



GLOBAL JOURNAL OF HUMAN-SOCIAL SCIENCE: F

POLITICAL SCIENCE

Volume 22 Issue 5 Version 1.0 Year 2022

Type: Double Blind Peer Reviewed International Research Journal

Publisher: Global Journals

Online ISSN: 2249-460X & Print ISSN: 0975-587X

COVID-19 and Human Security: Western Populism, Chinese Strong State and Africa's Submissive Populace

By Blessed Ashmond, Isaac Nunoo, George Sowah Boye & Bernice Quampah

University of Cape Coast

Abstract- The COVID-19 has been one pandemic that has greatly impacted the world and its economies since it was identified in 2019. This current research therefore sets out to investigate the COVID-19 and Human Security in relation to western populism, Chinese strong state and Africa's submissive populace. The study was undertaken in the University of Cape Coast (UCC) which is a diverse community of both Africans and Euro-Asians. Three categories of respondents are involved in this study namely: Africans (mainly Ghanaians), Euro-Americans and Chinese. Purposive sampling technique was used to interview respondents who are Chinese and Euro-American since they form a very small population and need to be specifically identified. The study also adopted simple random sampling for the respondents who are African (mainly Ghanaians) in a survey research. The study revealed that China's strong state in defeating the virus could be attributed to mandatory testing and quarantine for 14 days on arriving in China. Again, China was able to defeat the virus because of mobile hospitals and mandatory vaccination that the government implemented.

Keywords: covid-19, human security, western populism, chinese strong state, africa's submissive populace, university of cape coast.

GJHSS-F Classification: DDC Code: 614.5 LCC Code: RA644.S17



COVID19ANDHUMANSECURITYWESTERNPOPULISMCHINESESTRONGSTATEANDAFRICASSUBMISSIVEPOPULACE

Strictly as per the compliance and regulations of:



RESEARCH | DIVERSITY | ETHICS

COVID-19 and Human Security: Western Populism, Chinese Strong State and Africa's Submissive Populace

Blessed Ashmond ^a, Isaac Nunoo ^a, George Sowah Boye ^p & Bernice Quampah ^ω

Abstract The COVID-19 has been one pandemic that has greatly impacted the world and its economies since it was identified in 2019. This current research therefore sets out to investigate the COVID-19 and Human Security in relation to western populism, Chinese strong state and Africa's submissive populace. The study was undertaken in the University of Cape Coast (UCC) which is a diverse community of both Africans and Euro-Asians. Three categories of respondents are involved in this study namely: Africans (mainly Ghanaians), Euro-Americans and Chinese. Purposive sampling technique was used to interview respondents who are Chinese and Euro-American since they form a very small population and need to be specifically identified. The study also adopted simple random sampling for the respondents who are African (mainly Ghanaians) in a survey research. The study revealed that China's strong state in defeating the virus could be attributed to mandatory testing and quarantine for 14 days on arriving in China. Again, China was able to defeat the virus because of mobile hospitals and mandatory vaccination that the government implemented. The Western world could not contain the spread and fatality rate of the virus because of their disregard to ensuring and following social distancing and other COVID-19 protocols and their insistence for their rights and freedom to engage in social life. Africa on the other hand submitted to the virus and learnt from the devastating experiences of the West and implemented policies to contain and control the spread of the pandemic. Policies such as strict enforcement of the adherence to the COVID-19 protocols and provision of quarantine and isolation centres for infected people account for Africa's submissive populace and her ability to contain the virus. Recommendations have been made for policy implication and this includes: governments could consider rolling out mobile hospitals to provide health care assistance to their citizens; provision of free testing and vaccination and investment in research to develop and come up with vaccination and medication for the COVID-19 virus.

Keywords: covid-19, human security, western populism, chinese strong state, africa's submissive populace, university of cape coast.

I. INTRODUCTION

a) Background to the study

The coronavirus has challenged humanity. The virus was identified on March 11, 2020 and declared coronavirus disease and declared pandemic by the World Health Organisation (WHO 2020). Human Security as a result of the outbreak of the pandemic has been crucial and a matter of great concern to all countries due to high rate of infection of the virus. China is the first country to report an incidence case of coronavirus. However, China has been able to curtail the spread of the virus. Wuhan city which first recorded the outbreak has not seen any incidence of new case since 19th March, 2020 (Wu & McGoogan 2020). China at the moment records zero case of COVID-19 in their treatment and isolation centres. China has proven to be a strong state in her fight against the coronavirus (Wu & McGoogan 2020). The US President did not consider making budget allocation to provide test kits or contact tracing and also did not enforce laws on adhering to the COVID-19 protocols all in the name of freedom of movement (Brady 2020). The Education Secretary during the Trump administration as part of his policy exempted students with no records from COVID-19 relief aid, a policy that accounted for the spark and high infection rate of the virus in the US (Schwartz 2020) and in the United Kingdom, Boris Johnson's move to trivialise the COVID-19 led to escalation of infection cases and fatality rate in the United Kingdom. He chose populist tactics and laboured on prospects of unemployment and diminishing economic activity for the citizens to have their rights and freedom of movement and social engagement. There is a tradeoff between populist tactics and personal safety, public health and economic activity (Landler 2019).

African continent is dominated by developing and underdeveloped countries. The continent is deviled with poor health infrastructural facilities and qualified medical personnel in relation to China and western countries (OECD 2020). As a result of these infrastructural deficits and inadequate health personnel, Africa has acted urgently and put in place measures to contain pandemic. African countries introduced complete lockdowns, suspension of foreign travels,

Author a: School of Medical Sciences, University of Cape Coast, Cape Coast. e-mails: blessed.ashmond@ucc.edu.gh, b.ashmond@uccsms.edu.gh

Author a: Centre for African and International Studies, University of Cape Coast, Cape Coast. e-mail: isaac.nunoo@ucc.edu.gh

Author p: School of Allied Health Sciences, University of Cape Coast, Cape Coast. e-mail: gsboye@ucc.edu.gh

Author ω: Sunyani Technical University, Sunyani. e-mail: bernicequampah@yahoo.com

closing of schools, religious meetings sports and other social gatherings. Africa submitted to the havoc of the COVID-19 pandemic in China and western countries and prepared and adhered to all the necessary protocols to contain the spread and the fatality rate of the pandemic.

Human security in the wake of the outbreak of the Covid-19 pandemic could be said to have been threatened as the populace are all running for a cover by ensuring social distancing. Family gathering and other social events are suspended for fear of possible infection. Schools and educational institutions had to close down and this situation has given birth to online teaching through zoom and other platforms. Board and Committee meetings for businesses and organisations are suspended. Online shopping has now become the order of the day as governments regulations prohibit overcrowding at shopping malls and supermarkets. Banks and other financial institutions encourage customers to patronise Automated Teller Machines (ATM). Restrictions on the number of persons attending any given events were imposed and violators of this directive from the governments were given stiffer punishments including a jail term (Nyabor 2020). In Ghana, church services and other religious activities were suspended and radio and television broadcast as well as Facebook interaction were adopted by many churches and other religious organisations to reach out to their congregants and members.

