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Ontological Securitization of Health in Africa: The HIV/AIDS, Ebola and COVID-19 Pandemics and the Foreign Virus

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Abstract: Africa's security issues have suffered serious attention deficits. This article analyses why a globally accepted health security norm, such as fighting a communicable disease during a pandemic such as the COVID-19 pandemic, was, in Africa, perceived as a security threat emanating from external—foreign—actors importing a 'foreign virus' into Africa. This fear-based perception can be explained by West Africa's ontological security fears, ultimately based on its colonial past and a relationship of exploitation by the West. While this article analyses the case of COVID-19, it also explains the same process with previous epidemics, such as HIV/AIDS and EDV/Ebola.

Keywords: securitisation; ontological security; COVID-19; West Africa; Ebola; HIV/AIDS



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1. Introduction

'As the twenty-first century approaches, African security has become the responsibility of Africans themselves. The withdrawal of outside powers in the wake of the Cold War and the retreat of the United Nations . . . confronted Africans with the dual demands of generating their own national security and organizing multilateral operations in an era of scarce resources and fragile governments.' (Burgess 1998, p. 38).

Africa's security issues have suffered serious attention deficits. The scholarly attempts at discussing the security of the continent started gaining ground from the post-Cold War period onwards. However, what is still missing in these works is a broader notion of security, from a critical security perspective, vis à vis post-Cold War West African security studies. West African security is dominated by tales of wars and conflicts in the Mano River Union states and in Liberia and Sierra Leone specifically. Issues such as the origins and causes of the wars in these two countries, the political dynamics and complex diplomacy that characterised the military interventions by both the United Nations (UN) and the sub-regional body ECOWAS feature prominently in academic writing (Adeleke 1995; Adibe 1997; Boas 2001; Obi 2009). There is a significant lack of studies understanding emerging security issues in West Africa through the prism of securitisation theory and ontological security, which have become reference points in the study of security globally (Stritzel 2007). Few works have endeavoured to apply the idea of securitisation to African security analysis and/or critically analyse the securitisation of some threats to the African continent, with a few exceptions (Abrahamsen 2000; Abrahamsen and Williams 2011; Akinola 2020; Appiagyei-Atua et al. 2017). This is detrimental to the study of West African security as it overlooks important security issues, such as health security. It is therefore argued here that the analysis of West Africa's security will benefit from addressing that significant gap, which forms the aims of this article. One aim is to expose Africa's security discourse to and benefit from the intellectual scrutiny of securitisation theory, which has become a buzzword in security studies. The second aim is to employ the theoretical framework to analysing the other emerging security issues in the 21st century Africa security environment. Health security has notably become of significant importance (Balzacq et al. 2016), often due to

global mobility, which can be affected by global pandemics (Maclean 2008) such as COVID-19. There are also other non-military issues such as poverty, migration, cross-border crimes, trafficking in human beings, and illegal drugs (from West Africa through Sahel across to Europe). Therefore, these other non-military issues have posed a serious security threat to the states in Africa.

This article will analyse why a globally accepted health security norm, such as fighting a communicable disease during a pandemic such as the COVID-19 pandemic, was, in Africa, perceived as a security threat emanating from external—foreign—actors bringing a ‘foreign virus’ into Africa. This fear-based perception was derived from West Africa’s ontological security fears, ultimately based on its colonial past and the relationship of exploitation by the West, notably European colonial powers. Therefore, the people of Africa have continued to view every political, humanitarian, and security move of the West with utter suspicion. It is against this understanding that one will be able to appreciate the doubts and suspicions expressed by the continent of Africa when the COVID-19 pandemic erupted. Of course, the mechanism of ontological security fears pushing the securitisation process is the same, whether that is in Africa or in Europe. Therefore, in principle, this can mean that Europeans could also interpret the COVID-19 virus as foreign, notably Chinese. However, the precise fears pushing this process would be different—in an African context, they are far more related to colonialism. Hence, the virus is interpreted as a European more than a Chinese virus in the African context. This article makes this argument in three stages: firstly, it establishes the fact that health security has, in fact, become a globally accepted security norm, from which the COVID-19 security norm is derived; secondly, it outlines the concept of ontological security, as developed in recent international relations scholarship and subsequently investigates the precise ontological security fears in West Africa based on its colonial and post-colonial history; finally, it investigates the case empirically by juxtaposing the AIDS, the Ebola, and the COVID-19 pandemics in West Africa, demonstrating that the same reaction to the ‘foreign virus’ can be observed. The next section will look at the idea of ontological security and securitisation in West Africa.

Methodology

This research article is built upon a hypothetico-deductive research strategy, developed by Karl Popper [1935] (2002), which encourages a structured approach to data collection and analysis. The methodology of this project is based on the principle of methodological triangulation between the relevant secondary literature, official documents and governmental reports, and news analysis, as outlined below (Byrne 2004). In designing our qualitative study, we used a ‘purposeful selection’ method. It is ‘[a] strategy [where] particular settings, person, or activities are selected deliberately to provide information that is particularly relevant to . . . questions and goals’ (Maxwell 2013, p. 98). During our research, purposeful selection enabled us to recruit a relatively representative and heterogeneous perspective of individuals who are/were active in the health sector. Data were collected through a comparative analyses of securitisation processes across two West African countries (Sierra Leone and Liberia). West Africa has great significance for the whole continent. It is an area that has suffered tremendously from major breakouts of health crises—Ebola and COVID-19—made more complex because of the proximity of the borders. The manner in which the issues were securitised could be seen from the way borders were closed by the countries against one another. The choice of Liberia and Sierra Leone could be justified by the fact that they were the worst hit, first by Ebola and followed by the recent COVID-19 crisis. Furthermore, the countries have been the epicentre of security upheavals in West Africa, from the wars of the 1990s to the health crises of last decade. Foreign actors have therefore primarily driven the securitisation agenda in Africa, with most of its security architecture derived from the immediate post-independence period. African security during the Cold War was dictated by the geo-political interests, manipulations and manoeuvres of the great powers, whereby countries on the continent of Africa, just like other Third World countries, were mere foreign pawns. Regimes were protected no

matter how bad they were as long as they supported either of the great powers. Every other source of insecurity, such as internal and intrastate conflict, was unconstitutionally and draconically quelled and subdued. Because of this external involvement in the internal politics of African states, they became the battleground for proxy wars as conflicts and armed opposition to the incumbent regimes escalated. The data were collected during 2020, followed by an additional analysis over an extended period of 12 months (December 2020 to December 2021). The data were recorded in English and thematically analysed using the securitisation framework. The next section presents the research's theoretical framework.

