

The logo features the letters 'DL' in a stylized, white, serif font. A white quill pen is positioned between the 'D' and 'L', with its tip pointing towards the 'L'. Below the 'DL' is the text 'WRITE-UP' in a smaller, white, sans-serif font.

DL
WRITE-UP

A large, circular, microscopic image of a virus particle, likely SARS-CoV-2, is shown in the upper right corner. It has a complex, spherical structure with a blue and green color palette, resembling a dense network of fibers or a protein shell. The background is a solid blue color.

WE ARE ALL IN THIS TOGETHER:
COVID-19 AS A LEVELLER OF HUMANITY

By
Raymond A. Atuguba
Kobby Afari Yeboah

The logo consists of a blue square containing a white stylized letter 'D'. To the right of the square, the words 'DENNIS LAW' are written in a blue, serif font. Below 'DENNIS LAW' is the tagline 'A legal material portal' in a smaller, italicized, blue serif font.

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**WE ARE ALL IN THIS TOGETHER:
COVID-19 AS A LEVELLER OF HUMANITY**

Raymond A. Atuguba and Kobby Afari Yeboah

Abstract

The COVID-19 pandemic has shown how human everyone is. Not even the colour of our skin or eyes, the strength of our wealth, or the height of our education qualifies us for exemption from the virus. The virus pursues all of us despite the wide social and economic disparities between the Global North and South, the East and the West, the Developed and Underdeveloped countries.

The writers argue that the virus reinforces the bias of the current political structure: it is only when a tragedy strikes close to home that the 'politically powerful' are enraged to eliminate it. The infiltration of the virus into the homes of the leadership of many western and other countries marked the beginning of a concerted and calculated effort to take on the pandemic and wrestle it to the ground.

The writers take the view that COVID-19 is given special treatment because of its equal health impact on the high, mighty, and powerful. Far more deadly and contagious diseases like Ebola have dwelled amongst us for a very long time, and yet, because of the confined nature of these viruses to mostly the Africa region, the global efforts to combat them are not as fierce.

This paper, therefore, discusses how COVID-19 puts every human race in the same seat in terms of contraction of the virus and sometimes death. It talks about how the non-discriminatory COVID-19 has spurred on the global powers to eradicate it. The paper also tells us that thousands of lives are being consumed each day by 'African diseases', but no one cares as much because those diseases are not levellers; they are diseases of the poor and weak.

1.0 Introduction

Everything and everyone, including the world's most powerful people, in the world's richest and most powerful countries, has taken a severe Coronavirus (COVID-19) beating. In the much

earlier events leading up to this, Trump, a former President of the United States, had ridden on a theory that America could do without the rest of the “parasitic world”. The Coronavirus disease tramped the Trumpian theory. The virus negated the thinking that any country could remain isolated from the rest of the world. It discarded the philosophy that the powerful could never be vulnerable if they built a wall around themselves. We have come to terms with the fact that COVID-19 breaks the social-inequality scale and demands any victim of its own choosing. COVID-19 affects the rich as equally as it affects the poor. Tom Hanks, Idris Elba, Dwayne Johnson, Kanye West, Larry King, Sekou Smith, Kenzo Takada, Herman Cain, Roy Horn, Sharon Osbourne, Ellen DeGeneres, Ben Carson, Vivica Fox, J.K. Rowling, Prince Charles, Princess Sofia of Sweden, President Donald Trump, Prime Minister Boris Johnson, Sarah Palin, a staff member of former US Vice President Mike Pence’s office, Spain’s Deputy Prime Minister, Brazil’s President Jair Bolsonaro’s Press Secretary, Nigerian President Muhammadu Buhari’s Chief of Staff, the Vice President to the National Assembly in Burkina Faso, all tested positive for COVID-19 and some of them have sadly passed on. In particular, two musical giants in West Africa – Manu Dibango and Aurlus Mabele, have died from the disease.

If there is something we should learn from COVID-19, it is this: we are all in it together-pink, white, brown, coloured, dark, and black; it is no respecter of persons-filthy rich, rich, formal sector, middle-class, informal sector, poor. It challenges every system of governance-people-centred, democratic, populist, monarchical, dictatorial, undemocratic. And it brings all systems for the management of the economy to their knees: populism, capitalism, open economies, mixed economy, socialism, communism. It is disheartening, however, that it had to take COVID-19 to instil in us this basic truth about our humanity: we are all in it together.