In Ghana, partial lockdown for some cities such as the Greater Accra and Kumasi was placed and the Police and other security agencies were empowered to ensure strict compliance by all citizens. In one of the nation's address, the President of the Republic of Ghana His Excellency Nana Addo Dankwa Akufo Addo reported that "We know how to bring back the economy. What we do not know is how bring back human life" (Akufo-Addo 2020). As many businesses and economic activities were affected because they have to close down, livelihoods of the people were greatly affected (Wilson 2020). The state and other political agents visited their constituents to extend their assistance in the form of food items, cash and personal protective equipment (PPE) to ensure the security of the citizens. Regular hand washing and compulsory nose cover were ensured at all public places and this was done through the provision of buckets, liquid soap and tissue papers donated by churches, other religious bodies, non-governmental organisations, corporate bodies and individuals (Bolton 2020). Citizens were cautioned to remain indoors and rarely come out as a measure to reduce their chances of being infected with the virus (Nietsche 2020).

b) Problem statement

The outbreak of the COVID-19 pandemic and human security has been a global issue for discussion

by academics, political leaders, health professionals and social workers since its outbreak in 2019. The pandemic impacted negatively and continues to bite harder on the western countries due to their inability to stop the spread of the pandemic and populism (Bale 2020). The insistence for right and freedom of movement and social gathering partly account for high infection and fatality rates of the pandemic (Margulies 2020). The coronavirus was first identified in China and spread very fast in the Hunan city. However, inspite of the fact that the pandemic affected lives and economic activities of China, the country quickly handled and recovered from the havoc of the virus and has put it under bare minimum and absolute control. As at March, 2021 China's isolation and quarantine and treatment centres were empty of infection incidence cases (Salzberger & Ehrenstein 2020). China's strong state and quick intervention such as quarantine, transparency, solidarity and logistical and medical supplies may have accounted for the country's ability to defeat the virus (He 2020). It is an undeniable fact that Africa is dominated by third world countries which are struggling with poor health facilities and systems. As a result, the continent submits to the severity nature of the coronavirus and the havoc it has caused the advanced countries and took steps to implement and adhere to all the necessary protocols (McKenzie 2020). This may account for the continent's ability to contain the spread and fatality rate of the virus.

This current study therefore seeks to investigate the COVID-19 and Human Security in the Cape Coast Metropolis.

c) Objective of the study

The objective of the study is to investigate the COVID-19 and Human Security in relation to western populism, China's strong state and Africa's submissive populace. Specifically, the study seeks the following objectives:

- i. Investigate the inability of the Western world to curtail the infection and fatality of the pandemic.
- ii. Ascertain the ability of China to withstand and defeat the COVID-19 pandemic.
- iii. Determine Africa's policies which enabled them to stop the spread and fatality of the virus.
- iv. Make recommendation for policy implication.

The research questions that this current study seeks to answer are:

- i. How have human rights and freedom of the Western world contributed to their inability to stop the spread and fatality of the coronavirus?
- ii. What account for China's ability to defeat the COVID-19 pandemic?
- iii. How has Africa's submissiveness enabled them stop and control the spread and fatality of the COVID-19 pandemic?

The coronavirus is novel virus which has negatively affected the economies of almost every country and life. The study of this nature provides information for policy makers specifically Ghana, the appropriate measures taken by some countries like China with respect to how to curtail the infection of the virus. The study also provides useful information to policy implementers on how the virus got out of control in the western world and how Ghana could learn from the experiences of these countries. Policy makers would also be informed about how Africa conceded its weak health and financial stand and submitted to following the appropriate protocols to curtail the spread and fatality rate of the pandemic. Finally, this research adds to existing literature on COVID-19 and Human Security and how some countries were affected as a result of the response and approach to tackling the spread and fatality of the pandemic.

d) *Theory of COVID-19 and Human Security from the International Studies perspective*

i. *Critical theory*

The Critical Theory which stems from Realism enables to evaluate the security of humanity in a critical manner such as COVID-19. Critical Theory concerns itself with Human Security and foreign policy goals. As a concept, Human Security was proposed and popularised in the first half of the 1990s, when some optimism remained that, in a "new world order, a peace dividend was possible in which security defined as freedom from want as well as freedom from fear, fear of diseases and pandemic would be enhanced" (Maclean, 2006).

Critical Theory concerns itself with the "physical, institutional and ideological roots of the power and control" (Bostanoğlu & Okur, 2009). The basic issues of Critical Theory are hegemony, power, the relationship between the mode of production and power relations, power structures and emancipation. By focusing on the basic needs of the people, Human Security can be labelled as a policy towards "bio-political tyranny" (Duffield & Waddell in Peterson, 2006): "which uses the altruistic rhetoric found within the human security discourse to mask or legitimise interventionist, neocolonial, and neo-imperialist activities" which have been the focus and preoccupation of critical theory (Peterson, 2006).

e) *COVID-19 and Populism*

Some health and social sciences pundits during the early days of the break of the corona virus hastily posited that the pandemic would "kill populist politics" (English, 2020; Mead, 2020). The US President and the British Prime Minister have been classified by analysts as populists who are reluctant to face reality (Bolton, 2020). Cas Mudde, observed populism as "a highly diverse and heterogeneous phenomenon, would not

have one, unitary response to the pandemic" (Mudde, 2020). Indeed, if one looks at countries with populists in power such as Argentina, Hungary, Philippines and Italy it will be realised that no coherent actions are being taken by their government to combat the spread of the virus. Argentina and Fernandez are performing better to stop the spread and infection of the virus whereas Some of the countries are performing very well in their fight against the pandemic and this is reflected in high approval rates (e.g. Argentina, Fernández), while catastrophic and unreliable policies of other countries have led to escalation in death tolls (Syn, 2020).