2. Securitisation, Ontological Security and West Africa

The idea of securitisation is an innovative theoretical pathway introduced by the Copenhagen School, whose main scholars are Ole Waever and Barry Buzan (Buzan 1991). They have defined securitisation as a speech-act process 'through which an inter-subjective understanding is constructed within a political community to treat something as an existential threat to a valued referent object and to enable a call for urgent and exceptional measures to deal with the threat' (Buzan and Waever 2003, p. 491). However, the threat becomes securitised 'only if and when the audience accepts it as such' (Buzan et al. 1998, p. 25). In other words, according to Buzan and Wæver (also known as the 'Copenhagen School'), security is a 'speech act' (Buzan et al. 1998, p. 26) (see also Waever 1995, pp. 54–55; Roe 2008, p. 617; Stritzel 2007, p. 358; Balzacq 2005, pp. 174–79; Balzacq 2008; Balzacq 2011). It is an intersubjective and socially constructed phenomenon. Key concepts in the securitisation framework are the 'securitizing actor', who socially constructs a specific issue as a threat to the survival of a given entity, known as the 'referent object', which therefore requires urgent protection through the use of extraordinary measures. Another important concept is that of the 'audience'. According to the Copenhagen School, '[a] discourse that takes the form of presenting something as an existential threat to a referent object does not by itself create securitisation—this is a securitizing move, but the issue is securitised only if and when the audience accepts it as such' (Buzan et al. 1998, p. 25). To sum up, securitisation is understood as a process whereby a given actor frames a specific issue as an 'existential threat', which is then presented to a target audience for approval in order to employ extraordinary means and measures to tackle it (Leonard and Kaunert 2019). One of the weaknesses of the securitisation project is its focus on the European security environment without much consideration to security dynamics of other regions of the world. The focus on the European security environment is related to the Copenhagen view that securitisation mainly occurs in democratic settings and would therefore be less visible in Africa or South America. In the context of the African continent, this weakness is further complicated by the fact that the continent lacks laid-down principles or rules of securitisation processes. What becomes a security issue is determined by how it impacts the West. For instance, the issues of HIV/AIDS and terrorism have been seriously heightened as threats to the health, human and physical security of the countries of Europe and North America.

Why do we need the insights from the ontological security literature within the securitisation framework? The answer is simple—the securitisation framework on its own does not provide a clear answer to the 'why' of the securitisation, nor does it analyse the dynamics of securitisation to any significant extent. The use of ontological security, developed over the last 10 years in international relations, has proved to be of help to better understand the emotional reasons behind the apprehensions and fears of African citizens (Steele 2008). Steele's (2008) book builds on previous work on ontological security, such as Jennifer Mitzen (2006), Catarina Kinnvall (2004), and Jef Huysmans (1998). The concept is based on Anthony Giddens' definition of ontological security—a "sense of continuity and order in events (Steele 2008)." Steele (2008) operationalises ontological security through the motivation of states. Firstly, for a state 'to be ontologically secure', it must 'possess answers to fundamental existential questions which all human life in some way addresses (Steele 2008, pp. 50–51). Secondly, agents turn actions into 'routines which

contribute to their sense of “continuity and order” that is so important to their sense of self’ (Steele 2008). Ontological security is thus ‘predictability in relationships to the world, which creates a desire for stable social identities’ (Steele 2008, pp. 50–51). Ontological security presents a specific type of challenge—a ‘critical situation’—and can undermine a state’s identity (Steele 2008, pp. 2–3). It can cause anxiety and shame. Thus, unlike the Copenhagen School definition of security as survival, ontological security is ‘security as being’, a concept borrowed from the field of social psychology. The concept of ontological security is primarily driven by emotion; ‘the primary role of emotion in humans is to alert the individual experiencing the emotion that action in some situation is necessary (Steele 2008, pp. 12–13).’ Thus, emotions help coordination actions by prioritizing a selection of information.

Ontological security cornerstone is the analysis of autobiographical narratives and routines and how they are used as vehicles to release one’s anxiety. The ontological security lens was also applied to analyse narratives and better conceptualise and understand how different perceptions and experiences of menaces to public security fluctuate according to identity, ethnicity, religion, class, gender, location, and generation. Moreover, according to Catarina Kinnvall (2004), an ontological security approach allows us to unveil how fears and anxieties influence groups and states and to understand the psycho-socio-political effects that shape political movements and policy debates at the African security level (Kinnvall 2004). Ontological security seeks, therefore, to dissect biographical narratives and repeated practices as way to understand how these practices outline political choices and its consequences. Despite the fact that physical and ontological security are theoretically different, they are nonetheless intrinsically related. Traumatic events such as being the victim of violent crimes, being a victim of terrorist attacks or being subject to harsh physical traumas, may transform negatively personal and collective identities and unleash the feeling of ontological insecurity (Kinnvall 2004). Allied to the analysis of the discourses and practices, ontological security emerges as an auspicious theoretical and empirical input not only to this particular project within the West African security studies arena, but similarly opens the door to novel theoretical and methodological approaches with security studies in general acknowledging providing a more holistic approach to answer research questions. Issues related to the emergence of ontological (in)security are mainly related to the search for a self-identity that can emotionally structure the individual within its community. It turns out that when all is socially known and inherently acquired, and when routines are disrupted, there is a destabilisation and a shudder of all that gives the individual, and the society where they are inserted, a sense of solidity and confidence, paving the way for ontological insecurity.