The global campaign against the pandemic provokes this discussion: diseases have plagued the African continent for many years, but they have not received nearly the attention that COVID-19 has enjoyed for about twenty (20) months now. We are intellectually vexed that after all the global partnerships between the Global North and the Global South, these “African diseases” have not been offered the attention and care they deserve. We are even more embarrassed that in our own backyard, Ghana, it was COVID-19 that prompted our leaders to

invest in better healthcare infrastructure. This comes after decades of a rugged, almost suicidal, and predominantly non-existent healthcare system. We are not calling for a slow-down on the approach to curb the COVID-19 menace. Our humble but politically-incensed position is that, if we are all in it together, we should be deeply committed to each other's plight without discrimination and should thereby pay more attention to the "African diseases" that claim many more lives than COVID-19.

The article establishes that COVID-19 is an equal opportunity disease and affects everyone in the world. It also provides context on how COVID-19 levels humanity on the national scale. The article addresses the point that COVID-19 has received far greater attention than any other disease, not because it is a global pandemic, but because it affects a category of people that are positioned to resuscitate humanity from deadly diseases. The article teaches us that global powers can equally be mobilised to reduce the infection and mortality rates of African diseases and viruses if they really wanted to; but they are not incentivised to do so.

2.0 Covid-19 As An Equal Opportunity Disease

The COVID-19 pandemic mocks any form of social immunity that the rich and powerful had prior to its launch. The new equality plane introduced by the pandemic meant that all humanity, no matter their colour, status, creed, identity, or geographical location were at risk of contracting the virus.

When the virus emerged in Asia and found its way into parts of Europe and America, we, Africans, held onto a false hope that the virus would not thrive on the continent. Together, we shared in the belief that the virus was a Western affair, and Africa, the known bearer of unpleasant diseases, for once, had dodged a bullet.

On no other day but the day of love and chocolates, 14 February 2020, the first COVID-19 case in Africa was reported in Egypt.¹ A new theory began taking shape after the second COVID-19

¹ Egypt Today Staff, 'Egypt announces first Coronavirus Infection' Egypt Today (Egypt, 14 February 2020) <<https://www.egypttoday.com/Article/1/81641/Egypt-announces-first-Coronavirus-infection>> accessed 21 August 2021

case was confirmed on 25 February 2020 in Algeria,² also in Northern Africa. We now convinced ourselves that COVID-19 was a disease for the more developed African states with much cooler weather conditions. This theory did not live past March 2020. African countries with ailing development and with the hottest temperatures year-round were afflicted by the virus. The virus had proven that it was no respecter of shanty towns or chandelier homes. It cared less about whether you could afford a Bentley or relied on a water source from the community stream.

If there was any initial theory to go by, it was that COVID-19 had taken over the world and had pulled down the boundaries of class and race. It brought all of mankind to its feet and established itself as a life-leveller. In a press briefing in the heat of the spread of the virus, The Director-General of the WHO, Tedros Adhanom Ghebreyesus, regarded COVID-19 as an equal opportunity disease. He stated, *"The COVID-19 epidemic is a threat for every country, rich & poor. We are calling on every country to act with speed, scale & clear-minded determination. We call on countries to activate their emergency plans through the whole-government approach"*.³

The easy transmission of the virus beyond the human eye, and the inability to plug the source of infection made it difficult for anybody to ward off the virus. What made it worse was that persons who were asymptomatic could carry and spread the virus without knowing. You did not see it coming. The rich and the poor, finally, had been levelled.

The disease further established itself as a leveller when it triggered a domino effect declaration of state of emergencies, closure of borders and domestic lockdowns by governments throughout the world.⁴ The necessities accompanied with physically connecting to another jurisdiction for trade, industrialization, tourism, education, amongst others, which were an important part of our daily activities, had to be suspended. The damaging effects of the virus, supported by its random selectiveness, invited these drastic measures, measures inspired by the equal opportunity risk of the virus to all.

2 WHO Africa, 'A second COVID-19 case is confirmed in Africa' World Health Organization (Algeria, 25 February 2020), <<https://www.afro.who.int/news/second-covid-19-case-confirmed-africa>> accessed 21 August 2021

3 WHO, 'Rolling Updates on Coronavirus Disease (COVID-19)' World Health Organization (31 July 2020), <<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/events-as-they-happen>> accessed 21 August 2021

4 Daniel Dunford and others, 'The World in lockdown in maps and charts' BBC (7 April 2020), <<https://www.bbc.com/news/world-52103747>> accessed 21 August 2021

In the Global North, initially, the news on the Coronavirus infections was centred on common citizens. Soon, the virus aggressively penetrated the walls of power. Leaders of the most powerful countries in the world, blessed with 24-hour extraordinary protection and surveillance, still caught COVID-19. Coronavirus signalled that status was of no relevance to it. Below is a stock of the infections of these renowned world leaders:

