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A COVID in the wheels of the world: A contemporary history of a pandemic in Africa

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ABSTRACT

Several pandemics have been reported throughout history. The Black Death, Spanish flu, Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS) among others have received attention by both earlier and recent scholarships due to their impact on humanity. Before the outbreak of COVID-19, scholars had anticipated future outbreaks with the same or greater impact. The coronavirus which spread from Wuhan from December 2019, across nations has already decimated over 2 million lives with the Americans and Europeans scoring higher in mortality rates. Since its outbreak, scholars have reported cases and measured its impact concerning nations and the international economy. From a historical political economy approach, we add to the corpus of information on pandemics by using the theories of globalizations to discuss pandemics and COVID-19 in particular. We have highlighted the economic history of earlier pandemics and related same to the current burden. We discuss how resources have been distributed to address health systems of Africa and Ghana in particular. Also, the current contribution pays attention to critical questions on COVID-19 in Africa. Evidence from the study suggests that African nations shall do better when they combine their efforts and resources to fight the pandemic and others that might erupt in the near future. From the discussions, we draw lessons for stakeholders and policy makers.

1. Introduction

Several pandemics have been reported in history since the inception of humanity. Essentially, the Black Death, Spanish flu, Severe Acute Respiratory Syndrome (SARS) and Middle East Respiratory Syndrome (MERS) among others have been notable pandemics that have tested man’s resilience. These pandemics have adversely impacted all aspects of life including the political economy of states, social structure of societies and the global systems among others. Since the outbreak of some of these pandemics, scholars have anticipated new or different pandemics with the same or greater impact.

The economy and investment of a standard nation; developed, developing and underdeveloped shall suffer negative shocks or breaks as a result of an external force. Such external force might include a sudden pandemic which spreads with a higher degree of impact and whose rate of infections among the population of nations knows no limit; a noticeable one is the COVID-19 pandemic. Indeed, the macro-economic consequences of pandemics have been studied by scholars. Jordà et al. (2020) studied the outcomes of pandemics up to forty years. The pandemics that were studied included the Black Death, Italian Plague, Great Plague of Sevilla, Great Plague of London, Great Plague of Marseille, First Asia-Europe Cholera, Asia Pandemic, Second Europe Pandemic, Russia Cholera Pandemic and the Global Flu Pandemic. Significantly, the impact of the outbreak of large scale pandemics could be prevalent across wider economies in twofold: either because the infection is widespread; or because trade and market integration—in capital and or labour markets eventually propagate economic shocks across the nations (Jordà et al., 2020).

The coronavirus, SARS-COV2, which spread from Wuhan in China from December 2019 to the rest of the world has already decimated over 2 million lives with uneven mortality rates across countries and continents with the Americas and Europe scoring higher in mortality rates (European Centre for Disease Prevention and Control (ECDC), 2020). Since its outbreak, several scholars have attempted to report...
cases and measure its impact on the international economy by making projections (Ranasinghe et al., 2020; Khan et al., 2020). Among other things, COVID-19 has shown the potency to decrease production, increase unemployment rates across countries and reduce family income and consumption among others (Jordà et al., 2020). Concerning Africa, Obeng-Odoom, in his editorial to the volume thirteen (13) of the African Review of Economics and Finance argues that, with unreliable services, limited food supply and increasing debts piling from rents in Africa and across the globe, the economies are dwindling sharply (Obeng-Odoom, 2020). With this thrust in the spoke, daily and basic economic activities of nations have been halted. The pandemic also halted several trans-national trade in oil, seafaring, air travels and trade on rail-roads as well as human interactions (McKenzie, 2020).

Lessons from earlier pandemics and the hope to control the spread of COVID-19 across nations called for the use of non-pharmaceutical protocols. Particularly, states enforced, and in some instances continue to enforce, physical distancing, lockdowns, hygienic measures and prevention of the gathering of large crowds (Obeng-Odoom, 2020). These by themselves disrupted economic activities and caused people to lose their jobs. The subsequent result was a reduction in family incomes. Concerning companies and businesses – small or big - there was a close down of activities for a long period with its concomitant impact on the companies themselves; Chief Executive Officers (CEOs), managers, employers including shareholders of businesses were in many respects not able to maximize their returns except in exclusive circumstances.

At the heart of the discourses on epidemics and pandemics are international collaborations that guide the actions of states that are affected by the pandemics. The literature opines that the fear of the increase of infectious diseases compelled European states to embrace and pursues international sanitary laws (Harrison, 2006). A study by Curtin (1998) reported how European countries and France in particular, introduced and aided the spread of diseases beyond their borders and elsewhere in Africa. Also, the work of Fidler (2008) draws attention to how societies should govern their vulnerabilities to diseases that have generated international concern. In fact, scholars including Kirton et al. (2014); Fidler (1997, 1999, 2008); Aginam (2004) have raised questions pertaining to how diseases are no longer of domestic essence alone but rather have become urgent international concerns and global security threats.