Thus, the use of ontological security significantly adds to our understanding of securitisation process—it answers the question of why actors securitise issues. In fact, the securitisation is a process driven by ontological security fears, which relate back to anxieties, emotions and historical experience. At the end of their book *Security: A New Framework for Analysis* (Buzan et al. 1998, pp. 179–89), a few methodological issues are discussed in order to check whether the securitisation framework is operational. Firstly, the Copenhagen school argue that, to analyse cases of securitisation, ‘the obvious method is discourse analysis since [they] are interested in when and how something is established by whom as a security threat’ (Buzan et al. 1998, p. 176). However, in their view, it suffices to read and look for arguments that take the rhetorical and logical form of security. Indeed, Buzan and Wæver suggest that the security argument is so powerful that ‘it is against its nature to be hidden’ (Buzan et al. 1998, p. 177). Moreover, as what is at stake in securitisation is claiming the pre-eminence of one issue over all others, this attempt should be made on important occasions. Buzan and Wæver emphasise that such an approach will not enable them to find intentions, motives or tactics, but only discourses. This is unproblematic in their view as they aim to study phenomena characterised by discursive moves. Nevertheless, the Copenhagen School acknowledges that discourse analysis may be supplemented by more traditional political analysis of, for example, facilitating conditions and interactions

of units. This article is certainly interested in finding intentions, motives and tactics, but the Copenhagen school does not provide the methodological tools for this. Parts of the aforementioned theoretical literature has acknowledged this implicitly by focusing on ontological security, and, thus, anxiety, emotions, identities and historical narratives. This article acknowledges this explicitly by integrating ontological security into the securitisation framework. Thus, the current articulation of the conceptual argument in the securitisation framework is not as convincing as it needs to be, and the linkages to the ontological security literature will significantly strengthen the securitisation framework.

3. Global Health Security, Securitisation and the World Health Organisation

Health issues have become of significant importance to securitisation scholars (Balzacq et al. 2016), often due to global mobility, which can be affected by global pandemics (Maclean 2008) such as COVID-19. In this debate, questions about the normative and methodological dimensions of the securitisation of global health have been at the forefront, for instance: Should health problems be securitised? Have securitizing moves in relation to health issues been successful? (Balzacq et al. 2016). We can identify three important contributions: firstly, Elbe's work on the normative dilemma in relation to the securitisation of HIV/AIDS (Elbe 2006), whereby he contends that securitisation leads to raising awareness and, thus, a wider recognition of the negative effects followed by a stronger allocation of resources to curb the pandemic. However, he warns of the massive state involvement at the expense of other actors, leading 'toward military and intelligence organisations with the power to override the civil liberties of persons with HIV/AIDS' and the 'threat-defence logic' (Elbe 2006, p. 119). Building on this, secondly, Youde (2008) agrees with Elbe about the disadvantages of securitizing health issues, identifying three main costs of the securitisation of avian flu: (1) inappropriate responses with traditional security means, (2) increased vulnerability to other threats because of disproportionate resources being allocated to the securitised threat, and (3) an increased gap between Western states and the rest of the world. Thirdly, Sjöstedt (2008) explains the securitisation process of HIV/AIDS in Russia in the face of policymakers who did not believe the threat narrative and dismissed it as a Western construction. In her contribution, she utilises Finnemore and Sikkink's account of 'norm cascade' (Finnemore and Sikkink 1998).

Kamradt-Scott (2010) analysed the World Health Organization (WHO) Secretariat as a norm entrepreneur in establishing a new norm in global communicable disease control. In his work, he utilised Finnemore and Sikkink's (1998) 'norm life cycle' theory and analysed how the new practice of using 'unofficial sources of information to verify disease outbreaks' was progressively advanced under the guise of revising the International Health Regulations (IHR). Notably, Kamradt-Scott (2010) contends that a new practice was established as a norm in the WHO—the use of nongovernmental sources of information. According to Kamradt-Scott (2016), the WHO secretariat has promoted its ability to manage global health security. This has been subsequently defined as 'the activities required, both proactive and reactive, to minimise vulnerability to acute public health events that endanger the collective health of populations living across geographical regions and international boundaries'. According to Davies et al. (2015), global health governance underwent a significant set of reforms in 2005, which resulted in the revision of the International Health Regulations (IHR) and focused on disease surveillance and reporting mechanisms. Thus, it constituted a broader consideration of issues that could potentially entail health risks globally. It also opened the way for the intervention of nonstate actors in disease notification. Davies et al. (2015, p. 143) demonstrated convincingly how states were able to 'reconceptualise their interests in ways that favoured cooperation over isolationism'. External shocks (such as the 2002 to 2004 SARS outbreak) were interpreted in a broad ideational context whereby states' preferences were shaped by concerns about what constitutes responsible international behaviour. Despite instances of noncompliance, states often adjust their behaviour to meet new expectations. In their view, the IHR revision process constituted the 'codification of a new set of expectations' (Davies et al. 2015, p. 3). Security vocabulary and rationality

were fundamental in the process leading to the implementation of the IHR and helped to convince states that it was in their interest to cooperate more closely towards a more effective and proportionate international response.

The WHO was established in 1948 with the express objective of improving the health of all populations worldwide (Kamradt-Scott 2016, p. 402). The WHO has played a significant role in several public health achievements, most notably the eradication of smallpox, the near-eradication of polio, and the development of an Ebola vaccine (Kamradt-Scott 2020). In stark contrast, however, the organisation's response to several pandemics has been questioned (Kamradt-Scott 2016): (1) the response to the 2003 severe acute respiratory syndrome (SARS) outbreak was seen as efficient, competent, and effective; (2) the response to the 2009 H1N1 pandemic and of the 2014 outbreak of Ebola Virus Disease (EVD) in West Africa has been severely criticised as inept, dysfunctional, and even shambolic. This has led to several independent external reviews of the organisation's performance. McInnes (2015) suggests that criticisms of the WHO's performance, including the subsequent 2014 Ebola crisis, but also those earlier epidemics, also reflected tensions between different forms of authority.

The next part of this article will establish first Liberia's, and then Sierra Leone's, ontological security, its 'sense of continuity and order in events' (Steele 2008), whereby it provides for the 'predictability in relationships to the world, which creates a desire for stable social identities' (Steele 2008). This is very significant because a 'critical situation' or 'crisis', such as health-security crises (the AIDS, Ebola and COVID-19 pandemics) can undermine a state's identity (Steele 2008, pp. 2–3). Ontological security serves as 'security as being' and is primarily driven by emotion. Thus, emotions help coordination actions by prioritizing a selection of information. As discussed earlier in this article, the securitisation framework on its own does not provide a clear answer to the 'why' of the securitisation, nor does it analyse the dynamics of securitisation to any significant extent. Therefore, an analysis of the ontological security fears is necessary to analyse the dynamics of securitizing health in West Africa. While the following section focused on these ontological security fears, subsequent sections will then analyse the securitisation process linked to it.