1. British Prime-Minister, Boris-Johnson, was diagnosed of COVID-19 in March 2020. His health significantly waned, as such he was hospitalized in an intensive care unit.⁵
2. In 2020, the White House announced that then President Trump was experiencing 'mild' COVID-19 symptoms.⁶ On 2 October 2020, the White House made it known that the former President and his wife had tested positive for COVID-19.⁷
3. President of France, Emmanuel Macron, contracted COVID-19 in 2020.⁸
4. Russian Prime-Minister, Mikhail Mishustin, also contracted COVID-19 in 2020.⁹

These world leaders who happen to also represent four (4) out of the five (5) permanent countries with veto power¹⁰ on the United Nations Security Council (UNSC), are at the forefront of making life-and-death decisions that could potentially spin the world in an anticlockwise direction. This is indicative that even the world's 'big' guns, with all their authoritative ammunition, are susceptible to having their immune system attacked by the virus. In certain cases, the diagnosis led to the demise of people at the top: Valéry Giscard d'Estaing, former French President, died of complications from COVID-19 in December 2020.¹¹ In Africa, similarly, political leaders tested positive for Coronavirus. And in the same month of December, in 2020, according to the government of Eswatini, Prime Minister Ambrose Dlamini died four weeks after he tested positive for coronavirus.¹² A few months after, President John Magufuli of Tanzania died of

5 Luke Harding and others, 'Boris Johnson and coronavirus: the inside story of his illness' (17 April 2020), <<https://www.theguardian.com/world/2020/apr/17/boris-johnson-and-coronavirus-inside-story-illness>> accessed 21 August 21, 2021

6 BBC, 'Covid: Donald Trump and Melania test positive' (2 October 2020), <<https://www.bbc.com/news/world-us-canada-54381848>> accessed 21 August 2021

7 Vox Staff, 'President Trump tests positive for the coronavirus' VOX (5 October 2020), <<https://www.vox.com/21498510/president-trump-covid-19-test-positive-coronavirus>> accessed 21 August 2021

8 Martin Armstrong, 'World Leaders who have contracted COVID-19' statista (18 December 2020), <<https://www.statista.com/chart/23091/world-leaders-who-contracted-covid-19/>> accessed 21 August 2021

9 Ibid

10 Veto power is a special right to vote granted to the five (5) permanent members of the UNSC. The effect of the power is that if any of the five (5) permanent members cast a negative vote, a decision or resolution will not be approved. See United Nations Security Council, Voting System (2021), <<https://www.un.org/securitycouncil/content/voting-system>> accessed 21 August 2021.

11 See BBC, 'Ambrose Dlamini: Eswatini's PM dies after testing positive for Covid-19' BBC (14 December 2020), <<https://www.bbc.com/news/world-africa-55297472>> accessed 21 August 2021

12 Ibid

COVID.¹³

The impact of the virus on leadership was felt across board in all regions of the world. We note the following leaders who were infected by the virus in 2020:

1. Jair Bolsorano – President of Brazil¹⁴
2. Nikol Pashinyan – Prime Minister of Armenia¹⁵
3. Juan Orlando Hernandez – President of Honduras¹⁶
4. Alejandro Giammattei – President of Guatemala¹⁷
5. Alexander Lukashenko – President of Belarus¹⁸
6. Prince Albert II of Monaco – Sovereign Prince of Monaco¹⁹
7. Andrzej Duda – President of Poland²⁰
8. Jeanine Añez – President of Bolivia²¹
9. Boyko Borissov – President of Bulgaria²²

Apart from world leaders, popular persons with the capacity to protect themselves from a host of other infections, but COVID-19, contracted the virus. The famous celebrities who contracted the Coronavirus include:

1. Larry King²³ – Celebrated Television Host of the Larry King Show.
2. Ellen DeGeneres²⁴ – Award Winning Comedian and Television Host.
3. Lewis Hamilton²⁵ – Seven (7) time Formula-One Racing World Champion.
4. Ben Carson²⁶ – World Acclaimed Neurosurgeon.