At the height of COVID-19’s outbreak, the notion of health system fragility coupled with inadequate healthcare managerial skills raised questions concerning Africa (Adindu, 2010; Mazibuko, 2019). In a study by the World Health Organization’s Regional Office for Africa, it was reported that an estimate of 190,000 people could die from the pandemic in the wake of a failure in containment measures (WHO, 2020). In a similar manner, the Organisation for Economic Co-operation and Development (OECD) argued that the economic impacts of the pandemic could appear in three ways. These were, “lower trade and investment from China in the immediate term; a demand slump associated with the lockdowns in the European Union and OECD countries; and a continental supply shock affecting domestic and intra-African trade” (OECD, 2020: 1).

Since the outbreak of COVID-19, a number of sources have focused on short term impact of the burden. Earlier studies on the economic impact of epidemics especially in the US also focused on short term impacts. There is still the question concerning the absence of the high-quality administrative data on many countries including Africa and Ghana in particular. Essentially, several historical studies have mostly focused on single country or regional-based events and have woefully tried to discuss the economic outcomes of pandemics and COVID-19 in particular. Therefore, the African and Ghanaian question begins with the implication because of the economic base and healthcare fragility of these countries. The Ghanaian case in particular represents a quintessential African state that is rising under the sun irrespective of its own challenges. Therefore, it is still imperative to have a further discourse on pandemics and COVID-19 in particular, with a focus on discussions on Africa and the case of Ghana in particular which begs for a discourse that includes political economy and how globalization shape same.

To achieve the above, we have structured the discourse into four major sections. The first section; the Introduction, provides a general background to the study. The second section presents the historical political economy approach. The third section concerns the theories underpinning our generalizations. In the fourth section, we have a detailed discussions on the object of the study under the following themes: Historicizing Pandemics and COVID-19 in particular by highlighting the economic history of pandemics; The Political Economy of COVID-19 in Africa and Ghana in particular and Covid-19 in Africa: Critical Questions on Ghana. At the end of the discourse, we draw historical lessons and conclusions based on the discussions.

### Historical political economy approach

Historical methods can be applied in different situations. Clearly, there is a nexus between historical and other social scientific approaches to economic analysis. It is imperative to state that social science issues can be examined from historical dimensions. On the other hand, history can be examined in the humanities, and social scientific manner (Sherman, 1993). Sherman (1993) offers a meaningful insight that indicate that the historical, and evolutionary method in particular, shows a better impact in better understanding political-economic situations.

On that grounds, the current study uses the historical political economy approach as a method of analysis. Political economy is believed to be a range of approaches to economic analysis that shapes stakeholders’ understanding of the impact of the interplay of politics and economics in a particular situation (Minkler et al., 1994; Stiwell, 2019). It has been argued that in the application of critical historical methods to political economy, each idea or situation –like the COVID-19- must be examined from its changing historical context (Sherman, 1993; Stiwell, 2019). Concerning this approach, scholars appreciate both internal and external as well as evolution and diffusion of factors within historical processes.

The analysis of historical approach to political economy is based on the changes in consideration of power along with interests, ideas, ideologies and institutions through time. Primarily, the political economy approach focuses on how political strategies are applied to shape the feasibility of a policy reform on the importance of politically managing a change process (Reich, 2019a, 2019b). According to Stiwell (2019), the idea of political economy engenders a broader conception of understanding the economy in historical, social and political contexts.

Applied to health, this approach focuses on how the distribution of economic and political resources affect factors such as development, health, policy and environment among others (Minkler et al., 1994; Reich, 2019a, 2019b). Therefore, the history of the political economy of the burden of COVID-19 would concern how resources and power were distributed to shape the disease, its control and management as well as the health of citizens of a nation (Reich, 2019a). It has been proposed that any discussion of the political economy of disease should involve four major factors and concerns: the production of disease; perception or recognition of the disease; control measures and compensation of patients and other victims (Levenstein and Tuminaro, 1992).

In the current scholarship, the historical approach to political economy is used to analyse the dynamics of various economic and political factors and how they responded to the health needs of citizens during the COVID-19 era. Importantly, we approach how resources were distributed and contested among stakeholders on one hand and the implications for development during the outbreak of the COVID-19
pandemic from a historical view in Africa and Ghana in particular. Essentially, this approach was adopted to better appreciate the various economic, political and socio-historical forces that shape the burden of diseases, and COVID-19 in particular.

**Theoretical underpinnings: Theories of globalizations**

The current study finds the theories on globalizations useful to its analysis. Concerning globalization, scholars have taken different sides; making the debate on globalizations an up-hill task across disciplines. Both Hall (1999) and Axford agree that globalizations are shaped by social construction and the explanation of the term itself. The term has been perceived as an "economic, ideological, political and institutional project facilitated and enabled through a technological revolution, an ideological and policy shift, a strengthening of the role of international financial institutions and a changing geopolitical landscape" (Quoted in Kennett, 2008: 4). Axford (2013) argues that globalizations are processes by which the world is being made a single entity.

The above not with standing, most scholars assume the term is associated with economics. Berry cited in Axford (2013) argues that globalizations include ‘material reality’ whose discourse revolve around economic processes and the completion of the global economy (Axford, 2013). From this perspective, theorists suggest that states converge into a single entity to enhance the development of the world economy (Dauvergne, 2008; Reinert, 2004). This notwithstanding, opponents of the term argue that instead of a real convergence, a group of rich nations converge to specialize in the production of innovations while the underdeveloped nations converge at the bottom specializing in routine economic activities (Reinert, 2004). Becoming widespread in the mid-1990s (Axford, 2013), the failure of the statist-planned economies in the East and the increase in technology and revolutions in transportation have made borders porous (Kolodko, 2002) and susceptible to the flow of information across the globe.