Populism discussion in the United States about COVID-19 has been moderate. The former US President Donald Trump's administration cannot be said to be the one that has populism elements and this gave rise to a national right-wing protest movement to fill up this gap that Trump did not have. The Republican Party which emphasises neoliberalism is associated with populism and presented itself as a struggle between the citizens and the government officials, experts in the media and academia. (Wilson, 2020). President Donald Trump did not take the opportunity raised by the corona virus pandemic to derive executive powers (Brady, 2020). He has repeatedly sought to blame China for the spread of the virus. "I think they made a horrible mistake and they didn't want to admit it. We wanted to go in. This virus should not have spread all over the world. They should have kept it in their country" (Donald Trump as cited by Chalfant & Elis, 2020). Boris Johnson's victory in the general election of 2020 in Great Britain is considered a great deal of a recognisably populist strategy. His quest to simplify issues and break them into digestible concepts has been the approach of his governance and if this approach has worked for his quest for Brexit, it is expected that the same will work in the case of Covid-19 (Bale, 2020; Margulies, 2020).

f) *China's strong state and her defeat of the Covid-19 Pandemic*

China has been able to cut the domestic transmission of the Covid-19 virus in the whole country. This achievement is as a result of strenuous efforts and tremendous sacrifices and international support (Perez-Pena, 2020). China was the first major victim of the Covid-19 and therefore fighting it was going to be a challenge (Salzberger & Ehrestein, 2020). In the wake of the outbreak, China faced an either-or situation: Economic development or people's lives. The government of China is of the opinion that human life is priceless and thus an unprecedented anti-epidemic campaign against the pandemic was rapidly launched with the help of the citizens (Gao & Yu, 2020). The following provide a summary of China's strong state in the fight of the Covid-19 pandemic:

1. The Chinese government quickly quarantined Wuhan which was a hotspot for the spread of the



virus and ensured that medical supplies were sent (Ng, 2020) including deployment of 42,000 medical staff from other provinces.

2. Two hospitals equipped with 5G systems were built primarily for Covid-19 patients, advanced medical facilities and 2000 beds were built in the city within 10 days, while 16 makeshift hospitals (with 30,000 beds) were established to treat people who are asymptomatic. (Gu & Li, 2020).
3. Foreign travels and other social gatherings were suspended and temperature checks and mandatory wearing of face mask were ensured. People who had recently travelled to Wuhan were classified into high-risk groups and put under home quarantine for two weeks. (Hartley & Jarvis, 2020; Shaw, Kim & Hua, 2020).
4. China declared a nation-wide war against Covid-19 with the assistance from health personnel and volunteers; and providing logistics support; and citizen vigilance. (He, 2020).

The domestic transmission of the Covid-19 virus has been cut off on the whole in China. It was never going to be an easy job, but through strenuous efforts and tremendous sacrifices, as well as the sympathy and support from the international community, the goal was achievable (Perez-Pena, 2020). Covid-19 is a new kind of virus, and China was its first major victim. Therefore, China's war against the virus was inevitably going to be full of challenges, despite being able to identify the pathogen in record time (Salzberger & Ehrestein, 2020). In the wake of the outbreak, China faced an either-or situation: Economic development or people's lives. The Chinese leadership believes that people's lives are priceless and worth any short-term economic fallout. Thus an unprecedented anti-epidemic campaign, commanded and deployed by President Xi Jinping, was rapidly launched in China with the whole Communist Party and people from all walks of life joining in the great struggle (Gao & Yu, 2020). But how exactly was China's anti-pandemic strategy? The following provide a summary of China's strong state in fight of the Covid-19 pandemic:

Authorities of China saw it as an emergency to quarantine Wuhan and gave it all the necessary assistance the city requires. As the capital city and highly endemic area of the Covid-19, Wuhan was declared lockdown to curtail the escalating infection and spread of the virus in the city and beyond. The government constantly made sure that inhabitants of Wuhan do not travel outside the city and also ensured constant and timely supply of medicine and medical supplies, and basic necessities of life such as food, water and personal protective equipment (PPE) (Ng, 2020). Some of the measure that were taken to stop the overwhelming infection at Hubei province include deployment of 42,000 medical staff from other provinces

to assist with provision of health care assistance at Wuhan. Two hospitals which were powered by 5G systems and highly improved health facilities with estimated bed capacity of 2000 were provided in less than two weeks. Again 16 makeshift health facilities with about 30,000 beds were built for treating patients with mild symptoms. Compulsory health screening was done for about fourteen million residents of Wuhan by medical staff in Wuhan (Gu & Lin 2020).

The government of China extended partial lockdown measures to include that of Hubei province and eventually the entire country of China. At the time the covid-19 pandemic was heightened, authorities and political leaders of China provided transportation to link cities and provinces. Towns and villages were also put under absolute control and ensure the closure of public and other places of scenic interest such as gardens, museums, cinemas and restaurants (Gu & Li, 2020). The citizens were cautioned to stop unnecessary travels, social activities and gatherings. There was an insistence on compulsory wearing of nose masks. Other measures such as regular checking of body temperature were enforced before one is allowed to access public places like supermarkets and other public gatherings. Commuters to and from highly endemic area like Wuhan were seen to be in the category of high-risk groups and they were made to be isolated and kept under quarantine for two weeks. Symptomatic patients of covid-19 were quickly sent for treatment at health facilities that have been designated purposefully for treating covid-19 patients and the government of China made sure that treatment cost and other expenditure regarding this were absorbed by the state and not the individual patients (Hartley & Jarvis, 2020; Shaw, Kim & Hua, 2020).

The citizens of China through loyalty and corporation applauded and assisted the government's efforts in fighting the virus and this was done through provision of anti-epidemic measures and essential logistics (Lin & Wu, 2020). Regular updates on infection, fatality and recovery cases of the covid-19 virus were reported on the mass media and other outlets. The government also consistently updated the citizens on its efforts to control and curtail the further spread of the virus which has become a threat to the economic growth of China. All these measure put in place by the government yielded results and had the support from the citizens. The confidence of the people in the government grew up and they happily embraced the restriction measures which have been put in place to stop the spread of the virus. (Gao & Yu, 2020). As a way of curtailing personal contacts and face to face interaction, digital and online shopping and marketing were encouraged. The people of Wuhan therefore did not see the need to go out ones their basic needs were provided through volunteers and other government officials and this helped curtail the infection of the virus

as the citizens will not lose anything for not going out. Gu & Li, 2020).

China declared a nationwide fight against the Covid-19 and this was codenamed "People's War". Medical supplies were boosted and this includes: deployment and provision of healthcare staff to fight on the frontline; logistical support from officials and volunteers, and strict adherence of covid-19 protocols by the people of Wuhan who made sure that they are protected from each other for possible infection. Each and every person considered the fight against Covid-19 as all hands on deck and a fight for all and not for a selected few. They saw the government to have performed his duty of providing medical care, constant disinfection and fumigation, provision of drugs and other personal protective equipment and it is therefore the turn of the people to also perform their part by strictly adhering to the directive from the government and other health officials. (He, 2020). China appeared to have been overwhelmed by the massive demand for medical supplies even though it is observed that the country is a healthcare manufacturing hub. There was an overflow of demand for medical supplies as China could not meet the excess demand for medical supplies promptly. The government then devised some strategies and measures to surmount this obstacles in curbing the infection cases of the covid-19 and this includes encouraging drug producers and other pharmaceutical companies to develop medicine and other Personal protective equipment and goods and service that were needed to combat the spread of the virus. Also excess supply of nose masks were purchased by the government to ensure that producers of nose masks do not run at a loss and discourage them to stop producing them even at the end of the upsurge of the pandemic in China. Furthermore, government directive and regulations which impose severe punishments for traders who increased prices of personal protective equipment were prescribed and this was ensured through provision of hotlines for consumer complaints (Huang, 2013).

g) Africa's Submissive Populace in the fight of the COVID-19

The high burden of infectious diseases, weak health systems, poverty and the arrival of the winter "flu" season in Southern Africa, are some major factors which particularly make the African continent one of the most vulnerable to the Covid-19 pandemic. According to the Infectious Disease Vulnerability Index (IDVI) 2016, out of 25 countries most vulnerable to infectious diseases, 22 are in the African region (WHO, 2020). Therefore, it could be reasonably hypothesised that the majority of the African populace will be at high risk of the Covid-19.