3.1. Liberia

The roots of Liberia's ontological security are in its colonial past, linked to an American private society—a territory with a grey legal status under the dominion of a private society—but with all the relevant trappings of a colonial past. The principles of freedom, liberty, and equality upon which the American Constitution was anchored were not extended to the 'Negroes'. The condition of 'Negroes' was seen 'as one of "imperfect connection", just raised from the abyss of slavery, but not to the level of freedom, suspended between degradation and honor' (Tyler-McGraw 2007, p. 2). Even when the US had banned slavery in 1808, the resurgence of cotton plantations gave it a new breath of life. This was also in response to the increasing demand in British industries. There was a contradiction in the whole manumission process: the southern states were eager to reintroduce measures to bring back freed Negroes to slavery or throw them out. The northern states did not want to accommodate as many slaves, so proscriptive and discriminatory measures were put in place to avert such an influx that could result from the South. Some well-to-do Americans such as President Thomas Jefferson who encouraged manumission still held on to discriminatory policies against the Negroes (Tyler-McGraw 2007). Jefferson and Abraham Lincoln would prefer an America free of blacks; both of them encouraged the mass exodus of blacks to somewhere definitely not near America. The solution was therefore a colonisation project in Africa, which Paul Cuffee was to champion with the first thirty-eight 'Negro' settlers. This inspired the formation of the American Colonization Society—a private organisation committed to the mission of sending Negroes to Africa. It was 'formed in 1816 in Washington, D.C., by white men who believed that racial prejudice in the United States which they shared to varying degrees was an insuperable barrier to black citizenship and freedom' (Tyler-McGraw 2007, p. 2). The initial plan of securing a

settlement for these ones near Sierra Leone did not succeed because of a fear of unhealthy competition and a lack of support from Sir Charles McCarthy, Governor of Sierra Leone. The new arrivals eventually settled on the north Shore of Sherbro Island, off the coast of Sierra Leone. After years of settling and battling with some difficulties such as death and disaster, those that survived found permanent domicile on the Cape Mesurado promontory, which later became Liberia (Sirleaf 2010).

The territory of Liberia had engaged in years of bitter rivalry between the descendants of 'Negroes' and the native people on one hand and between and among the different ethnic groups on the other hand. These, as in other West African states, have sometimes precipitated war, chaos, and general conflict, which seriously affected the general security ambience of the sub-region. Liberians made comparatively reasonable progress: the official leaders remained the settlers. Under Jehudi Ashmun, the territorial boundaries expanded and new settlements sprang up. Attempts were also made to stop the trade in slaves, and in its place the alternative trade in palm oil and cam wood was established. This lured some Europeans to seek to trade directly with Africans in the interior of Liberia, which started causing some problems between the Europeans and the settlers in Liberia. To stop this unwelcome manoeuvre from the Europeans, Liberia was declared independent in 1847 and, with a few years of transition, became part of America's sphere of influence and a special friend in Africa. During the American civil war, greater numbers of settlers were added in Liberia from the Negroes seeking to emigrate. To prepare itself for a steady influx of immigrants, in the 1850s, Liberia made some territorial expansion through treaties with neighbouring African chiefs. The influx was to reduce significantly with the hope that the Negroes would gain equality in the United States. By 1860, Liberia claimed a coastline of six hundred miles, which was lost to the British and French during the Scramble for Africa. Three issues are prominent from this brief excursion into the early history of modern Liberia. One is the dominance of Liberian politics by these settlers from America from 1822 onwards. Another is the challenges the people in the hinterland posed to them and how these have shaped the political life and heterogeneity of Liberian society. Clapham (1998, p. 117) therefore suggested that no meaningful intellectual discourse on Liberia can be achieved without unravelling the interaction between these two points. They form the basis of the underlying weakness of the Liberian state structure. Liberia was to be a litmus test for the grandiose aspiration to install the so-called noble ideas of the American Colonizing Society (ACS). Tarr (1993, p. 74) therefore remarked that '*the Liberian civil war suggests the failure of a grand illusion—the idea of Liberia as an African outpost of Western civilization. Unresolved cleavages between settlers and indigenes, and among indigenes, ensured the poor governance which sustained failed policies*'. Those unresolved cleavages have remained the subject matter in the public debates and discourse among Liberians.

The repatriated slaves that sired the Americo-Liberian group, which was later to dominate the Liberian political economy, did not come with the mission of blending with the local people. Of course, they were living out the ideals of the ACS, namely to dominate the indigenous people. There was no mission to make sure that the so-called Western institutions and civilisation took root. They were simply rejected souls in America and Britain shipped to the far away 'Dark Continent of Africa'. They were, however, to dominate, believing in their 'superiority' over the indigenous Africans whom they met on arrival. The aims and objectives for Liberia were arguably the same in all the states in Africa, especially south of the Sahara: domination and extraction of the resources of the land with little thought about long-term development or sustainable policies. Thus, the foundation of Liberia was laid with the domination of the political economy by these settlers, whose attitude of superiority and disdain stemmed from their various experiences in America. In 1847, they proclaimed independence, freeing themselves from influence and control by the ACS. Initial intra-settler squabbles were resolved in 1871 by the victory in the elections of the True Whig Party, which remained in control until the coup of 1980, bringing to an end one hundred and thirty three years of the dominance of the Americo-Liberians and an end to the 'First Republic'. The cleavages between these two groups have defined

the politics of Liberia, and it is couched in the 'we and them' or the 'in-group'–'out-group' dichotomy and enmity.