Applied to health, proponents assume globalizations would enhance health gains (Payne, 2008). That notwithstanding, sceptics argue that there is no such thing as a globalized economy; it is rather assumed that states and national economies are the key players in an “international” – rather than a globalized- system (Reinert, 2004). In times of outbreaks, like the COVID-19 in scope, countries work together to share public health information (Payne, 2008). While this was prevalent since the outbreak of the pandemic, several questions remained. Among the pertinent ones include whether state actors would hold on to their self-interests or not.

While some argue that the concept will increase prices paid to all factors of production across and among nations all over the world; others argue that it rather intensifies the already existing gaps and income differences between developed and developing countries (Reinert, 2004; Dauvergne, 2008) due to the fact that actors hold their self-interest to engender both dynamic and stabilizing effects within the global space (Axford, 2013).

Aside the continuous increase in income and wealth gaps, there is also a continuous widening gap in the health sector between developed and developing nations (Payne, 2008). It is suggested that the gains and costs of globalizations are unevenly distributed among international players tending to make poorer countries suffer the most (Payne, 2008). This has been prevalent due to the fact that international concerns during the outbreak tended to focus on poor regions with particular attention on Africa. Stakeholders of global health started making projections on the level of impact that the infection can levy on developing countries. In times of epidemics and pandemics, globalizations –unification of the world- lead to a cross-border transmission of diseases and epidemics; like the COVID-19. That notwithstanding, there has also been a cross-border distribution of strategic and specific medical and protective gears and equipment to lessen the burden of diseases among nations.

This research regards globalizations as the interconnectedness of world market ensuring the global spread of commodities, ideas and resources (Dauvergne, 2008), which can be adversely affected during a pandemic due to the closure of borders among other things. Also, applied to diseases, we use globalizations to connote the spread of pandemics in times of outbreaks, threatening the sovereignty of every entity within the universal set of nation-states. By this, we seek to ask questions as to whether globalizations are still the way forward during and after COVID-19 and how same applies to the African context and Ghana in particular.

### 4.0. Findings and Discussions

#### 4.1. Historicizing pandemics and COVID-19: Economic history of pandemics

Historically, there have been reports of a cornucopia of infections which have left heavy scars on the world and domestic economies. Major research in mainstream disciplines in Economics and related fields have widely reported the economy of nations at different epochs with specific reference to diseases and outbreak of epidemics (See; Levenstein and Tuminaro, 1992; Dixon et al., 2002; Harrison, 2006; Lauer, 2006; Obeng-Odoom and Rockarke, 2018; Jordà et al., 2020). Similarly, during the outbreak of COVID-19 in Wuhan, in China, since December 2019, economists and pundits equally made attempts to predict the present, medium and long-term effects of the pandemic on economies of nations using more sparse data (Jordà et al., 2020; Wenham et al., 2020; Obeng-Odoom, 2020).

Concerning the United States of America, Jordà et al. (2020) argued that significant macro-economic effects the pandemic could have on the United States can persist for forty years. Weighing the impact of wars against pandemics, it was concluded that wars did not have such effect thus, it is the destruction of capital that happens in wars but not in pandemics (Jordà et al., 2020). Among other things, pandemics induce labour scarcity and/or shift to precautionary savings (Jordà et al., 2020).

Comparatively, several public health experts and health economists as well as historians have addressed the macroeconomic impacts of the HIV/AIDS pandemic across the globe and Africa in particular. Tagged as the first great pandemic of the 21st century (May, 2003), HIV/AIDS is believed to have spread to various parts of the world as a result of the globalized sex and drug trade among nation-states. Scholars like Ann May (2003); Moatti and Ventelou (2007) and Simon Dixon et al. (2002) among others measured the impacts of the pandemic on the world and made projections on same. Among other things, reduction in national incomes, labour supply and production and productivity have been the major macroeconomic impacts of HIV/AIDS on the world.

Concerning the Black Death, economists and historians have persistently debated its central role in economic, social and political change in Europe and across the borders of Europe. The impact of this is reported by Clark, (2007; 2010). According to Clark, in England, events such as the peasant rebellion -which is at the heart of the discussions of increasing powers of labour, further presented an increase in scarcity of labour. This effect was noticed as a positive deviation in the course of real wages. The data reports that in England, this shock led to 25% to 40% decrease in the supply of labour, almost hundred percent increase in real wages and a decline in rates of return on land from about five percent (5%) to eight percent (8%) (Clark, 2007; 2010).

The Spanish Flu, believed to be the most deadly and devastating event in modern history, (Trilla et al., 2018) had a mortality rate between 20 and 50 million, twice the number killed in the First World War (Reid et al., 2001; Gottfredsson, 2008; Patterson, 1983). The mor-
tality was equally distributed among young children, the youth and the elderly (Gottfredsson, 2008). As a viral disease caused by an inflation strain, the disease claimed close to 500 people in Iceland within the first six weeks (Gottfredsson, 2008).