African countries have a weaker healthcare system when you compare them to the developed nations such as USA, the UK and China, which have

advanced health care systems. (Mo Ibrahim Foundation, 2020; OECD, 2020; Boston Consulting Group, 2020). The limited testing capacity, shortage of trained staff required for diagnostics and intensive care units (ICU), inadequate ventilators and ICU facilities (needed in severe cases of COVID-19), lack of personal protective equipment (PPE) for healthcare workers and scarcity of funds for the health sector, are some of the Africa' core challenge in fighting the COVID-19 pandemic (Mo Ibrahim Foundation, 2020; OECD, 2020; Boston Consulting Group, 2020, McKenzie, 2020). The other misfortune for Southern Africa is the arrival of winter, as all respiratory viruses spread more effectively in the winter between May and September 2020 and therefore it is expected that the Covid-19 is likely to spread in Southern Africa between this period (Mendelson, 2020; Hopman, Allengranzi & Mehtar, 2020). The northern region of Africa may become fortunate because during summer this region becomes hot and is likely decrease the transmission of the virus (Mendelson, 2020; Gilbert, Pullano & Pinotti, 2020).

h) Africa's submissive populace in the fight of the Covid-19: The case of the republic of Ghana

Ghana's uneven socio-economic arrangements, health care system, socio-cultural practices and government's response account for the way Covid-19 has spread across the country (Khoo, 2020). The Covid-19 pandemic is airborne (World Health Organization 2020) and this makes populated and crowded urban settlements such as Accra, Kumasi and Takoradi susceptible to its spread. In addition to the overcrowding in these cities, globalisation which allows free movements of people across national borders could partly be attributed to the rise in infection cases. Ghana's first Covid-19 positive was announced in March 2020 and was alleged to have entered into the country by people who traveled from Nigeria and Europe (Ministry of Health 2020). The country was not prepared as it did not learn the devastation the Covid-19 caused China, India America and Europe. By the time the country realised, it has been overwhelmed by the pandemic. The government subsequently closed its borders for air, land and sea travels on 22 March, 2020 (Akufo-Addo 2020; Garda World News Alert 2020).

The government of Ghana announced a three-week lockdown in the country's major towns (Accra and Kumasi) which had recorded quite a number of infection cases of the virus in major from 30 March to 20 April, 2020 as a measure to curtail a possible community infection of the virus (Garda World News Alert 2020). Following the lockdown, schools, churches, funerals and other social gatherings in Ghana had to be banned and the citizens were encouraged to do mandatory testing (Akuffo-Addo 2020, Nyabor 2020). Some identified hospitals as well as testing centres were designated for Covid-19 in Ghana (Zhang, Nonvignon, &

Mao 2020). The national television and other media outlets consistently updated the citizens on daily infection, recoveries and death statistics update to the citizens. The President of the Republic of Ghana appeared on the national television broadcast every two weeks to address the nation on government's efforts to curtail the further spread of the Covid-19. Invitation for financial and logistical aids was made by the president and other civil society organisations.

II. METHODOLOGY

The study was undertaken in the University of Cape Coast, a geographical environment whose population is made up of multinational races- Africans (mostly Ghanaians), Chinese, Americans, Europeans etc. It is a diverse community which embraces multinational races. The University of Cape Coast (UCC) is located in the Cape Coast Metropolis in the Central region of the Republic of Ghana. The UCC started as University College of Cape Coast (UCCC). The idea to establish UCC conceived was by the first president of Ghana, Dr. Kwame Nkrumah and his top officials and associates. He explained to the people of Cape Coast at Victoria Park on November 5, 1960 the unique role that the college would play in national development (UCC, Silver Jubilee Brochure, as cited by Kwarteng, Boadi-Siaw & Dwarko, 2012).

The University of Cape Coast was established in October, 1962 as a result of international commission appointed by the Ghana government in December, 1960. The UCCC was formally inaugurated on December 15, 1962, and placed in special relationship with the University of Ghana. Beginning in a few buildings taken over from a Teacher Training College located at the Southern section of the University of Cape Coast. The Government of Ghana, in 1964 assigned to each of the country's three public universities specific fields of operation, and in line with the emphasis on science education, the UCCC was renamed "The University College of Science Education" with special responsibility of training graduate teachers in Arts and Science for the secondary schools, teacher training colleges, polytechnics and technical institutions in Ghana. In 1966, following the change of government, the College reverted to its original name of the University College of Cape Coast (UCC Annual Publication 2018).

In 1970, the College Council recommended to the government to upgrade the College to full university status with power to award its own degrees. Presently, the University has structured its degree programmes by de-coupling the study of professional education courses from the main degree courses. The University is organised into seventeen (17) Faculties/Schools and five (5) colleges. The establishment of the collegiate system in UCC came into force in 1st August, 2014. The Colleges are: College of Humanities and Legal Studies;

College of Education Studies, College of Agricultural and Natural Sciences, College of Health and Allied Sciences, and College of Distance Education. Apart from the main stream academic departments, UCC also has directorates, sections and centres for administrative purposes.

The population of UCC is made up of staff (lecturers, administrators and other supporting staff) and students. The staff and students population in UCC is about 28,000 people (UCC Students Handbook 2020). Students are made up of about 25,000 and staff are about 3,000. There are three categories of respondents in this current study: Africans (mostly Ghanaians) who are staff and students on UCC campus, Chinese who are staff at the Confucius Institute in UCC and lecturers and students who are foreigners (specifically Americans and Europeans).