3.2. Sierra Leone

By the mid-18th century, Europe and in particular Britain had benefited optimally from the slave enterprise. The services of the slaves as household servants and mainly in the plantations and the gains accruing from the trade had been displaced by the economic growth taking shape in Europe, the subsequent industrial revolution and the resultant immense wealth. Events in America such as the American Revolution also meant the dawn of freedom for the slaves (Kup 1975). They had been promised their manumission if they fought against the rebellious colonists. It must be noted that slavery continued even after the revolution, but at least this, among other variables, could be argued to set the pace for the eventual emancipation of the slaves in America and England. In 1772, Lord Mansfield's judicial decision in the case of James Somerset declared it illegal for any slave to be forcibly sold by his master in the New World. This judicial victory meant freedom for hundreds of slaves. However, there was no provision for settlement and no means of livelihood, and they were largely uncared for. In 1783, this first set of freed slaves from Britain was joined by another influx of refugees from America after the war of independence. The problem of settlements was solved in 1786 when some British 'humanitarians' formed the St. George's Bay Company, whose chief aim was colonizing the 'Black Poor' of England in West Africa and then replacing the slave trade with legitimate items of commerce (Kup 1975). Sierra Leone was chosen as the place for the settlement. On 14 May 1787, some three hundred Negroes joined the first set of settlers that arrived on the coast and negotiated for a site with the Temne rulers. The chief supporter of the project was the British humanitarian Granville Sharp and the settlement was named after him. Elaborate plans for the administration of the colony were mapped out, and Richard Weaver—a man of African descent—was chosen as the Governor. By 1792, a new group sent by the Sierra Leone Company arrived. They were Negroes from Nova Scotia who settled there after fighting on the side of Britain during the American Revolution. In 1800, a group of maroons were added. These were runaway slaves who took part in the Jamaican revolt against the British colonial government. About five hundred of them were deported to Nova Scotia but after some discontent with the Nova Scotians, they chose to go to Sierra Leone, where the Sierra Leone Company agreed to absorb them. These were the three major waves of settlers in the Sierra Leone settlement. *'The freed slaves who had been liberated or recaptured, by 1812 outnumbered the settlers. By 1870 they had merged in large enough numbers with older, westernized settler elite to form the Creole group'* (Kup 1975, p. 114) in what became known as Freetown. As would be expected, a quarrel broke out between the Temne and the settlers, and the neighbouring ruler King Jimmy torched the town and dispersed the settlers. The Temne posed a strong threat to this settlement by asking for rent when the original treaty stipulated full sovereignty for the colony's government, which the Temne did not comprehend. In the resulting attack in 1808, Temne were beaten and eventually driven off. In 1 January 1808, Sierra Leone became a Crown colony, which the British government assumed direct control over from the Sierra Leone Company that was not commercially successful. It must be noted that in 1807, Britain banned slave business after Denmark had done so in 1804, and Sierra Leone now became the centre from which the further suppression of the 'evil' trade in West Africa was carried out, along with the diffusion of Western civilisation to other areas in West Africa.

Like other West African societies, the original inhabitants of Sierra Leone were practising Africa's healthy symbiotic interdependence under a ruler as an authority before the advent of colonialism and its attendant consequences. The system of leadership during colonial days was not made to benefit the indigenous people but rather was a mechanism to facilitate the easy exploitation and acquisition of local resources by the colonial masters. This was built upon a political system and the culture of the people of Africa which thrived on recognition of the authority of the chief. In Sierra Leone, the reins of government fell on the descendants of settled freed slaves who already saw themselves as superior to the

indigenous people. They were called the Krio in Sierra Leone, and they have become an ethnic group in Sierra Leone (Walker 1976). This group inherited a system that was not in touch with the people; it was a system for a select few with a neo-patrimonial character, which, after independence, snowballed into a security time bomb that was to explode immediately after the Cold War ended in 1991. From the Margai brothers (1961–1967) and Siaka Stevens (1968–1985) to Joseph Saidu Momoh (1985–1992), Sierra Leone evolved from high expectations at the time of independence but thereafter descended into a hotchpotch of political trickery, rivalry and cult of personality.

4. Infectious Diseases, Conspiracies and Ontological Security—The Case of AIDS, Ebola and COVID-19

Historically, infectious diseases have brought about significant human death tolls (Van Bavel et al. 2020). In the previous section, we established Liberia's and Sierra Leone's ontological security and its 'sense of continuity and order in events' (Steele 2008). As will be shown in this section, this provides for the 'predictability in relationships to the world, which creates a desire for stable social identities' (Steele 2008). In this section, we discuss how three infectious disease crises were perceived and how threats were responded to during each of the pandemics in West Africa (albeit the section on HIV/AIDS will focus more on South Africa). This is crucial due to the fact that a 'critical situation' or 'crisis', such as an infectious disease crisis (the AIDS, Ebola and COVID-19 pandemics) can undermine a state's identity. Ontological security here is primarily driven by emotions, which help by prioritizing a selection of information that fits in the interpretive frame of individuals. According to Van Bavel et al. (2020), the primary emotional response during a pandemic is fear, which can make threats appear more urgent. Psychologically, fears can change people's behaviour if they feel capable of dealing with the threat, but lead to 'defensive reactions when they feel helpless to act' (Van Bavel et al. 2020). Moreover, people often display an 'optimism bias' (Van Bavel et al. 2020); they believe that bad things are more likely to happen to others than themselves, which leads them to underestimate their likelihood of contracting a disease. The emotional reaction to fear and threat also affects how people feel about and react to others, notably out-groups, which leads to higher levels of ethnocentrism, greater intolerance, less empathy and negative attitudes toward out-groups (Van Bavel et al. 2020). A crucial consequence of these emotional reactions is political polarisation (Van Bavel et al. 2020): (1) attitudinal polarisation, by taking extreme opposing issue positions, and (2) affective polarisation, involving disliking and distrusting views from the opposing parties. The latter has political consequences, such as believing false information. This can lead to politically motivated reasoning and inaccurate beliefs, such as fake news, conspiracy theories and misinformation, which can flourish during existential crises. People have a psychological need to explain large events with proportionally large causes, leading them to believe in conspiracy theories about events in times of crisis (Van Bavel et al. 2020). Conspiracy beliefs may also fuel hostility towards out-groups. Thus, these fears then drive the securitisation whereby the political issues is constructed as a security threat.