There were two major waves; the first beginning in March 1918 and spreading severally through the United States of America and Europe in just six months (Reid et al., 2001). The second wave began in September with severe cases of the pandemic claiming significant amount of lives than the first wave (Reid et al., 2001). Globally, authors argue that the Spanish influenza dwindled markets and disrupted business causing a decline in the production of goods and services (Reid et al., 2001; Trilla et al., 2018; Gottfredsson, 2008; Patterson, 1983). For reasons surrounding politics, Trilla et al. (2018) reported that major stakeholders in USA and Europe acted slowly to acknowledge a timely response to the pandemic and the fatalities caused by same. Its impact on labour was twofold: it decreased labour and ushered the migration of labour to affected parts of Europe – further stimulating the spread of the virus.

The notion of placing COVID-19 as the most serious episode of disease burden since the 1918 pandemic (Ferguson et al., 2020), suggests that the situation of economic recession could be worse in the case of the COVID-19 outbreak. Ferguson and his peers further postulated that without non-pharmaceutical interventions or strategies, mortality rate in Britain and the US could total 510,000 and 2.2million respectively, further affecting the supply of goods and demand for labour. It was emphasized that aggressive and recurrent suppression strategies would reduce the mortality rate by an approximated factor of 10 (Ferguson et al., 2020).

With this in global view, COVID-19 would remain as the second most devastating event for the past one hundred years. Considering the quarantine measures that were imposed by governments and low incomes coupled with unemployment tendencies, the impact of the pandemic at both macroeconomic and microeconomic levels could be glaring. Reports from Hong Kong and Macau indicate that workers lost their jobs because their employers had abandoned their territories or had been adversely affected by the COVID-19 virus (Liem et al., 2020).

Similarly, in Obeng-Odoom’s recent editorial, he argues, among other things, that, with unreliable services, limited food supply and increasing debts piling from rents in Africa and across the globe, the economy of the continent started dwindling sharply (Obeng-Odoom, 2020). The United Nation’s International Labour Organization (ILO) envisaged that five (5) to twenty-five (25) million jobs could be lost and the world was close to losing about $860 billion to $3.4 trillion in labour income (UN, 2020).

4.2. The political economy of COVID-19 in Africa and Ghana

COVID-19 deeply affected the functioning of every economy across the globe. Measurement of the impact have been analysed at both the micro and macroeconomic levels. In an attempt to quantify the microeconomic impacts of COVID-19, it was revealed that households, within some few weeks, increased their spending by stocking and hoarding food items (Baker et al., 2020). Within few weeks after this, it was observed that consumers decreased their spending across categories at a rapid pace, signalling increase in poverty levels (Baker et al., 2020). Adding to the above, it has been argued that micro-borrowers at the time of lockdowns lost their daily earnings as their income dipped and savings eroded (Wenham et al., 2020). More so, the issuance of travel restrictions resulted in financial challenges for foreign and domestic workers (Wenham et al., 2020).

In countries enjoying multilateral trade, they were stuck between fully utilizing their stored commodities or no option. Knowledge of the above conundrum cautioned health policy makers to give creative impetus to social distancing, lockdowns, hygienic protocols and avoidance of social gathering to support the fight against COVID-19. These measures were primarily aimed at speeding the possibility of returning markets to normalcy (Obeng-Odoom, 2020). Lessons from earlier pandemics show that COVID has the proclivity to replicate same impacts while adding more harm to the world economy and nation-states in particular. Comparatively, in their recent study, Takian and his contemporaries have contributed immensely to the debate. They report among other things that in Iran, the COVID-induced economic distress coincided with politically-induced sanctions against the country. This virtually reduced access to life-saving drugs and equipment, and scaled up the country’s health sector’s pre-existing fragility (Takian et al., 2020).

The economic stress harboured by COVID-19 heavily affected the tax regime of states because companies and corporations could rarely earn much to support the development of the state through their tax contribution. More importantly, in territories across the globe and Africa in particular, individuals were unable to contribute their tax to support the development of their communities and nations during the early days of lockdowns. Particularly, African countries who relied on nature’s beneficence like oil, gold, diamond, bauxite, good forest and natural environment as well as properly preserved culture to earn income through tourism were hard-hit by the pandemic. It is based on some of these indicators among others that policy makers, agencies, institutions and academics argued that with the already ailing and vulnerable African economy, the continent was more likely to suffer and retain more scars after the fight against the COVID-19.

Since its outbreak in late 2019, governments and international organizations across the globe adopted myriad of economic policies to improve upon the health systems and heighten the political stability of their nation-states. To that extent, economic and political resources were distributed toward developing the health sector and the economy of nation-states at large. Obeng-Odoom (2020) reported that, across the globe, fiscal policy was redirected to pumping more resources into the health system in addition to packages offered to business owners to stem their challenges and motivate them to stay in production (Obeng-Odoom, 2020). Although there might have been significant opposition towards governments’ policies, it is still likely to observe a muted response on the part of majority of the world population to measures imposed by governments in times of pandemics (Barrios and Hochberg, 2020).