Ghanaians who are staff and students of UCC form the greater majority (26,000 which is about 92.9 percent) while the rest 2,000 people (both staff and students) constitute about 7.1 percent are foreigners including Chinese, Europeans and Americans. Given that the greater percentage of respondents of the population are Africans (mostly Ghanaians), the study adopts survey to collect data on Africa's submissive populace in relation to the COVID-19 and Human Security. In view of this, the study adopts administering questionnaire as method of data collection and the instrument involved here is the questionnaire. Again, since the number of Chinese and western participants (staff and students) in UCC form a very small percentage number (less than 100 population), the study purposively interviewed two Chinese and two Euro-Americans to obtain data on China's strong state and western populism in relation to the COVID-19 and Human Security. In view of this, the study used structured interview guide to obtain data from the Chinese and the Euro-Americans to obtain the above data. Interviewing makes it possible to explain and reframe the questions for a small population and for the purpose of soliciting detailed information as a result of having the benefit to ask probing questions (Mahr 1995). Interviewing as a qualitative research paradigm also involves inductive analysis meaning that critical themes emerge out of the data which required for thematic analysis of the data (Saratakos 2005).

Given the heterogeneous nature of the population of UCC and the target group (Africans, Chinese, Euro-Americans etc.), it is not possible to simple randomly select respondents who are Ghanaians or Africans even though they form about 92.9 percent of the total population of UCC. In view of this, a quota of 50 respondents were sampled to obtain data about Africa's submissive populace in relation to the COVID-19 and Human Security and the instrument used to collect data from these 50 respondents is the questionnaire. Quota

sampling is convenient and involves identifying specific subgroups as in the case of the nature of population of this current study which has more than three sub-groups to be included in the sample (Gravetter & Forzano 2009).

III. DATA ANALYSIS, DISCUSSION AND INTERPRETATION

a) Introduction

This section of the research work presents data analysis, discussion and interpretation of the COVID-19 and Human Security in relation to western populism, China's strong state and Africa's submissive populace. There are two levels of data gathering involved in this

present study ie interviewing and administering of questionnaire. The following paragraphs detail out the analysis, discussion and interpretation ensued in data gathering from Africans, Euro-Americans and Chinese in the University of Cape Coast.

b) Socio-demographic characteristics

There are two categories of respondents in connection with the target group in this current study. They are staff and students. The demand of this research also requires the target of Africans, Chinese and Euro-Americans in the University of Cape Coast. The table below gives the summary of the demographic characteristics of the respondents:

Table 1: Socio-demographic characteristics of respondents

Variable	Frequency	Percentage (%)
Gender		
Africans		
Male	38	76
Female	12	24
Chinese		
Male	1	50
Female	1	50
Euro-Americans		
Male	1	50
Female	1	50
Status		
Africans		
Staff	10	20
Student	40	80
Chinese		
Staff	1	50
Student	1	50
Euro-Americans		
Staff	2	100
Student	0	0

Source: Field Survey, 2021

From the table, males had a higher representation (76 percent) than females (24 percent) with respect to respondents who are Africans. Respondents who are Chinese and Euro-Americans had a balance gender representation.

c) COVID-19 and Human Security

i. Western Populism

One of the objectives of this current study is to investigate the COVID-19 and Human Security in relation to Western populism. Two respondents (one Euro-American and one British) were purposively selected from UCC campus. The respondents described the COVID-19 situation in the western countries as one that has deteriorated social relations and greatly affected human lives as many people have succumbed or lost their lives to the pandemic. The respondents (one American and one British) responded in this way in relation to the COVID-19 situation in the Western world:

The COVID-19 situation has been very dire. It has negatively affected the economy and deteriorated social relation of the people of the west.

Investigating whether the governments and health institutions of the western countries been able to handle and control the spread of the COVID-19 pandemic, the two respondents gave a positive response (yes) to this. As a way of probing into the respondents' response to the preceding question, they had this to say:

The Western world specifically America has the adequate health facilities and qualified personnel for our health facilities. Vaccines have been developed and administered whereas mandatory wearing of nose masks in public places have been enforced. The lockdown also helped to control the spread of the virus.

The COVID-19 pandemic impacted negatively and bit harder in the western countries as a result of their inability to contain the pandemic and western

populism. This is explained by the respondents as result of the quest for freedom to go about and do what they like and their initial disregard to social distancing protocol and mandatory wearing of the nose masks. The respondents further reported in connection to the western countries' inability to control the spread and fatality rate as follows:

Template zones which serve as high breeding places account for the spread of the virus. The quest for freedom to do whatever they want that is, freedom of socialisation and movement. The virus is also novel to the people of the west and by the time it was known, it had gotten out of control hence, the high infection and fatality rate of the virus".

The western populace in their quest for their rights and freedom succumb to the COVID-19 and in explaining this response, the respondents reported that since they insist on their rights and freedom of movement and since the virus transmits through movement, the infection and fatality rate also increased. In addition to this, the respondents reported as follows:

The careless abandon and complete disregard to social distancing and following the appropriate protocols.

Inspite of the western populism which has contributed to the escalation and fatality rates of the pandemic, the governments of the western countries should have taken a cue from China's situation and implemented policies such as moveable or mobile hospitals and promotion of vaccination at the early stage of the pandemic. This, in the opinion of the respondents could have helped the western countries to curtail the spread and fatality rate of the COVID-19 pandemic. Again, the respondents were of the opinion that the western countries could have done the following as a way to curtail the spread and fatality rates of the COVID-19 pandemic:

There should have been an early lockdown, vaccines should have been developed earlier since the virus was identified in China in the year 2019.

d) COVID-19 and Human Security: China's strong state

The second objective of this current study is to ascertain the ability of China to withstand and defeat the COVID-19 pandemic. In responding to the COVID-19 situation in China, the respondents responded that the situation was very scary in the beginning but have been put under control and completely eradicated. The respondents' response could be summarised and quoted as follows:

The severity of the pandemic has been put under barest minimum. Infection cases and the virus is almost out of China as there are only 70 cases are in the country now.

As to whether the government and health institutions of China have been able to handle and control the spread of the COVID-19 pandemic, all the respondents (100 percent) responded in affirmation to this. In explaining this, the respondents reported as follows:

Immigrants to China are made to undergo mandatory 14 days quarantine after their test. You have to do blood test and quarantine at Dubai since there is no direct flight to China before you do another one in China ones you arrive there.

China's strong state and their ability to control the spread and fatality rate of the COVID-19 pandemic was explained because of one communist party which have been in place for several years and presents one powerful and united voice which could not have been possible in multi parties which present different opinions about the pandemic. The respondents also reported the following as reasons accounting for China's strong state and their ability to control the spread and fatality rate of the COVID-19 pandemic:

People of China believe that lives are important than anything. There are good medical facilities and services. China was able to control the pandemic and defeat the virus because they have big digital network which connect all data about the citizens. The one party system operated by China gives the government the peace of mind to plan and take long term decision for the people of China unlike Africa where there are many political parties which offer destructive and subjective criticism to incumbent party.