4.1. HIV/AIDS

Heart-breaking images of Africans and children orphaned by HIV/AIDS have dominated global media reporting, contributing to negative visions of Africa (Mulwo et al. 2012), reminiscent of Edward Said's analysis in *Orientalism* of 1978 applied to Africa. The discussion about HIV/AIDS has become very divisive, especially in relation to the political debate in South Africa, where it has become known as HIV/AIDS denialism, which is linked very closely to former South African President Mbeki (Mulwo et al. 2012). While not intending to exonerate Mbeki, this section aims to provide a broader interpretation of this controversial position linked to ontological security fears derived from colonial and post-colonial times in Africa. In fact, even though this debate is primarily linked to South Africa in relation to HIV/AIDS, it provides identical arguments as those advanced in West

Africa during the Ebola and COVID-19 pandemics. This is the reason why it is worthwhile to look at HIV/AIDS denialism in more detail. While this case study is not directly taken from the West African context, it provides the security argumentation that is also used in the West African context.

Ostergard (2002) analysed the HIV/AIDS virus as a security threat in Africa. In Africa, the earliest known cases of infection were in western equatorial Africa, in southeast Cameroon. There are two known genetically distinct AIDS viruses—human immunodeficiency virus-1 (HIV-1) and human immunodeficiency virus-2 (HIV-2)—both of which are of primate origin, the sooty mangabey as the source for the latter virus strain, and the chimpanzee as the source of the former strain. The method of transmission of the virus is thought to be derived from the butchering of monkeys for human consumption (Hahn 2005). Colonial medical practices of the 20th century are thought to have helped HIV/AIDS become established in human populations by 1930, notably colonial forced labour and medical campaigns. The working hypothesis of medical researchers is that fleeing forced workers might have escaped from boats into forests, having to feed themselves with monkeys. The colonial use of unsterilised syringes is also thought to have contributed to the spread of the disease (Van Niekerk and Kopelman 2005). The virus subsequently spread by river travel from the Sangha River in Cameroon, joining the Congo River past Kinshasa in the Democratic Republic of the Congo. The first epidemic of HIV/AIDS is believed to have occurred in Kinshasa in the 1970s, spreading in the 1980s across the globe until it became a global pandemic. Acquired immunodeficiency syndrome (AIDS) is a fatal disease caused by the slow-acting human immunodeficiency virus (HIV). The virus causes immune system damage, leading to the AIDS syndrome.

In South Africa, the response from the government in the early days of the pandemic was very limited (Mulwo et al. 2012). One of the main subjects of contestation in the HIV/AIDS debate, especially in South Africa, was its African origin. The precise origin of HIV/AIDS was hotly disputed by a number of African academics and opinion leaders. Richard and Rosalind Chirimuuta's book *AIDS, Africa and Racism* queried how the origins of a 'homosexual' disease from the US came to be associated with Africa, which they perceived as racism: *'The depth to which racist ideology has penetrated the western psyche remains profound. [. . .] When a new and deadly sexually transmitted disease, the Acquired Immune Deficiency Syndrome, emerged in the United States this decade [1980s], it was almost inevitable that black people would be associated with its origin and transmission . . . [. . .] Africa is responsible for infecting the world . . . [. . .] How is it possible that this predominately American disease has become attributed to [the] African continent?'* (Chirimuuta and Chirimuuta 1987, p. 3). Others suggested that HIV/AIDS did not originate in Africa but was imported to Africa from the West (Mulwo et al. 2012). More extreme voices even claimed that the disease was part of a 'western' project of 'African genocide' with the intention to annihilate specifically people of African (black) descent (Mulwo et al. 2012, p. 6). HIV/AIDS thus continued atrocities 'engineered by the West, which include slavery, colonialism and neocolonialism, and globalization' (Mulwo et al. 2012). One Kenyan journalist suggested that 'foreigners infected with HIV were deliberately being sent to Africa as part of a global conspiracy of multinational drug companies to produce African "guinea pigs" for Western AIDS research' (cited in Mulwo et al. 2012). Former South African President Thabo Mbeki subsequently became the face of denialism in Africa due to his controversial statements in which he questioned the causal relationship between HIV and AIDS on various occasions between 1997 and 2003 (Mulwo et al. 2012). This is very much in line with the theoretical framework of this article. A 'crisis' such as an infectious disease crisis (here AIDS, but subsequent sections will demonstrate similar arguments related to the Ebola and COVID-19 pandemics) can undermine the ontological security of a state's identity, primarily driven by emotions linked to the interpretive frame of mind of individuals—here linked to colonialism, neocolonialism and foreign exploitation. In line with Van Bavel et al. (2020), the emotional response during a pandemic is fear, which can lead to 'defensive reactions when [they] feel helpless to

act'. This argument can be further substantiated regarding the Ebola and the COVID-19 pandemics.

4.2. Ebola

The Western African Ebola virus epidemic (2013–2016) was the most significant pandemic of the Ebola virus disease (EVD) in history, concentrated primarily in Guinea, Liberia and Sierra Leone (Enemark 2017). Initially recorded in Guinea in December 2013, EVD spread to neighbouring Liberia and Sierra Leone, causing significant mortality. McInnes (2015) investigated the outbreak of Ebola in West Africa in 2015. According to WHO estimates, by June 2015, there had been 27,181 cases and 11,162 deaths, which totalled more than those from all of the previous outbreaks of the disease combined. The cases were significantly located mostly in the three West African states of Guinea, Liberia and Sierra Leone. The initial virus infection is thought to have occur when an Ebola virus is transmitted to a human by contact with an infected animal's body fluids, normally with bats as the hosts for ebolaviruses. It was hitherto believed that human-to-human transmission occurred only via direct contact with blood or bodily fluids from an infected person, by contact with the body of a person who had died of Ebola, or by contact with objects recently contaminated with the body fluids of an infected person. However, the Ebola virus can also be transmitted sexually. The major challenge African countries face in the area of health is poor healthcare systems. The national budget on health by African countries is low. This results in insufficient and dilapidated infrastructures due to a lack of resources. African countries do not have an adequate number of trained health workers and standby capacity to deal with any domestic surge in health crises. Health workers are leaving in large numbers to other climes for better pay and conditions of service. There is a continuous surge in medical tourism by the rich and privileged, while local health services suffer. These factors were evident in Liberia and Sierra Leone during the Ebola crisis. There was no way the governments in Freetown and Monrovia could manage the crisis. They had to depend on assistance from both internal and external entities. However, they had to grapple with the concern of the impression from the population of receiving orders from foreign government—foreign military assistance came mostly from the United States of America and Britain.