13 BBC, 'John Magufuli: Tanzania's president dies aged 61 after Covid rumours' BBC (18 March 2021) <<https://www.bbc.com/news/world-africa-56437852>> accessed 21 August 2021

14 Euronews with AP, 'Who are the world leaders that have tested positive for COVID-19?' euronews (2 October 2020), <<https://www.euronews.com/2020/10/02/who-are-the-world-leaders-that-have-tested-positive-for-covid-19>> accessed 21 August 2021

15 Ibid

16 Ibid

17 Ibid

18 Ibid

19 Ibid

20 Martin Armstrong, 'World Leaders who have contracted COVID-19' statista (18 December 2020), <<https://www.statista.com/chart/23091/world-leaders-who-contracted-covid-19/>> accessed 21 August 2021

21 Ibid

22 Ibid

23 See Glamour, Coronavirus: All the Celebrities who have tested positive for COVID-19 (2020), <https://www.glamour.com/story/all-the-celebrities-who-have-tested-positive-for-coronavirus>

24 Glamour, 'Coronavirus: All the Celebrities Who Have Tested Positive for COVID-19' GLAMOUR (19 July 2020), <<https://www.glamour.com/story/all-the-celebrities-who-have-tested-positive-for-coronavirus>> accessed 21 August 2021

25 Ibid

26 Ibid

5. Kanye West²⁷ – Multiple Grammy-Award Winning Rapper.
6. J.K. Rowling²⁸ – Decorated Author of the Harry Potter Book series.
7. Tom Hanks²⁹ – Back-to-Back Best Actor at the Academy Awards (Oscars).

As of 18 August 2021, the WHO Coronavirus (COVID-19) Dashboard records 208,470,375 confirmed COVID-19 cases, including 4,377,979 deaths worldwide.³⁰ The ravaging of lives by COVID-19 from every angle has brought about a heightened human instinct for survival because of its levelling phenomenon on all persons.

3.0 COVID-19 AS A NATIONAL LEVELLER

On 12 March 2020, Ghana confirmed its first two COVID-19 cases.³¹ Ghanaians from all walks of life, who knew the havoc the virus could cause, feared for their lives. The well-to-do, upper-class, the professionals, the working class, entered into a recluse in their homes to escape the sting of the virus.

On confirmation of the detected COVID-19 cases, the Ministry of Health cautioned all Ghanaians to exercise social distancing.³² Subsequently, heads of private institutions and corporations directed their workers to remain at home. Schools stopped working, and those with accommodation facilities asked students to leave for their homes. The formal sector of the population quickly took steps before the government intervened with its measures. There was no time to waste.

By video broadcast on 15 March 2020, the President of Ghana, Nana Addo-Dankwa Akufo-Addo, addressed the entire nation on the COVID-19 outbreak in Ghana. ³³The projected impact of the Coronavirus on every single Ghanaian required direct communication with the

27 Ibid

28 Ibid

29 Ibid

30 See WHO CORONAVIRUS (COVID-19) DASHBOARD, <https://covid19.who.int/>

31 Yaw Asare Afrane, 'The COVID-19 situation in Ghana' RSTMH (2020), <<https://rstmh.org/news-blog/news/the-covid-19-situation-in-ghana>> accessed 21 August 2021.

32 See GardaWorld, 'Ghana: Ministry of Health confirms first case of COVID-19 March' GARDA WORLD (13 March 2020), <<https://www.garda.com/crisis24/news-alerts/322446/ghana-ministry-of-health-confirms-first-case-of-covid-19-march-13>> accessed 21 August 2021

33 Jonas Nyabor, 'Coronavirus: Government bans religious activities, funerals, all other public gatherings' Citi News room <<https://citinewsroom.com/2020/03/government-bans-church-activities-funerals-all-other-public-gatherings/>> accessed 21 August 2021

Commander-in-Chief of the Ghana Armed Forces. Indeed, we were not in normal times.

The President, in his COVID-19 first national briefing, banned all public gatherings, including conferences, workshops, funerals, festivals, political rallies, sporting events and religious activities. ³⁴The President's instructions affected persons in all of the social ranks who participated in the named gatherings.

About two (2) weeks later, the number of infections surged. The President, in another televised broadcast, visited Ghanaians again. This time, it was a declaration of a two-week partial lockdown in the heavily affected areas, namely, Greater Accra Metropolitan Area, the Kumasi Metropolitan Area and contiguous districts for fourteen (14) days, subject to review.³⁵ The effect of the lockdown was to restrict the movements of individuals residing in these areas with the exception of essential workers.³⁶ Movement for essential items like food and water was permitted.