The study also revealed that China continue to record low infection and fatality rates of the impact of the COVID-19 pandemic because Chinese government has implemented mobile hospitals and embarking on rigorous testing, mandatory quarantine and contact tracing. Chinese government in addition to the above, also embark on rigorous contact tracing, continuous enforcing the wearing of the nose masks, vaccination and enforcing hand washing. Investigating what China did and continue to do right in their attempt to curtail the spread and fatality rate of the COVID-19, the respondents responded that, China began by building moveable hospitals, setting of research team on the nature of the virus, mode of transmission and appropriate vaccine to control the spread. China also provided adequate and useful information about COVID-19 to the citizens. It was also added that Chinese government provided free testing for infected community and also free test for patient who voluntarily decide to go to the hospital for a test.

e) COVID-19 and Human Security: Africa's submissive populace

The third objective of this current study sets out to investigate the COVID-19 and Human Security in relation to Africa's submissive populace. A quota sample size of 50 was used to elicit information from the respondents who are Africans on UCC campus. Out of this number, 45 of them who represent 90 percent describe the COVID-19 situation in Africa as dreadful. The rest (5 respondents) who represent 10 percent describe the situation of the COVID-19 in Africa as one that is little bit under control. In an attempt to investigate whether governments and health institutions of Africa have been able to handle and control the spread of the

COVID-19, 30 respondents who represent 60 percent responded in affirmation (yes) to this while the rest (20 percent) who represent 40 percent were of the opinion that governments and health institutions of Africa have not been able to handle and control the spread of the COVID-19 pandemic in the continent. Respondents who responded in affirmation (yes) explained that Africa governments and health institutions have been able to handle and control the spread of the pandemic because they adhered strictly to the COVID-19 restrictions. They also added that authorities of Kotoka International Airport in Ghana have been updating the government about the alarming rate of positive cases. The respondents who also reported that Africa governments and health institutions have not been able to control the pandemic on the grounds of lack of financial support, poor health facilities and over reliance on the western countries for aid and vaccines.

Forty-Five (45) respondents representing 90 percent were of the opinion that African populace have been able to handle the spread of the COVID-19 pandemic. Their reasons were given on the grounds of the restrictions that were imposed on them by the government. The rest of the respondents (5) who represent 10 percent however were of the opinion that African populace have not been able to handle the spread of the COVID-19 pandemic. Their reason was given on the account of daily reported infection and fatality rate in African countries. On the accounts of Africa's ability to control the spread and fatality rate of the COVID-19 pandemic, the respondents were of the opinion that proactive measures, more testing, adhering to social distancing, mandatory wearing of nose mask and strict adherence to the rest of the COVID-19 protocols are the reasons accounting for this. All the respondents (100 percent) were of the opinion that Africa populace have been able to submit to the COVID-19 in relation to human security. Their reason was explained that the COVID-19 affected their lives, socio-economic activities and livelihood of the western countries and China and therefore offered lessons for African populace to adhere to the restrictions and save lives and livelihood. The havoc that the virus has caused the world economic giants in terms of agriculture, transport, socio-economic and political impacts left them with no option than to take their destiny into their own hands and adhere to the restriction and follow the necessary COVID-19 protocols to curtail the spread and escalation of the virus.

IV. CONCLUSION

Based on the findings of the study, the following conclusions are made:

- Euro-Americans or the western populace have not been able to control the infection and fatality rate of the COVID-19 pandemic in relation to human

security due to the complete disregard to the covid-19 protocols and insistence of their right and freedom to go about their normal activities. Also delay in implementing lockdowns from their beginning of the pandemic and late discovery of COVID-19 vaccine account for the western world's inability to control and defeat the virus.

- China has been able to defeat and control the COVID-19 pandemic because of its strong state. A holistic and prompt approach to tackling the pandemic such as mandatory quarantine of 14 days after test and political will account for China's ability to defeat the spread and fatality of the virus. Again, free testing for infected communities, employing digital network and the value for human life all account for China's strong state and ability to control the virus.
- The dreadful nature and the negative impact of the virus in China and western world made African populace to submit to the severity of the virus and put in place and adhere to the necessary protocols to contain and control the spread of the virus. Africa submits to its weak medical facilities and inadequate health staff in relation to the western world and China and implement strict adherence to the COVID-19 policies such as ensuring social distancing in cars and public places, mandatory washing of hands and suspension of social activities and gatherings. Africa's submissive populace in relation to the COVID-19 and Human Security is what made the continent put the spread of the pandemic abase.

V. RECOMMENDATIONS

Based on the findings and conclusions drawn, the following recommendations are made:

- Africa and western world could consider introducing mobile hospitals to provide door step health services and healthcare assistance to their populace in this era of COVID-19 and beyond.
- Free testing and vaccination could be considered by governments of African and western populace as a measure to curtail the spread of the pandemic.
- Human rights and freedom are fundamental and basic constitutional provisions. However, where it becomes necessary for your freedom and certain rights to be curtailed to protect human lives, it should be enforced especially in this COVID-19 era where the virus transmits very fast through movement and social gatherings. It is therefore recommended for strict enforcement of the social distancing protocols as this recommendation has worked out for Africa in general and Ghana in particular.
- Regular and continuous testing and health screening could be encouraged and probably

promulgated by all countries since the COVID-19 virus has come to stay with us. This will ensure early detection of infected people, isolate them and administer the appropriate medication to curtail the fatality rate among the African and Western populace. This mandatory testing and quarantine is what made China to control the infection and fatality rate of the virus.

v. It is recommended that investment should be made into research to come up with appropriate vaccines and medication to treat the COVID-19 since the pandemic has come to live with us.