Globally, governments of nation-states postponed and reduced, with some even absorbing, the payment of payroll taxes for companies for a while; two months in Argentina (Alzúa and Gois, 2020), three months in Ghana. The poverty rate in Ghana and other African countries, compelled governments in the sub-region to check these tendencies by the provision of free water, reduction in the prices of electrical energy consumption and distribution of food items and cooked food for indigene. In Madagascar, a country that reported a potential cure for the COVID-19 virus, about 900 homeless citizens were provided shelter by the country’s Ministry of Population (UNDP, 2020b). Also, measures were provided by the Malagasy government to strictly ensure the control of prices on basic necessities (UNDP, 2020a).

As central banks reduced their interest rates, governments announced subsidized loan programmes to support small and medium private companies and independent workers across the globe (Alzúa and Gois, 2020; Obeng-Odoom, 2020). Alzúa and Gois (2020) report that in private companies with up to 800 workers, the government of Argentina sought, among other things, to pay part of workers’ wages. An estimated 1.6million employees of 158,731 companies received such benefits (Alzúa and Gois, 2020).

The various interventions provided by governments were aimed primarily at shaping the burden of the disease at both the local and global levels. Partially, this was also informed by the conception that in any outbreak, the poor, powerless and weak continue to be affected disproportionately (Lauer, 2006; Obeng-Odoom and Bockarie, 2018). In Africa, governments sought to use economic resources to shape their interests by restoring hopes of citizens and most importantly,
In December 2020, the incumbent governments in Africa, Middle East, Europe and the Americas to stem the potential harm of the COVID-19 pandemic could lead several countries to abject poverty and economic recession which would take several decades to fully recover.

In their reports, the UN indicated that a global response was the only panacea for the health crisis -like COVID-19- which is an anathema to the world (UN, 2020). From the convergence of states on a globalized perspective, the UN proposes that resources need to be mobilized regionally to measure the monetary coordination, fiscal and social measures. Also, the UN proposed that there should be engagement with private financial sectors to support businesses while targeting to address the structural challenges (UN, 2020). This proposal was welcomed by nations as an ethic in times of threatening economic recession. The United Nations (UN) advocated a debt alleviation programme for all its members. The organization, through its Chief, Mr. Guterres, reported that:

Debt alleviation must also be a priority… he said, noting that the UN is “fully mobilized” and is establishing a new multi-partner Trust Fund for COVID19 Response and Recovery to respond to the emergency and recover from the socio-economic shock… When we get past this crisis, which we will, we will face a choice… we can go back to the world as it was before or deal decisively with those issues that make us all unnecessarily vulnerable to crises (UN, 2020).

From a global point of view, the data above suggests that more structured multilateral economies were needed during the outbreak of diseases. Why is this necessary? It is envisaged that the less developed nations would be assisted by the developed ones in an interconnected world. Although this is helpful, it is argued that globalizations enhance free movement of goods and people. This also means free movement of humans with contagions. Indeed, the movement of humans and commodities aided the spread of the COVID-19 pandemic. As people and goods move across national and international boundaries, so do pathogens they carry (Kirton et al., 2014).

4.3. Covid-19 in Africa: Critical questions on Ghana

With the free flow of information and the world established as a single entity (Axford, 2013), Africans received information about the outbreak of COVID-19 prior to its arrival on the continent. Through media reports and directives as well as information from the WHO, Africans and Ghanaians in particular, acquired knowledge of the virus and the danger it poses to the human race. Essentially, Africa reported its first case in Egypt through travellers reporting from hotspot areas on 14th February 2020 (Africanews, 2020). In Ghana, the earliest report of the case was recorded on March 12th. These were two imported cases from Turkey and Norway (MoH, 2020). Comparatively, Africa experienced a low fatality rate of the COVID-19 pandemic since its outbreak in Wuhan (WHO, 2020). The limited fatality notwithstanding, skeptics continued to argue the fatality in Africa could be worse than that of Europe. Indeed, the existing evidence from Europe; Italy, Spain and the United States in particular, suggested that the disease could be more fatal (Regencia et al., 2020).

The president of Ghana, through his weekend broadcasts, continually urged Ghanaians to ensure the basic hygienic protocols that have been suggested by the WHO and adopted by the Ministry of Health and the Ghana Health Service (The Presidency, 2020). In the early days of the pandemic in Ghana, the government encouraged the provision of “veronica buckets” at both public and private places to enable people to wash their hands with soap under running water to avoid the infection (The Presidency, 2020).

Globally, the widespread nature of the disease increased the burden of health workers with a significant number of them reported to have contracted the infection (Hope, 2020). Based on this, the Ghanaian state, like most of the governments across Africa, put measures in place to motivate health workers in the wake of the global fight against the pandemic (The Presidency, 2020). Among many other provisions, the front-line workers; health workers in particular, were reported to have received allowance of 50% of their monthly salaries for three months (March, April and May). In addition, health workers within the state were given tax exemption aside the issuance of an insurance cover worth a sum of three hundred and fifty thousand cedis (GH¢350,000) as a cover for each health worker (The Presidency, 2020). This gesture from the government of Ghana inspired health workers and allevied their fear; which included questions about who will take care of their children and dependants upon their demise in the line of duty.