In the early stages of the Coronavirus pandemic in Ghana, Ghanaians adopted an alias for the disease: "the richman disease" (*asikafo yare3*). Persons living in rural and peri-urban areas were confident that the Coronavirus disease was "poverty-phobic", and so they could not be infected. Their belief was influenced by the first set of media reports of most infected persons having had recent travel history in a foreign country with reported cases. These were known as "the imported case". That too, died prematurely; the poor received their fair share of the virus. COVID-19 has spared no one. The daily counts and soaring numbers in Ghana are a mixed bag of persons from all walks of life, regardless of their class or rank in society. We may think that the disease is far more pronounced in urban communities where individuals have direct interactions with foreigners or Ghanaians returning abroad, but this is a wrong premise. The lack of testing in rural communities and the insensitivity of rural people to the COVID-19 pandemic taints the true picture of how serious the disease has eaten into community life there.

37

34 Jonas Nyabor, 'Coronavirus: Government bans religious activities, funerals, all other public gatherings' Citi News room <<https://citinewsroom.com/2020/03/government-bans-church-activities-funerals-all-other-public-gatherings/>> accessed 21 August 2021

35 APA news, 'Covid-19: Ghana goes on partial lockdown' APA news (2020), <<http://apanews.net/en/news/covid-19-ghana-goes-on-partial-lockdown>> accessed 21 August 2021

36 Those who conduct a range of operations and services that are typically essential to continue critical infrastructure operations such as healthcare, power, electricity, food etc. See NSCL, COVID-19: Essential workers in the state, <https://www.ncsl.org/research/labor-and-employment/covid-19-essential-workers-in-the-states.aspx>

37 Alvi Muzna Fatima, Shweta Gupta, Barooah,' Assessing the impact of COVID-19 on rural women and men in

The urban settlers remain a major part of the COVID-19 equation. The prominent, who grind the wheels of power, are also stricken by the virus. At least, for these categories of persons, there is enhanced testing and data collection to properly assess the rate of infections and to track recovery. However, the existence of an equipped information tracking system in urban communities does not mean in rural communities where COVID-19 data infections cannot be easily generated, its locals are not at risk of equal opportunity of contracting the virus.

Like Lady Justice, COVID-19 wore a blindfold in the West African state of Ghana, titling her scale without regard to wealth, power, or status. She tore into the pores of anyone she met on her journey, and she continues to. Important people, including politicians and celebrities in Ghana, were infected by the Coronavirus and battled for their lives like everybody else. Unfortunately, some gave up the ghost.

4.0 COVID-19 NEEDS ATTENTION BUT WHAT ABOUT OUR “AFRICAN DISEASES”?

If you really want to learn a thing or two from this article, you should suppress these two opinions you may hold:

1. That COVID-19 being an unprecedented virus, requires more world focus than the other diseases that continue to decimate African populations.
2. The global community has been as much committed to the fight against another dangerously contagious disease – Ebola.

The Global and National Responses to COVID-19 quite visibly have been markedly different from responses to other infectious and deadlier diseases. The widespread nature of the virus is never justification to treat the “African diseases” such as Ebola, malaria, cholera, tuberculosis, and cerebrospinal meningitis as third-class diseases.

There have been firmer and more organized collective responses to the economic challenges of COVID-19, in addition to its health challenges, as compared to other killer diseases. Magically, we have been able to settle all our ethnic and racial differences to present a united front against COVID-19.

northern Ghana’ (2021) GCAN COVID-19 Impact Fact Sheet 1. Washington, DC: International Food Policy Research Institute (IFPRI), <<https://doi.org/10.2499/p15738coll2.134446>> accessed 21 August 2021

Public health advocacy on the COVID-19 safety precautions has been very loud; to the extent that, in Africa, our limitations in health literacy, cultural beliefs and practices, social stigma, and inadequate communication technology could not reduce COVID-19 advocacy. Yet, malaria has been with us for God knows how long but has not been campaigned against with the same rigour and vigour.

COVID-19 vaccines are available after less than 12 months of clinical trials and testing. As of 18 August 2021, a total of 4,543,716,433 have been administered globally.³⁸ After many centuries, Malaria has no completely effective or approved vaccine. The Ebola vaccine was only approved recently in 2020, six (6) years after the most horrific outbreak of the Ebola epidemic in West Africa.³⁹

At the national level, we are already pushing an agenda to build more hospitals and healthcare facilities. Suddenly, funds are ready (whether from our own coffers or through grants and debt) to take on a generational problem that has been present with us before the name Ghana. The inordinate attention given to COVID-19 is sponsored by the world's giants who are threatened by the virus. We proceed to add more weight to this fact.