According to Adam Kamradt-Scott et al. (2015), one reported weakness in national responses across both countries was a pervasive lack of trust in government institutions. Mistrust extended to the highest levels of government in Liberia and Sierra Leone, and it was often remarked that the only trustworthy part of the government was the military. In general, mistrust impeded the Ebola response and coordination efforts in a number of important ways. Several communities in Sierra Leone and Liberia initially refused to believe that the Ebola outbreak was real, judging it to be part of a government conspiracy to secure new funding from Western donors. As the epidemic progressed, suspicion turned to the international community. Conspiracy theories soon emerged, for example, that Ebola had been intentionally introduced to depopulate West Africa for its mineral resources, with some suggesting the national governments were in league with this plan. As a result of these beliefs spreading, Liberia and Sierra Leone reportedly experienced isolated incidents of violence against government health workers and/or INGO representatives.

Omidian et al. (2014) provided an anthropological study of the anxieties and fears created by the EVA in Liberia and Sierra Leone, which provides us with an excellent picture of the ontological security of West African state's identity, driven by these fears and emotions and linked to colonialism, neocolonialism and foreign exploitation. The outbreak in West Africa (Guinea Conakry, Liberia and Sierra Leone) caused significant anxiety, fear and panic in these three countries. Their study was carried out to better understand the local beliefs and practices likely to enhance or hinder efforts to respond to the outbreak in Liberia. Focus group discussions produced information on perceptions regarding Ebola, notably regarding rumours or stories that participants shared. This was followed by discussions of the accuracy of information. Over the two weeks of this study, Omidian

et al. (2014) witnessed people's perceptions shift toward greater acceptance of the reality of Ebola and deeper frustration with the lack of health services. Initially, few participants admitted to knowing a person with Ebola. Christian participants in the study believed the outbreak to be a curse from God due related to various 'evil practices by the leadership of the country'. Traditionalist participants reported that EVD was imported to Liberia by the 'White people from the West', believing that doctors and nurses were 'extracting the body parts of their loved ones who were taken to the hospital'. A common conspiracy found in every interview conducted was that 'people were getting Ebola because the wells have been poisoned with formaldehyde' (Omidian et al. 2014). Urban educated participants did not believe Ebola to be real. In their view, the 'Liberian government created the situation in order to generate income for themselves'. They further elaborated that *'the reason we have had two waves of the outbreak is that the government got 1 million US dollars during the first wave and decided they wanted more money. By making a much larger outbreak they have managed to get promises for US \$5 million'* (Omidian et al. 2014). Some participants suggested that 'EVD is viral terrorism by the West' (Omidian et al. 2014). Thus, as suggested before, anxieties and fears created by the EVA in Liberia and Sierra Leone, driven by ontological security concerns, provided frames of interpretation of events linked to colonialism, neocolonialism and foreign exploitation. This confirms the findings of the case of HIV/AIDS and can be further substantiated by the case of COVID-19 below.

4.3. COVID-19

As analysed with Ebola in the previous section, pandemics and their responses are social and political phenomena that evoke broader, historically embedded, anxieties linked to foreign intervention, conflict and control. As discussed above, some West African populations interpreted Ebola as fabrications of foreign or governmental agencies seeking political power, genocide or land dispossession (Fairhead 2016). These fears and anxieties reflected lived local histories and local memories. From the outside, they were framed, problematically, in terms of local ignorance, rumour and misinformation to be corrected (Fairhead 2016; Abramowitz 2017). COVID-19 also evoked broader anxieties, as previously seen with HIV/AIDS and EDV (Farmanpour-Kalalagh et al. 2022, p. 27; Fuzimoto 2021). The devastating 2014–2016 Ebola virus epidemic in West Africa showed how badly prepared the respective countries were to the crisis. Thus, the COVID-19 pandemic caused considerable fear in West Africa (Monaghan 2020).

The 2019–2020 pandemic is an ongoing pandemic of the coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Medically, this is a related virus to the 2003 SARS outbreak. It was first identified in Wuhan, China, in December 2019; subsequently declared as a Public Health Emergency of International Concern on 30 January 2020; and acknowledged as a pandemic by the World Health Organisation (WHO) on 11 March 2020. On 11 February 2020, the WHO established COVID-19 as the name of the disease, while UN Secretary-General António Guterres agreed to provide the power of the entire UN system in the response. A UN Crisis Management Team was activated as a result. On 25 February 2020, the WHO urged the world to do more to prepare for a possible coronavirus pandemic. On 11 March 2020, the WHO declared the coronavirus outbreak a pandemic (The Guardian, 14 April 2020). This declaration officially institutionalised the securitisation of COVID-19 as a global security norm.

There is a strong similarity between the approach adopted in managing Ebola and the current COVID-19 pandemics. In early January 2020, the African Centre for Disease Control and Prevention raised concern over reported cases of pneumonia coming from Wuhan (Massinga et al. 2020, p. 996). The Emergency Operations Centre for the pandemic was immediately put in place as four countries in Asia confirmed cases of COVID-19. Experience from 2014 Ebola issues was enough to spur African leaders to consider COVID-19 a serious security threat to the continent. They were fully aware that failing to handle the pandemics would negatively impact the health, economy and security of the continent. The approaches in handling the crisis showed some commonality among the countries in Africa

(Massinga et al. 2020, p. 999). Towards the end of March 2020, few African countries were beginning to record cases of the pandemic (Cameroon, Algeria, Egypt, Nigeria, Togo, South Africa and Senegal). Most of the initial cases in these countries could be traced to Europe, which had become the epicentre of the disease by this period. For example, the index case in Nigeria happened to be an Italian citizen returning from Italy to work in Nigeria (Alagbaso and Abubakar 2020). A second case was also a Nigerian citizen who had contact with the Italian citizen. Coming from a history of disease outbreaks in the continent, African leaders needed to be serious in managing the issue of COVID-19. It earned priority among all other issues at the moment. Tourism, trade, sporting activities, social events and holidays had to be suspended. Bill Gates warned that Africa could record as high as 10 million deaths from the disease (Knapton 2020). Containment and mitigation measures were put in place, reflecting the global health environment. Since the outbreak of the disease in China, several countries became seriously affected by huge numbers of cases of infection and death tolls. Countries were beginning to shut their borders from foreigners to avoid further spikes in cases. African countries had to follow the same line of action as countries in the West and in Asia. They instituted travel bans on most affected Asian and European countries, including United Kingdom, Italy, Germany, China, Iran, Japan, Norway, South Korea, Netherlands, Spain and United States. There was also closure of borders except for cargos and freights (Kazeem 2020). Considering that Africa is a destination point for most of these countries for business and many other exchanges, the benefits from such interactions were no longer considered important enough. Health security was now given serious attention.

