations refer to God in Arabic, French, English, Yiddish, Lingala, Bassa, Sango, and Hausa languages.
23. See the May 23 edition of Farinwata TV "Idon Mikiya", host Umarou Faruk discussed the extent of Covid-19 health impact. According to Nasiru Zarahadeen, Nigeria for instance, well off families spend a billion of dollar a year on medical tourism.
24. For a comprehensive history of the Marshall Plan, see *The Marshall Plan Dawn of the Cold War* by BENN STEIL