



## Article Info

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## Decolonising African Medicines and Health System: Towards Post Covid19 Continental Agenda

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The colonisation of Africa by the imperial powers of Europe has had serious adverse effect on the lives of the people. Over half a century of ceremonial disentangling from colonial clutches, the States of Africa finds it hard to solidly place their feet on global development ground. One of the critical fields Africa has been kowtowing to countries of Asia, Europe and Americas is medicines, which up to the moment, vaccines for treatment of the bulk of the populations are imported. The challenge is not about the incompetency of Africans; neither the ineffectiveness of home-made drugs. But, even if the drug works, the people lacked the psychological confidence in the therapeutic value of it due to colonial and imperial disarticulation and disorientation. It is against this background, the paper makes an interventionist study and argued for the decolonisation of the continent's medicines and health system in the post Covid19 era. This becomes compelling, because like the World War I and II, the novel pandemic adds yet knowledge to the world, that the whites are not better than the blacks in the knowledge industry. Though not yet *uhuru* for Africa, the worst ravaged countries by the pandemic are not yet African states, but countries of Asia, Americas and Europe. Against the backdrop of the irrelevance of the white's superiority myths in the face of the pandemic, the paper charges Africa to look inwardly, in the world system that is fundamentally skewed against her. It finally notes that the continent would be at a crossroads in the wake of global and western conspiracy to depopulate it through the weapons of drugs and vaccines, if it fails to develop and decolonise. It thus, concludes that African governments, policy makers, health experts and scholars should come together in the restless effort to rescue its medicines and health system from the elbow trap of the western society, thereby making Africa truly independent and great in the incoming post Covid19 years.

**Keywords:** Africa, Decolonisation, Medicines, Health System, Covid19 and Pandemic

## 1. Introduction

Africa is the second largest continent covering about 1/5 of the world total land mass. It is referred to as the "Mother Continent", been the oldest inhabited by humans dating to over five million years ago (<https://www.nationalgeographic.org>). Presently, there are fifty four countries in Africa, with Nigeria, recognised as the largest political unit. In the early 1960s, when many of the continent's countries were coming out of the colonial incubus, the population of Africa stood at about 300,000,000 and according to the United Nations, as at January 2020, her population was about 1,326,906,180, equivalent to 16.72 per cent of the world total population (Palmer and Perkins, 2010, p.503; <https://www.worldometers.info>). These

battalions of humans, despite the richness of the continent as an emporium of wealth from known history, has in contemporary times been subjected to the most excruciating pains of underdevelopment due to bad governance/leadership, imperial and neocolonial shocks. The arrangement is such that the continent seems to have been hedged and exhausted in a global system that is dangerously skewed against her. The consequence of this footnote position is that Africa continued to receive from the advanced capitalist societies the wastages and fundamental properties of globalization in forms of fake and expired drugs, among many others. One of such deadly properties, though not as deadly in Africa as it was and is, in China, America and Europe is the

pandemic in question. At the outbreak of the pandemic and the fight against it, African countries have largely remained feeble arising from her age-long medical/health tourism and dependency on the east and the west, which has over the years rendered its system comatose. The powerlessness and helplessness of nations to finding remedies to the pandemic and the need to rescue Africa from the shackles of imperialism today through “African made” response or approach to global health emergencies and related issues brought into relevance the purpose of this paper. For comprehensive discourse, the paper is structured into five sections. One; is the introduction, which is ongoing, two; pandemics and the helplessness of humanity in historical perspective, three; state of health system and medicines in Africa, four; towards decolonising African Medicines and Health System in the century and finally, the conclusion.

## 2. Pandemics and the Helplessness of Humanity in Historical Perspective

Societies across time and space have been helpless in the face of health challenges. The novel Corona virus pandemic presents another episode of such challenge to humanity in history. The paper falls in love with pandemics in relations to decolonisation of African medicines because of the global dimensions of it and the equality of man it preaches over the years. The following among others, are cases of pandemics in history: the Justinian plague of the 6<sup>th</sup> century, which killed about 50 million people, the Black Death of the 14<sup>th</sup> century with about 25 to 200 million deaths, Spanish Flu of 1918 leading to about 50 to 100 million deaths, more than the number of deaths recorded during world war 1, and HIV/ AIDS pandemic that has killed more than 32 million people and infected about 75 million people since 1980s (Walsh, n.d; Pan, n.d). Others of global significance in recent times are: Severe Acute Respiratory Syndrome (SARS-Cov-2), with about 770 fatalities between 2002 and 2003, Middle East Respiratory Syndrome (MERS) in 2012 to the present or so, with 870 deaths, Ebola in 1976, which resurfaced in 2014, and the novel Covid19 since December, 2019, that is recorded to have killed about 422, 805 persons and infected many globally as at 11<sup>th</sup> June, 2020 (Odeh, 2020, p.36).