It is a truism that the health systems of Africa has always been fragile with low accessibility to healthcare for the poor and vulnerable population (Lauer, 2006; Mazibuko, 2019). Before the outbreak of the pandemic, questions involving infrastructure, staffing, funding, health policies and management models of African healthcare systems had always been a concern for the international communities, and donors in particular (Mazibuko, 2019). Also, evidence suggested that public health burdens, at the time of the outbreak, included social inequalities and the high cost of healthcare for vulnerable population (Obeng-Odoom and Beckarie, 2018). It was thus, suggested that Africa’s already fragile health systems, coupled with the high burden of respiratory and diabetic diseases and densely populated urban areas, were likely to increase the vulnerability of the continent and the lethality of the virus (Mo Ibrahim Foundation, 2020: 6).

Consequently, these concerns heightened at the inception of COVID-19 in Africa with most of the stakeholders contemplating a worse version of the infection on the continent (Obeng-Odoom, 2020). The fear of the scourge of the disease notwithstanding, the governments of Africa continually procured significant Personal Protection Equipment (PPEs) for their health workers from their counterparts within the global sphere. In one of his addresses to the nation, the president of Ghana hinted that:

...three hundred and fifty thousand (350,000) masks, five hundred and fifty-eight thousand, six hundred and fifty (558,650) examination gloves, one thousand (1,000) reusable goggles, twenty thousand (20,000) cover-alls, seven thousand (7,000) N-95 respirators, five hundred (500) waterproof gumboots, two thousand (2,000) reusable face shields, two thousand (2,000) gallons of hand sanitizers, ten thousand (10,000) 100 ml pieces of hand sanitizers, and five hundred (500) shoe covers have been sent to the regional health directorates, for onward distribution to the district health directorates for use by our health workers in all the districts (The Presidency, 2020).

Most organizations, within and outside the continent, played active role towards eradicating the virus. Essentially, public health leaders and other stakeholders like media houses increasingly educated the public on the measures needed to limit the risk and spread of the infection (WHO, 2020; Adalja et al., 2020). Humanitarian institutions and churches also contributed immensely towards the fight of the disease. In Ghana, a plethora of Non-Governmental Organizations (NGOs), International Non-Governmental Organizations (INGOs) and churches donated heavily to the COVID-19 trust fund hiking their support for the government in the fight against the pandemic (Domina, 2020). The United Bank of Africa (UBA) and Newmont Ghana are reported to have donated $350,000 (about GH¢1,900,000) and GH¢50,000 respectively to the fund (Domina, 2020).

Awareness was created on the impact concerning the outbreak of COVID-19 on the various indicators of economic growth at all levels
of an economy. A report by Africa pulse indicated that the burden of COVID-19 had the capacity to drive Sub-Saharan Africa into recession, with the economy declining from 2.4% in 2019 to −2.1% and −5% in 2020 (Murray, 2020). Awareness of this among other burdens of the COVID-19 pandemic prompted the African Union (AU) to prioritize their political will and solicit financial support for Africa from developed countries, international organizations and donors. The aim was to secure a debt relief amounting to US$44 billion, with a suspension of interest payment for all economies in the region. Among other institutions, Africa anticipated to acquire support from the World Bank, International Monetary Fund (IMF) and African Development Bank (ADB) to build resilience against the catastrophe of the health crisis of COVID-19 (Murray, 2020) and also to shape the health needs of the citizens.

In Africa, where around 85% of workers work(ed) in non-digitized sections, labourers had two options: to lose their jobs while protecting themselves and their families by staying home or to risk their health and lives while working to uphold their positions at the work place and also to feed their families (Obeng-Odoom, 2020). In relation to the debate on social stratification to the pandemic, it was revealed that powerful classes who live in affluence were most likely to be able to cope with the “stay at home” protocol (Obeng-Odoom, 2020). In contrast, the poor and weak had to risk their lives in their quest for better livelihood amidst the pandemic.

Significantly, the use of nose masks was recommended by global stakeholders and local governments as a norm to stem the spread of the virus. Lessons from earlier pandemics and SARS outbreak in 2003 in which the use of face/masks increasingly became recognized proved worthy during the outbreak of the COVID-19 pandemic (European Centre for Disease Prevention and Control (ECDC), 2020). The literature suggests that the use of face/nose mask serves as a means of controlling and preventing the spread of respiratory droplets produced by symptomatic or asymptomatic victims (European Centre for Disease Prevention and Control, 2020). In Ghana, the government in his addresses to the nation continually stressed on the need to always wear nose masks as the recommended norm of the global system. The government resorted to the use of security personnel in her attempt to enforce the wearing of nose and facial masks. This generated a lot of debate in Ghana including other African countries and regions across the world that used the security forces to enforce the observance of COVID-19 protocols.