Traditional medicines have always been known to the world. However, before the pandemic, discussions on traditional medicines were casual debates on intellectual property. That is, whether or not traditional medicines could be patented. Now, into the COVID-19 regime, the debate is no longer cursory. We are concerned about whether traditional medicine therapies⁴⁰ can actually cure COVID-19 infections. In July 2020, the WHO and Africa Centres for Disease Control and Prevention (Africa CDC) launched a 25-member Regional Expert Committee on Traditional Medicine to provide independent scientific advice and support to countries on the safety, efficacy, and quality of traditional medicine therapies. The Global North has never been oblivious of the fact that traditional medicine works. The debate has shifted because the Global North sees that, in these troubling times where they are equally impacted, traditional

38 See WHO CORONAVIRUS (COVID-19) DASHBOARD, <https://covid19.who.int/> accessed 21 August 2021

39 Prabhjote Gill, 'Diseases deadlier than COVID-19 are already in the making – here are the top ten candidates that could cause the next pandemic', Business Insider India (5 January 2021) <<https://www.businessinsider.in/science/health/news/here-are-the-top-10-virus-and-diseases-that-could-cause-the-next-pandemic-if-they-arent-stopped-in-their-tracks/slidelist/80116787.cms> > accessed 21 August 2021

40 WHO, 'WHO, Africa CDC push for COVID-19 traditional medicine research in Africa', World Health Organization (22 July 2020), <<https://www.who.int/news-room/feature-stories/detail/who-africa-cdc-push-for-covid-19-traditional-medicine-research-in-africa>> accessed 21 August 2021

medicines may not be so bad after all.

Other diseases have claimed more lives than COVID-19, but since they are not levellers, the statistics are not common. The Centers for Disease Control and Prevention (CDC) states that between 2014-2016 when the Ebola epidemic was on the rise, 28,616 people were diagnosed with the Ebola virus in Guinea, Liberia and Sierra Leone, which resulted in the death of 11,310 people. Another 36 cases and 15 deaths occurred outside these countries. All digits put together [28,652 cases; 11,325 deaths], this means 39.5% of the people who contracted Ebola died of the disease. Currently, there are 208,470,375 confirmed COVID-19 cases, including 4,377,979 deaths worldwide. This means only 2.1% of persons diagnosed with COVID-19 all over the world have died. If the number of COVID-19 deaths is quadrupled, maintaining the same number of confirmed cases, 8.4% of people would have died. A fanciful expansion of the COVID-19 deaths cannot even take up 50% of the total number of Ebola-related deaths. The statistics also suggest that after six (6) years of COVID-19, that is, if the virus persists, it will not match up to three (3) years of Ebola-related deaths.

As of 7 February 2021, the Democratic Republic of Congo (DR Congo) had endured its 12th Ebola outbreak since its discovery in 1976.⁴¹ Ebola has been prevalent in DR Congo for forty-five (45) years, before the first woman US Supreme Court Justice was appointed (Sandra Day O'Connor) (1981),⁴² before Apartheid ended in South Africa (1990),⁴³ and before Friends debuted on ABC (1994)⁴⁴ and way before Google was invented (1998).⁴⁵ For a disease with a fatality rate as high as 90%, logically, we should be more terrified.

In 2018, the case fatality rate of Ebola in DR Congo was 66%.⁴⁶ The case fatality rate of COVID-19 in the country with the highest number of infections – the United States – is 1.68% for the years 2020 and 2021. Set side by side, the national fatality figures for Ebola far outweigh the national

41 WHO, 'Ebola - Democratic Republic of the Congo' World Health Organization (4 May 2021), <<https://www.who.int/emergencies/disease-outbreak-news/item/2021-DON325>> accessed 21 August 2021

42 See Securities and Exchange Commission Historical Society, Timeline 1980s

43 Rachel Jones, 'Apartheid ended 29 years ago. How has South Africa changed?', National Geographic (26 April 2019), <<https://www.nationalgeographic.com/culture/article/how-south-africa-changed-since-apartheid-born-free-generation>> accessed 21 August 2021

44 James Barrett, '15 Things That Happened In The '90s That We'll Never Forget' redbook (2021), <<https://www.redbookmag.com/life/charity/g31088041/memorable-90s-events/>> 21 August 2021

45 Ibid

46 Statista, 'Chronology of Ebola virus disease outbreaks 1976-2020', <<https://www.statista.com/statistics/328962/ebola-virus-disease-outbreaks-by-country-deaths-case-fatality/>> accessed 21 August 2021

fatality figures for COVID-19. COVID-19 is no match for the deadlier Ebola, but who cares about Ebola?

Admittedly, in any given sample size, the rate of COVID-19 infections is higher than Ebola infections. However, upon global and national assessments, COVID-19 death rates are lower than Ebola death rates. This is testament to the rapid, coordinated, and sophisticated responses that COVID-19 receives daily to minimise Coronavirus mortality.