Just by a way of given special attention, in the last two decades or so Corona virus has caused two dreadful pandemics; the SARS and the MERS respectively. Besides, SARS Cov-2, six other Corona viruses exists in human, namely: H.Cov-229E, H.Cov-OC43, SARS-Cov, H.Cov-

NL63, H.Cov-HKUI and MERS (Odeh, 2020, pp.36-7; Adhikari, Meng, Wu, *etal*, 2020). The zoonotic nature of the Corona virus implies that domestic and wild animals such as camels, cattle, cats, bats etc., could be possible hosts. While it may be argued that generally, animal corona viruses do not spread among humans, there are exceptions. In the case of Covid 19, initial contacts were traced to Huanan Seafood market in Wuhan, China pointing to possibilities of early infections as a result of animal-to-person transmission. Consequently, cases were discovered among medical staff and persons with no history of encounter with the market or Wuhan, indicating human-human transmission (Adhikari, S.Meng, Y.Wu, 2020). Cases in African states and other continents and countries with people without contact to China, but are ravaged by Covid19 pandemic buttresses the argument for human-human transmission too. It mostly spread via close contact with infected person(s) through droplets from cough or sneezing. To date, it does appear there is no specific or generally recognized and accepted drugs or vaccines for the treatment of the novel Covid19 pandemic. Thus, bringing to the fore the idea of equality of races, which Africa appears better and even stronger than others, in comparative senses given the minimal deaths recorded in the continent, though not yet *uhuru* as noted earlier. The epic Covid19 should have taught humans humility and brought to the fore the current of the famous apostle Paul's question, “where is boasting then?...” (Romans 3:27). Hence, Africa need to de-emphasized her absolute reliance on Americas, Asia and Europe and look inward to tap its limitless human and material resource potentials for its development. This is because common sense teaches that nations developed vaccines and drugs through trial and error methods in the faces of challenges. Since no nation has it all and knows it all, Africa should come out of the ossified shell of white superiority and black's inferiority myth, confront the realities of her health system and should as well not be afraid of trying and failing, because scientific and technological breakthroughs are gotten through experimentation. It does appear the fear of failure and competing favourably with the west partly account for the deplorable state of the continent's affairs.

## 3. The State of Health System and Medicines in Africa

The World Health Organisation (WHO) in its 2007 framework conceptualized health system in six core areas, namely; service delivery, health care workforce, health care information systems, medicines and technologies, financing and

leadership/ governance (Oleribe, Momoh, *etal*, 2019). These core areas appear comatose in Africa, though the condition differs from region to region. Institutional and infrastructural decay, lack of funds and human resources, induced poverty among others, has for ages stand on the heads of African development and health system. The WHO, further notes that Africa carries about 25 per cent of the world diseases burden, but shares only 1 per cent of the global health expenditure. More pathetically, according to the UN, between 2016 and 2017, Africa manufactured less than 2 per cent of the medicines consumed in the continent, meaning the rest came from American, Asian and European countries (*African Renewal*,

<https://www.un.org>). The continual decay of the public health system in African states gave rise to provision of private facilities which appear better off in term of service delivery. However, the challenge with the private package, apart from the concentration of it in urban areas, is the exorbitant rates it charges, but one need not to be surprised since the aim of capitalism the world over is profit without conscience. This habit is what Karl Max called “naked self interest and callous cash payment” (*Manifesto of the Communist Party*, n.d, <https://www.marxists.org>). The reader may be interested in the table below showing some African states commitment to health development prior to the year, 2020.

**Table 1: State of facilities in selected African State before 2020**

S/N	Country	Expenditure	Ratio of Medical to inhabitants
1	Nigeria	3.7 per cent of its GDP	1 Doctor per 2,000 people
2	South Africa	9 per cent of its GDP	1 Doctor to 1,000 people
3	Kenya	5.7 per cent of its GDP	1 Doctor to 5,000 people
4	Zimbabwe	-	1 Doctor to 10,000 people
5	Zambia	5 per cent of its GDP	1 Doctor to 6,000 people
6	Tanzania	5.6 per cent of it GDP	1 Doctor to 30,000 people
7	Uganda	7.2 per cent of its GDP	1 Doctor to 1,000

**Source:** Developed by the author from, *Health care quality in Africa: Uganda, Nigeria, Tanzania, Zambia, Kenya, Zimbabwe and South Africa*. Retrieved from <https://www.aenainternational.com>.

In the countries outlined above, including South Africa whose expenditure put it at par with countries such as Spain and Malta, the expenditures and the facilities on ground are well below the global standards and best practices. Kenya a poor country is better than the neighboring countries of Ethiopia and Sudan. The stories of states not represented in the above table are not different and may even be more horrible.