Across Africa, several reports by the UNICEF indicated that stigmatization was very prevalent during the nascent stages of the COVID-19 outbreak. People exhibiting signs and symptoms related to the infection, persons who were infected and those who recovered from the infection persistently suffered from stigmatization. In Ghana, reports indicate that recovered patients were ostracized, stigmatized and discriminated against in their neighbourhood and public spaces (Owusu, 2020). In the Ghanaian context, those who were stereotyped and subjected to social stigma included returnees from Europe and North America. The others included families that had any of their relatives infected by the disease (Owusu, 2020). There were various ways in which stigmatization in the era of COVID-19 could affect individuals. Drawing on the literature of stigmatization, we infer that in the era of COVID-19, individuals, especially, COVID-19 patients and their family members experienced loss of status, incessant discrimination, prejudice and human right abuse due to the real or perceived links with the infection (Nyblade et al., 2019). In a similar manner, stigma has the propensity to undermine diagnosis, treatment and successful health outcomes (Nyblade et al., 2019). In that regard, being contact-traced, tested and confirmed as a COVID-19 patient could make individuals feel threatened, hence possible definition of the infected as a threat to people within a certain social and psychological space. Being stereotyped as a security threat directly impacted the rights of the individuals in question and challenged the global clouamour for human rights (Corrigan and Watson, 2002). Indeed this served as a demotivation for infected persons who ought to have sought for treatment in the first instance and to apply relevant safety and precautionary measures to avoid community spread.

Coumba Makalou drew the attention of stakeholders to how people living with disability were positioned. The physically-challenged requires daily access to facilities, transportation, specialized healthcare facilities and regular medical treatment. The implementation of social distancing protocol limited their access to most of the services; leaving them side-lined especially concerning the discourse on the impact of the pandemic. She further opined that people with disability already suffered from the burden of social isolation; which could further be widened and exacerbated considering the preventive protocols (Makalou, 2020).

Essentially, most countries across the globe and Africa in particular had plans to enter into both parliamentary and presidential elections (Ny et, 2020; International Foundation on Electoral Systems, 2020). In the wake of the pandemic, most African countries altered their electoral modes, plans and calendars. A report by the International Foundation on Electoral Systems (IFES) indicated that Cameroon, Chad, Ethiopia, Gabon, Gambia, Kenya and Nigeria among other countries postponed their electoral processes indefinitely (MoH, 2020). In Benin, the various candidates were restricted from organizing political rallies, campaigns and other related activities – they were only given an ultimatum to advertise via printed posters and other available media outlets (Ny et, 2020). Ghana was equally facing dilemma in their preparation toward their national presidential and parliamentary elections. In the Ghanaian context, the political leaders of the two major political parties, the New Patriotic Party (NPP) and the National Democratic Congress (NDC) ignored the restrictions on public gatherings and contacts with careless abandon. This was unfortunately emulated by their party followers. Skeptics have argued that the increasing COVID infection rates in post December 2020 election were necessitated by the breach of the COVID protocols.

The above not with standing, the recovery rates in Africa has been very high and nations begun early to return their economies into normalcy. In Ghana, internal flights began operating on 1st May 2020 and international borders were opened soon afterwards (Andoh, 2020). Madagascar, Ghana and Benin among other nations made headway towards reopening schools. In Ghana, the president in his address on 31st May 2020 stated that:

* final-year university students are to report to their universities on 15 June, final-year senior high school students, together with senior high school (2) Gold Track students, on 22 June; and final-year junior high school students on 29th June 2020 (Kokutse, 2020).

To curb the spread of the virus in schools, the government provided PPEs to all teachers and students who were to return to class (Kokutse, 2020).

Nevertheless, questions still remained on the move to reopen schools. In fact, the pandemic tested the resilience of the world’s resources and education in particular (Ny et, 2020). Both teachers and students were urged to follow the various protocols enlisted by the WHO and the government of Ghana through the Ministry of Health. Reopening schools in the midst of a deadly pandemic could further exacerbate the burden of the pandemic on African economies. Earlier lessons from the influenza pandemic in the early 20th century indicated that students might have acquired the infections from schools and/or on the way to their houses. They further became hosts and enhanced the spread of the virus (Patterson, 1983). Similarly, returning to dormitories could have led to a heavy toll on the nations as some students were reservoirs at the time they returned to campus. We do not however, insinuate that schools remained closed. Alternatively, provisions of -and improvement in- the delivery of education
should be met. Political stakeholders need to economize and prioritize communication and internet services to provide room for online classes and other modes of assessments and enhance same now and in the foreseeable future. Indeed Africa’s resilience and social capital seem to have added to the pluses in her fight against the COVID-19 pandemic.

5.0. Lesson Drawing and conclusion

There have been varied debates from different academic disciplines concerning the outbreak of COVID-19 and its impact on the populations across the globe. However, there is less or no attention paid to the role history scholars can play in the current outbreak. With limited reference to history, stakeholders only focus on responding to diseases when they have already broken out with little recourse to prepare towards future epidemics and pandemics. References to earlier pandemics have revealed that a majority of human infections that metahype to the status of pandemics have been derived from human-animal interaction (Hughes et al., 2010). Over the years and at the dawn of COVID-19’s outbreak, scholars engaged the literature on the reconstruction of diseases based on human and animal interface as a disease emergence model.

From this model, there have been discourses on how infections are spread between the two organisms under review. Among other infections, H1N1, Ebola, monkey pox, smallpox, HIV/AIDS and the burden of COVID-19 have suggested that animals play important roles in the transfer and acquisition of infections as a result of human-animal interaction. In a study by Ilife for instance, he argued that the HIV/AIDS infection was transmitted to humans through man’s interaction with monkeys, chimpanzees and gorillas among others that might have been infected with the Simian Immunodeficiency Virus (Iliffe, 2005). Inferences from earlier pandemics and the current burden lead one to propose a behavioural change that incorporates not only observance of cleanliness but also a reduction of human-animal interaction and interface.