REFERENCES RÉFÉRENCES REFERENCIAS

1. Akufo-Addo, N.A.D. (2020). *Update No 16: Measures Taken to Combat Spread of Coronavirus*. Graphic Online, August 30. <https://www.graphic.com.gh/features/opinion/full-address-covid-19-update-no-16-by-presidentakufo-addo.html>. (Accessed on 20th April, 2021).
2. Bale, T. (2019). *The Real Boris Johnson: One Nation Tory or Raging Populist*. The Observer. <https://www.theguardian.com/politics/2019/dec/14/boris-johnson-one-nation-tory-or-raging-populist> (Accessed 20th April, 2021).
3. Bolton, P. (2020). *Coronavirus is making the fight against far-right populists even more urgent*. The Canary. <https://www.thecanary.co/global/worldanalysis/coronavirus-is-making-the-fight-against-far-right-populists-even-more-urgent>. (Accessed on 20th April, 2021).
4. Bostanoğlu B. and Okur, M. A. (2009) *Uluslararası İlişkilerde Eleştirel Kuram* [Critical Theory in International Relations]. Ankara: İmge.
5. Boston Consulting Group. (2020). *South Africa: Fighting COVID-19 in Africa will be different*. Available from: <https://www.bcg.com/en-za/publications/2020/fighting-covid-in-africa.aspx>. (Accessed on 20th April, 2021).
6. Brady, J.S. (2020). *Press Briefing Room, 'Remarks by President Trump, Vice President Pence, and Members of the Coronavirus Task Force in Press Briefing*. White House Briefings and Statements. <https://www.whitehouse.gov/briefings-statements/remarks-president-trump-vice-president-pence-members-coronavirus-task-force-press-briefing-25/> (accessed on 25th April, 2021).
7. Chalfant, M. & Elis, N. (2020). *Trump steps up effort to blame China for coronavirus*. The Hill. <https://thehill.com/homenews/administration/496047-trump-steps-up-effort-to-blame-china-for-coronavirus>. (Accessed 20th April, 2021).
8. Duffield, M. & Waddell, N. (2006). *Securing Humans in a Dangerous World*. International Politics, 43(1): 1-23.
9. English, O. (2020). *Coronavirus' next victim: Populism*. Politico. <https://www.politico.eu/article/coronavirus-next-victim-populism-uk-boris-johnson-us-donald-trump>. (Accessed on 10th April, 2021).
10. Gao, X. & Yu, X. (2020). *Public Governance Mechanism in the Prevention and Control of the Covid-19: information, Decision-Making and Execution*. Journal of Chinese Governance 5 (2): 178-197. doi:10.1080/23812346.2020.1744922.
11. Garda World News Alert. (2020). *Ghana: Border Closure Extended through May 31 /Update 9*. Garda World. <https://www.garda.com/crisis24/news-alerts/338216/ghana-border-closureextended-through-may-31-update-9>. (Accessed on 16th April, 2021).
12. Gilbert, M., Pullano, G. & Pinotti, F. (2020). *Preparedness and vulnerability of African countries against importations of COVID-19: a modelling study*. Lancet. 2020; 395: 871-877. doi: 10.1016/S0140-6736(20)30411-6.
13. Gravetter, F.J. & Forzano, L.B. (2009). *Research Methods for Behavioural Sciences*. Wadsworth. Belmont, CA 94002-3098, USA.
14. Gu, E. & L. Li. (2020). *Crippled Community Governance and Suppressed Scientific/Professional Communities: A Critical Assessment of Failed Early Warning for the Covid-19 Outbreak in China*. Journal of Chinese Governance 5 (2): 160-177. doi: 10.1080/23812346.2020.1740468.
15. Hartley, K. & Jarvis, D.S.L. (2020). *Policymaking in a Low-Trust State: legitimacy, State Capacity, and Response to COVID-19 in Hong Kong*. Policy and Society 39 (3): 403-423. doi: 10.1080/14494035.2020.1783791.
16. He, J. A. (2020). *China coronavirus crisis: Beijing is marshalling its formidable bureaucracy-but at what costs?* South China Morning Post, February 1 2020. Retrieved from <https://www.scmp.com/comment/opinion/article/3048268/china-coronavirus-crisis-beijing-marshallingits-formidable>. (Accessed 20th April, 2021).
17. Hopman J., Allegranzi B. & Mehtar S. (2020). *Managing COVID- 19 in low- and middle-income countries*. JAMA. 2020; 16; doi: 10.1001/jama.2020.4169.
18. Huang, Y. 2013. *Governing Health in Contemporary China*. London: Routledge.
19. Khoo, A. (2020). *Ghana in COVID-19 Pandemic*. Inter-Asia Cultural Studies. Routledge. <http://www.tandfonline.com/loi/riac20>. (Accessed on 20th April, 2021).
20. Kwarteng, K.O., Boadi-Siaw, S.Y. & Dwarko, D.A. (2012). *A history of the University of Cape Coast: Fifty Years of Excellence in Tertiary Education (1962-2012)*. Cape Coast, University of Cape Coast Press.
21. Lin, C. F., Wu, C. H. Wu, & Wu, C. F. (2020). *Reimaging the Administrative State in Times of*

Global Health Crisis: An Anatomy of Taiwan's Regulatory Actions in Response to the Covid-19 Pandemic. European Journal of Risk Regulation. 11 (2), 256–272. doi:10.1017/err.2020.25.

22. Maclean, S. (2006) *A Decade of Human Security: Global Governance and New Multilateralisms*. Burlington: Ashgate Publishing.

23. Mahr, W. (1995). *Politische Struktur der Sozialforschung*. Leipzig: Selbstverlag.

24. Margulies, B. (2020). *Understanding Boris Johnson's Appeal: Performative Rebelliousness, Impishness and Ill-Discipline*. LSE British Politics & Policy Blog. <https://blogs.lse.ac.uk/politicsandpolicy/the-appeal-of-boris-johnson/> (Accessed 20th April, 2021).

25. McKenzie, B. (2020). *The impact of COVID-19 on key African sectors*. <https://www.bakermckenzie.com/en/insight/publications/2020/03/the-impact-of-covid19-on-key-africansectors>.

26. Mendelson, M. (2020). *Could enhanced influenza and pneumococcal vaccination programs help limit the potential damage from SARS-CoV-2 to fragile health systems of southern hemisphere countries this winter?* Int J Infect Dis. 2020; 94:32–33. doi: 10.1016/j.ijid.2020.03.030.

27. Ministry of Health. (2020). *For Immediate Release: Ghana Confirms Two Cases of Covid-19*. Ghana Health Service Organization. https://ghanahealthservice.org/covid19/downloads/covid_19_first_confirmed_GH.pdf. (Accessed on 20th April, 2021).

28. Mo Ibrahim Foundation (2020). *COVID-19 in Africa: A call for coordinated governance, improved health structures and better data*. Africa: April 8, 2020. <https://mo.ibrahim>. (Accessed on 20th April, 2021).

29. Mudde, C. (2020). *Will the coronavirus kill populism? Don't count on it*. The Guardian, 27 <https://www.theguardian.com/commentisfree/2020/mar/27/coronavirus-populism-trump-politics-response> (accessed 1 May 2021).

30. Ng, J. (2020). *Can Indonesia's fight against Covid-19 overcome troubled central-regional coordination?* New Mandala. Retrieved from <https://www.newmandala.org/canindonesias-fight-against-Covid-19-overcome-troubled-central-regional-coordination/>. (Accessed on 19th April, 2021.)

31. Nietzsche, C. (2020). *The Coronavirus Is Exposing Populist Hollow Politics*. Foreign Policy. <https://foreignpolicy.com/2020/04/16/coronavirus-populism-extremism-europe-league-italy> (all accessed 1 May 2020).

32. Nyabor, J. (2020). *Coronavirus: Government Bans Religious Activities, Funerals, All Other Public Gatherings*. Citi Newsroom, March 15. <https://citenewsroom.com/2020/03/governmentbans-church-activities-funerals-all-other-publicgatherings/>. (Accessed on 18th April, 2021).