By the facts, Ebola too could have benefited from lower death rates if the same treatment was accorded it during its outbreaks. In 2015, an independent body of health experts indicated that the Global Response to the 2014 Ebola outbreak was “too slow”.⁴⁷ The body of experts was convened by the Harvard Global Health Institute and the London School of Hygiene and Tropical Medicine⁴⁸ to discuss the Ebola crisis. In their report, they criticized the World Health Organisation (WHO) for their mediocre response to the crisis.⁴⁹ They found that, by being slow to declare Ebola an international public health emergency, and in not providing resources to these affected countries to detect and respond effectively to the outbreak, WHO had failed in its responsibilities in addressing a global health crisis.⁵⁰ The Global Responses to the Ebola crisis, at its peak, was a joke. The WHO herself admitted that it could have handled the situation better.⁵¹

However, for COVID-19, the WHO’s Global Response to COVID-19 is thorough. It includes a Strategic and Technical Advisory Group on Infectious Hazards that has met at least 50 times;⁵² **the OpenWHO platform, which has had more than 4.7 million total course enrolments, with 149 courses available to support the COVID-19 response, spanning 22 topics and 44 languages for COVID-19;**⁵³ **frequent convening of international expert networks, covering topics such as clinical management, laboratory and virology, infection prevention and control, mathematical modelling, seroepidemiology, and research and development for diagnostics, therapeutics and vaccines;**⁵⁴ **52 candidate vaccines in clinical evaluation and 162 in preclinical evaluation,**⁵⁵ **and many many others. Again, set side by side, the Global Responses to COVID-19 surpass the Global**

47 BBC, ‘Ebola global response was ‘too slow’, say health experts’ BBC (23 November 2015), <<https://www.bbc.com/news/health-34877787>> accessed 21 August 2021

48 Ibid

49 Ibid

50 Ibid

51 Ibid

52 WHO, ‘Listings Of Who’s Response To Covid-19’ World Health Organization (29 June2020), <<https://www.who.int/news/item/29-06-2020-covidtimeline>> accessed 21 August 2021

53 Ibid

54 Ibid

55 Ibid

Responses to Ebola because the drivers of COVID-19 responses are directly concerned.

Another African disease that hacks-downs the African population is malaria. Malaria wipes out the youth of under-developed countries by every minute. In 2019, it was estimated that 409,000 people, which consisted mostly of children in sub-Saharan Africa, died of malaria;⁵⁶ but this will not break the news. The headlines will prefer to read, “death toll increases, 177, 815 people in Africa have died from COVID-19 as of August 2021”.⁵⁷ If WHO says 94% of the 409,000 malaria death cases, that is, 384,460 belongs to Africa, then the death toll for malaria in Africa is twice as much as the death toll for COVID-19 in Africa.⁵⁸ Further, the rate of malaria infections in the world is at level pegging, if not slightly above COVID-19 infections. In 2019, there were 229 million cases of malaria,⁵⁹ and in 2018, the number was 228 million.⁶⁰ The COVID-19 infections globally are 208 million cases.

Despite the above, the statistics of the malaria disease will still not make the high-priority list for National Responses. Since the start of COVID-19, there has been far greater attention to COVID-19 than any of these “African diseases”. For a period in our Ghanaian History, the President provided weekly Presidential updates on a “foreign virus”. The Ghana COVID-19 Private Sector Fund was created to “provide a prompt response to the hardship and suffering arising out of COVID-19 pandemic”.⁶¹ Out of this Fund, Ghana has constructed her first ultra-modern infectious diseases centre.⁶² The country experienced a successive enactment of laws on one subject-matter like never before: The Imposition of Restrictions Act, 2020 (Act 1012); Establishment of Emergency Communications System Instrument, 2020 (E.I. 63);⁶³ Imposition of Restrictions (Coronavirus Disease (COVID-19) Pandemic) Instrument, 2020 (E.I. 64);⁶⁴ Imposition of Restrictions (Coronavirus Disease (COVID-19) Pandemic) (No.2) Instrument, 2020 (E.I. 65);⁶⁵ and Imposition of Restrictions (Coronavirus Disease (COVID-19) Pandemic) (No.3) Instrument, 2020 (E.I. 66).⁶⁶

56 Global Health-Division of Parasitic Diseases and Malaria, ‘Malaria’s Impact Worldwide’ Centers for Disease Control and Prevention (26 January 2021), <https://www.cdc.gov/malaria/malaria_worldwide/impact.html> accessed 21 August 2021