The population of the world has more than tripled over decades. Currently, the population of the world stands at 7.5 billion with estimation to 9.3 billion by 2050 (U.S. Census Bureau, 2016). Aside the increase in technology which has increased transportation and human movement that has made borders porous and systems fragile to the spread of epidemics, we also argue that the growth in world population which promotes human interactions more easily has the potential of favouring infections and pandemics to travel faster and rapidly. Significantly, the literature reckons that as a means to control the growth in population especially among developing countries, stakeholders employ diseases as biological weapons (Holmes, 1982). Despite the effort to reduce fertility and the existence of several diseases that result in mortality of several Africans, it seems to suggest that the burden of overpopulation would continue to threaten the world (Lutz et al., 2001). Within the scheme of things, the need to observe hygienic protocols even after the burden of COVID-19 cannot be over emphasized.

Earlier pandemics and the COVID-19 pandemic showed man’s continuous vulnerability to infectious pandemics (Hughes et al., 2010). Scholars of epidemiology and historians have reported how infectious outbreaks happen in waves with ensuing waves equally dangerous like the initial ones (Patterson, 1983). With regards to the most deadly pandemic in modern history, the Spanish Flu, scholars agree that there were two major waves; the first began in March 1918 and spread across the world in just six months. The second wave began in September with high mortality and fatality rates than the first wave (Reid et al., 2001; Patterson, 1983). Aside the world’s vulnerability, it takes time to discover a possible vaccine for outbreaks. It is instructive therefore for global stakeholders to form multilateral alliances to prepare towards future outbreaks; African leaders should not only trail but make efforts to improve upon the lot of their countries toward similar or better ends.

Other critical areas that require improvements during the outbreak and -even prior to the outbreak- of pandemics include education and communication/information concerning infections and their potential impacts on persons and nations at large. In Ghana, the government made regulations including the mandatory wearing of nose masks in public spaces (Robin-Lee, 2020). According to the provisions of the regulations, “Ghanaian residents who fail to wear face masks as a preventive measure against the transmission of Covid-19 [were] liable to a fine of up to GH¢60,000 (about US$10,297) or a maximum of 10 years imprisonment” (Robin-Lee, 2020).

Despite the media and other stakeholders’ effort to educate the citizens in Ghana on the nature of COVID-19 on one hand, and government’s legislation concerning the wearing of nose masks in public places on the other, most citizens tended to flout the orders due to ignorance, misinformation and limited literacy (Folley, 2020)). Significantly, improved communication and education between policy makers and other stakeholders during outbreaks have been challenging to African countries, and Ghana is not an exception. The work of Patterson (1983) for instance discusses how some native chiefs had no fore knowledge on the outbreak of the 1918-1919 epidemic in the Gold Coast. Indeed, less education on pandemics seem to have accentuated the initial adverse impact of COVID-19 on African populations. As the world is not yet devoid of pandemics, there should be a strengthened connection between various ministries of health and the WHO to enhance local education.

Like other pandemics that have ruined the functioning of the world in history, the Coronavirus pandemic, otherwise known as COVID-19, tested the resilience of the global economy with the proclivity to leave significant imprints on the globe. Aside its heavy toll on the economy of nations, the pandemic has claimed millions of lives across the world and revealed the porosity of health institutions across the globe. In Africa, dangers of the infection heightened concerns among global stakeholders with projections concerning the potential impacts of the disease on the already existing fragility of the health of African nations. To control the spread of the infection, the WHO and health ministries of nations enlisted several non-pharmaceutical hygienic measures such as regular hand-washing with soap under running water, avoidance of crowd and physical distancing.

This contribution is based on the theories of globalizations. We have discussed how COVID-19 has generally affected Africa and Ghana in particular using a historical political economy approach. We have drawn lessons from the scheme of things across the globe and 09 generated discussions concerning the economic history of pandemics and tied same to the question of globalizations.

The increasing rate of globalizations have presented the world as a single economy experiencing the same calamities of burdens such as pandemics swiftly and equally. Since the outbreak of the pandemic in Wuhan, every part of the global economy had its token either directly or indirectly. Findings from earlier studies on economy of nations and pandemics have discussed the level of impacts that the latter make on nations. Among other things, economic recession that could take countries years and sometimes decades to revive has been the most feared impacts of disease burdens. The hope to stem this tide and further improve upon the lives of citizens saw some collaborations between countries and governments on the distribution of economic and political resources to shape the development of their respective countries while they continued to find final antidote to the pandemic. Many believed that respite could come with an effective vaccine that can be swiftly and safely administered to the populations of the world including Africa.

Among other things, nations in Africa solicited support from western countries and donors to address their already existing health fragility. In this study, discourses on globalizations have been perceived as a means that unevenly shapes the distribution of world resources. To that extent, while the advanced countries receive major shares of the booty, Africa and other developing countries for that matter only get
The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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Declarations of Competing Interest

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