33. OECD (2020) *COVID-19 and Africa: Socio-economic implications and policy responses*. <http://www.oecd.org/coronavirus/policy-responses/covid-19-and-africa-socio-economic-implications-and-policy-responses-96e1b282/>. (Retrieved on 25th April, 2021.)

34. Perez-Pena, R. (2020). *Virus hits Europe harder than China. Is that the price of an open society?* New York Times. <https://www.nytimes.com/2020/03/19/world/europe/europe-china-coronavirus.html>. (Accessed on 19th April, 2021.)

35. Peterson, J. (2013) *Creating Space for Emancipatory Human Security: Liberal Obstructions and the Potential of Agonism*. International Studies Quarterly, 57(2): 318-328.

36. Salzberger, B., Gluck, T. & Ehrenstein, B. (2020). *Successful Containment of COVID-19: The WHO-Report on the COVID-19 Outbreak in China*. Infection 48 (2): 151–153. doi: 10.1007/s15010-020-01409-4.

37. Sarantakos, S. (2005). *Social Research. Second Edition*. New York, N.Y 10010. Palgrave Publishers Ltd.

38. Schwartz, I. (2020). AG Barr: *The Real Threat To Humans Is Ability To Control Disease, "And That Starts With Controlling Your Border*. Real Clear Politics, 9 April 2020, https://www.realclearpolitics.com/video/2020/04/09/ag_barr_the_real_threat_to_humans_is_ability_to_control_disease_and_that_starts_with_controlling_your_border.html (accessed 25th April, 2020).

39. Shaw, R., Kim, Y.K. & Hua, J. (2020). *Governance, Technology and Citizens Behavior in Pandemic: Lessons from Covid-19 in East Asia*. Progress in Disaster Science 6: 100090. doi: 10.1016/j.pdisas.2020.100090.

40. Syn, E. (2020). *The government is circulating new dangerous scenarios about refugees in the Aegean*. Efimerida ton Syntakton. https://www.efsyn.gr/ellada/dikaiomata/239031_nea-epikindyna-senaria-diaiknei-ikybernisi-gia-prosfyges-sto-aigaio (accessed 25th April, 2021).

41. UCC (2020). Students Handbook. Cape Coast. University of Cape Coast Press

42. Wilson, J. (2020). *The rightwing groups behind wave of protests against Covid-19 restrictions*. The Guardian. <https://www.theguardian.com/world/2020/apr/17/far-right-coronavirus-protests-restrictions>. Accessed on 25th April, 2021).

43. World Health Organization. (2020). *Coronavirus disease (COVID-19) advice for the public*. <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>. (Accessed on 25th April, 2021).

44. Wu, Z. & McGoogan, J.M. (2020). *Characteristics of and Important Lessons from the Coronavirus Disease 2019 (COVID-19) Outbreak in China*:



Summary of a Report of 72 314 Cases from the Chinese Center for Disease Control and Prevention. JAMA 2020.

45. Zhang, J., Nonvignon, J. & Mao, W. (2020). *How Well is Ghana: with One of the Best Testing Capacities in Africa—Responding to COVID-19?* The Brookings Institution.

APPENDICES

Appendix A

QUESTIONNAIRE FOR AFRICANS ON UCC CAMPUS

This questionnaire is designed to seek for information on COVID-19 and Human Security: Africa's submissive populace. The category of respondents to which this questionnaire is directed are staff and students of UCC who are African. The information provided in response to this questionnaire is solely for the purpose of academic work and respondents are assured of anonymity and confidentiality.

SECTION A: PERSONAL DATA

1. Sex

Male

[]

Female

[]

2. Status of respondent

Staff

[]

Student

[]

SECTION B

COVID-19 AND HUMAN SECURITY: AFRICA'S SUBMISSIVE POPULACE

3. How would you describe the COVID-19 situation in Africa?

4. Have the governments and health institutions of Africa been able to handle and control the spread of the COVID-19 pandemic?

Yes

[]

No

[]

5. Explain your response in question 4.

6. Have the citizens of Africa been able to handle the spread of the COVID-19 pandemic?

Yes

[]

No

[]

7. Explain your response in question 6

8. What account(s) for Africa's ability to control the spread and fatality rate of the COVID-19 pandemic?

9. In your opinion, have the Africa populace been able to submit to the COVID-19 in relation to human security?

Yes []

No []

10. Explain your response in relation to question 9.

.....

Thank you very much for making time to respond to this questionnaire

Appendix B

INTERVIEW GUIDE FOR WESTERNERS (EURO-AMERICANS) ON UCC CAMPUS

This interview guide is designed to seek for information on COVID-19 and Human Security: Western Populism. The category of respondents to which this interview guide is directed are staff and students of UCC who are from the western world (Euro-Americans). The information provided in response to this interview guide is solely for the purpose of academic work and respondents are assured of anonymity and confidentiality.

SECTION A: PERSONAL DATA

1. Sex

Male []

Female []

2. Status of respondent

Staff []

Student []

3. Country of origin

America []

United Kingdom []

Other Western country []

SECTION B

COVID-19 AND HUMAN SECURITY: WESTERN POPULISM

4. How would you describe the COVID-19 situation in the Western countries?

.....

5. Have the governments and health institutions of the western countries been able to handle and control the spread of the COVID-19 pandemic?

Yes

[]

No

[]

6. Explain your response in question 4.

7. What account(s) for the western countries inability to control the spread and fatality rate of the COVID-19 pandemic?

.....

8. How does the western populace in their quest for their rights and freedom succumb to the COVID-19?

80

.....

9. In your opinion, what could the western countries have done to curtail the spread and fatality rate of the COVID-19 pandemic?

.....

Thank you very much for making time to respond to this Interview Guide

Appendix C

INTERVIEW GUIDE FOR CHINESE ON UCC CAMPUS

This interview guide is designed to seek for information on COVID-19 and Human Security: China's strong state. The category of respondents to which this interview guide is directed are staff and students of UCC who are Chinese. The information provided in response to this interview guide is solely for the purpose of academic work and respondents are assured of anonymity and confidentiality.

SECTION A: PERSONAL DATA

1. Sex

Male

[]

Female

[]

2. Status of respondent

Staff

[]

Student

[]

SECTION B

COVID-19 AND HUMAN SECURITY: CHINESE STRONG STATE

3. How would you describe the COVID-19 situation in the China?

.....

4. Have the governments and health institutions of China been able to handle and control the spread of the COVID-19 pandemic?

Yes []

No []

5. Explain your response in question 4.

6. What account(s) for China's strong state and their ability to control the spread and fatality rate of the COVID-19 pandemic?

.....

7. How does China continue to record low infection and fatality rate of the impact of the COVID-19 pandemic?

.....

8. What did China do and continue to do right in their attempt to curtail the spread and fatality rate of the COVID-19 pandemic?

.....

Thank you very much for making time to respond to this Interview Guide.