The disease was beginning to appear to be a foreign disease. Suspicion arose among Africans that COVID-19, like Ebola, was a grand design by the West to depopulate the African continent (Noko 2020). There was uproar against the remark by Bill Gates that there would be a high death toll from Africa arising from the pandemic. News reports of high rise in cases were greeted with high levels of nonchalance and disbelief. Leaders were thought to be complicit to such unproven complicity. Directives to encourage people to abide by the rules of social distancing were not adhered to because COVID-19 was not accepted as 'real'. For instance, in the Kano area of Nigeria, the governor made an argument that the cases of deaths recorded were as a result of 'mysterious circumstances' and issues like hypertension, diabetes, meningitis and acute malaria (Onuah 2020). Citizens were suspicious as people from heavily infected areas were not allowed to go into other areas. COVID-19 also caused serious social dislocation, as people were no longer able to interact and socialise freely for fear of contacting the disease. Social events were discontinued; churches, mosques, markets and restaurants were all shut. Considering the nature of the local economies, it was not easy to abide by those rules of social distancing.

It was only a matter of time until the disease started having serious a devastating impact on African countries and the deficiencies in the health services were exposed. Rising cases and deaths were recorded across African countries. Makeshift quarantine facilities started springing up in different countries. Some foreign assistance were recorded; in early February 2020, the Bill & Melinda Gates Foundation committed USD 20 million to help strengthen emergency operations centres, effective surveillance and contact tracing and isolation on the continent (Massinga et al. 2020, p. 996). Each of the 55 countries in Africa also received some medical supplies, such as diagnostics and equipment from the Jack Ma Foundation (Africa CDC 2020). However, African countries did their best in trying to provide some support to the citizens. The citizens resorted to helping themselves by producing masks, for instance, from local fabrics, and hand sanitisers were put in place in public places such as markets. Senegal developed a COVID-19 testing kit that would in ten minutes detect a positive case current or previous through antigens in the saliva. The country is among those in the continent that did not record too many deaths. The same thing applies to Ghana with its extensive system of contact tracing, utilising a large number of community health workers and volunteers, along with other innovative techniques such as pool testing in which multiple blood samples were tested and then followed up as individual tests only if positive results were found. This approach is appreciated by the

World Bank. Madagascar had to go the way of traditional herbal remedies such *Artemisia annua* L., which was claimed to have provided cure to the country and is being exported to other African countries for trial. This was beneficial, as African countries cannot afford expensive pharmaceutical products.

In conclusion, the African response to the novel COVID-19 disease became a self-help approach with the whole world engulfed in the pandemic. At the same time, suspicion that the pandemic was not originally an African disease—a foreign disease—resulted in positive reception of conspiracies, as with HIV/AIDS and Ebola. The problem was perceived as an imported problem from abroad. Again, as with Ebola, these conspiracy theories have very clear links to ontological fears of colonial and post-colonial times in West Africa, where foreigners were bringing in misery, pain and hardship. These fears and anxieties influenced African citizens. The ontological security of Africa clearly shaped their perceptions of the pandemic and thus the perception of a foreign virus. This is very much in line with the theoretical framework of this article. This ‘crisis’, similarly to other infectious disease crises such as AIV/AIDS or Ebola, can undermine the ontological security of a state’s identity, primarily driven by emotions linked to the interpretive frame of mind of individuals—here linked to colonialism, neocolonialism and foreign exploitation. In line with [Van Bavel et al. \(2020\)](#), the emotional response during a pandemic is fear, which can lead to ‘defensive reactions when [they] feel helpless to act’.

5. Conclusions

This article analysed how the emergence of the global health security norm of the COVID-19 pandemic has played out as a threat to African security appearing in the form of a foreign virus. While the WHO rang the alarm bells globally to prevent the spread of the disease, and while this global health security norm of COVID-19 was generally accepted, it arrived in Africa as a foreign—Western—imposition, despite its origin in China. This is a continuation of fears from previous epidemics, such as Ebola ([Kamradt-Scott et al. 2015](#)). This article suggested that ontological security fears in Africa were driving this process, i.e., fears derived from its colonial past and its past relationship with Europe and the West. As was the case with Ebola, with COVID-19, African citizens refused to believe that the virus outbreak was real. The use of ontological security, as conceptualised in this article, has proved to be of help to better understand the emotional reasons behind the apprehensions and fears of African citizens ([Steele 2008](#), pp. 50–51). Ontological security has been defined here as the ‘sense of continuity and order in events ([Steele 2008](#))’. Ontological security thus achieves ‘predictability in relationships to the world, which creates a desire for stable social identities’ ([Steele 2008](#)). The concept of ontological security is primarily driven by emotion; emotions help coordination actions by prioritizing a selection of information. In the case of the COVID-19 pandemic, the predictable relationship between Africa and the West has been one of exploitation, as evidenced by colonial times: Western colonists would acquire African territory and resources to enrich Europe and the West. The net losers of this geopolitical game were Africans. Consequently, it is only understandable that the information regarding the COVID-19 pandemic, as was the case with Ebola, is one of Western exploitation of Africa. It is only too understandable that COVID-19 would be a foreign disease—perhaps used to acquire African material resources. Conspiracy theories that use real existing ontological security fears are likely to be accepted, against all medical evidence. Ontological security needs to provide a sense of continuity and order in events—and this is the established accepted relationship between Africa and the West, as seen from Africa.

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