57 See Statista, ‘Number of coronavirus (COVID-19) deaths in the African continent as of August 8, 2021, by country’ statista (2021) <<https://www.statista.com/statistics/1170530/coronavirus-deaths-in-africa/>> accessed 21 August 2021

58 WHO, ‘Malaria’ World Health Organization (2020), <<https://www.who.int/news-room/fact-sheets/detail/malaria>> accessed 21 August 2021

59 Ibid

60 Ibid

61 COVID-19 Private Sector Fund, <<https://ghanacovid19fund.com>> accessed 21 August 2021

62 Ibid

63 Marian Asantewah Nkansah, ‘[Case Study] Ghana’s multifarious response to COVID-19: Through a citizen’s lens’, International Science Council (2020) <<https://www.ingsa.org/covidtag/covid-19-commentary/asantewah-nkansah-ghana/>> accessed 21 August 2021

64 Ibid

65 Ibid

66 Ibid

Looking at the historical pattern of infectious diseases and Global and National actions, it will be hard for the “less” global diseases to become beneficiaries of special treatment in their own homes.

5.0 WHY THE GLOBAL NORTH MAY SEEM MORE CONCERNED ABOUT COVID-19 IN THE GLOBAL SOUTH?

COVID-19 has not received this much attention because it is more infectious or any deadlier than the lingering African diseases. The reason why there is so much attention for COVID-19 is because it is an equal opportunity disease; the main point we are trying to make is that the governors of nations, the powerful, are capable of solving African health crises. There is money for such crises, but these will only be deployed when they themselves are affected by the disease. At the material moment, that disease is COVID-19.

The Global North and its citizens are worried and interested in our National Response because they can be impacted. The disease is a global one. A COVID-19 case anywhere is more or less a COVID-19 case everywhere. Until global elimination of the virus is achieved, the Global North will come to Africa’s aid eagerly. Take, for instance, in March 2020, when the G-20 resolved to pump over \$5 trillion into the global economy as part of targeted fiscal policy to counteract the economic and financial impacts of the pandemic.⁶⁷ Also, in April 2020, the G-20 agreed to a debt suspension scheme for the 76 poorest countries until 2022⁶⁸. In DR Congo, 62,378 people have already received the COVID-19 vaccination,⁶⁹ a little over a year since COVID-19 struck. It took 44 years for an Ebola vaccine to be developed.

CONCLUSION

In Ghana, malaria, cholera, tuberculosis, and cerebrospinal meningitis each kill far more people annually than COVID-19 would ever kill in that country, but as diseases of the poor, they have never seen national nor international responses at this scale. The reason is simple: these other diseases are

67 Stephen Kalin, David Lawder, ‘Thomson Reuters, G-20 leaders to inject \$5 trillion into the global economy in the fight against coronavirus’ Reuters (26 March 2020) <<https://www.reuters.com/article/us-health-coronavirus-g20-saudi-idUSKBN21D0XL>> accessed 21 August 2021

68 Patrick Smith, ‘G-20 states postpone postpone some of Africa’s debt but block cancellation’ The Africa Report, Coronavirus (17 April 2020) <<https://www.theafricareport.com/26370/coronavirus-g20-states-postpone-some-of-africas-debts-but-block-cancellation/>> accessed 21 August 2021

69 Relief Web, ‘Democratic Republic of Congo (DRC)-Ebola Situation Report #42-July 8, 2021’ Relief Web (8 July 2021) <<https://m.reliefweb.int/report/3755068/democratic-republic-congo/democratic-republic-congo-drc-ebola-situation-report-42-july-8-2021>> accessed 21 August 2021

not levellers.

COVID-19 has taught us many lessons. One, that we are all in this together, black or white, and that Trumpian ultra-nationalism and building of walls is not the most intelligent thing to do. The deep irony of Trumpism is that America's previous wealth and glory was built parasitically; as she dug her fangs into the labour and lives of generations of black slaves; pillaged the natural resources of the lands whose citizens she now spends some of those resources to keep out; and carefully engineered financial extractivism through predatory lending practices, transfer pricing, and complicated tax evasion and avoidance tactics. Two, COVID-19 has confirmed our long-held suspicions that people will only be kind when they stand to benefit in return. Africa is alone in Ebola, malaria, cholera, tuberculosis, and cerebrospinal meningitis, because the rich and powerful are hardly affected by these diseases. Those diseases are not an immovable curse. With the adequate attention and the right amount of money, we can save a lot of lives. However, what triggers the necessary attention and resources, nationally and globally, is whether or not the disease is a leveller.