In short, in the year 2001 African countries agreed to set aside 15 per cent of their national budget to improve the health sector, but sixteen years after as at 2016, only Botswana, Burkina Faso, Malawi, Niger, Rwanda and Zimbabwe were faithful to the agreement, though their system is still very bad (*African Renewal*, <https://www.un.org>). The 2020 African Health Care Index released by the WHO indicates that South Africa topped African countries with an index rate of 64:14 followed by Tunisia with an index rate of 57:18. Nigeria appears to be ahead of Egypt and Morocco, but lagged behind South Africa, Tunisia and Algeria (*African Exponent*, 2020, <https://www.africanexponent.com>).

Be that as it may, the summary of the condition of African medicines and health system in the light of the above includes, but not limited to the following:

- a. Poor infrastructure, which connotes provision of modern health facilities in rural and remote areas are sparse if non-existent. Places with possibilities of good medical facilities are universities teaching hospitals, tourist and few specialist cardiac centers;
- b. Acute shortage of medical doctors and health professionals in rural areas as few available ones concentrates in urban centers for commercial reasons. The consequence of this is that facilities which are most times outdated are staffed with nurses and community trained auxiliaries health personnel;
- c. Some international partnerships are licensed to operate in other countries as one could see in the case of Kenya, Tanzania, among others- this is medical imperialism, and;
- d. The multi lingua nature of African society remained crucial. Most home trained medical practitioners found in urban centres not even in the rural villages could only speak English, but couldn't speak local languages sometimes even the language of their so called tribe. Health engagement therefore, would require a translator when some individuals comes for treatment (*Health care quality in Africa*.. <https://www.aenainternational.com>) This is language imperialism. More momentum towards the development of a

continental language is urgently needed along this line.

The externalisation of African systems constitutes a challenge to the way and manner the health system is being operated. The way out of the doldrums is decolonisation to enable Africans developed a system based on their culture and history like Asian nations. This would place Africa in the world's medical map of the century.

#### 4. Towards Decolonising African Medicine and Health System in the Twenty First Century

From the foregoing the post colonial Africa's intercourse with the global north in the field of medicine and health technology needs urgent recasting to enable it stand on her feet in the twenty first century. The dialectics of domination and plundering should and must give way to the dialectics of emancipation and recovery. The famous Algerian jurist, Mohammed Bedjaoui, spoke the minds of several Africans, when, he bluntly criticised the formal structure of the existing international law and system as being defective and organised to systematically favour former imperial powers, which in turn reflected and enabled the structural inequality of the global economy (Gilman, 2015). This lopsided institutional and structural arrangement defines imperialism and neocolonialism today, which must necessarily be dismantled for the well being of Africa. Frantz Fanon (1967, p.200), made this call long ago in his argument that, "imperialism which today is fighting against a true liberation of mankind leaves in its wake here and there tinctures of decay which must be search out and mercilessly expel from our land and spirits." The decay herein discussed is that of our medicines and health system. The crises of development that has bedevilled the continent therefore are fundamental properties of imperialism and this from among many others arose from, bad governance, migration/brain drain, medical tourism and abandoning of our history.

Firstly, the bane of development in Africa is the challenge of governance and corruption. These gravely impacted on all spheres of development in Africa including health sector under consideration. It is important to note that corruption, bad governance and mismanagement are birds of the same feathers. Widespread corruption is argued to stunts economic growth, undermines political legitimacy, and demoralizes public officials and ordinary citizens (Mubangizi, 2010). These provide the platforms for other crises including those in health sector in Africa. It is unarguable that the challenge of official

corruption and bad governance has its root in the character of political leadership. Over half a century of political independence, African States could not boast of good leadership and integrity. These appear to be fallouts of the debris of colonialism and imperialism. The nature of African political leadership is bluntly captured thus:

...the political elites who inherited power from the departing colonial rulers, having assumed leadership of their respective States via ethnic tickets; lacks competence, democratic skills and managerial ability to handled conflicts associated with (Medicines and health system...*Emphasis Added*) heterogeneous societies, and so relied on corruption and politics of primordial tendencies to perpetuate themselves in power (Connell cited in Odeh, 2015,pp.16-17).

The above may be further buttresses thus:

...the actual and present condition of Africa is one of deep trouble, sometimes of deeper trouble than the worst imposed during colonial years...harsh governments or dictatorship rule over peoples who distrust them to a point of hatred and usually for good and sufficient reasons, and all too often one dismay tyranny gives way to worse one. Despair, rots civil society, the state becomes an enemy and bandits flourish (Davidson cited in Oni, 2015, p.9).

The actual condition of Africa is not deeper than the colonial times as claimed. However, the two observations explains why all African States' funding for health sector has been less than the national budget and less than half of the 15 per cent international benchmark (*The bigger spenders: How to Corner Africa's Billion Dollar Medical Tourism*, <https://www.smallstarter.com>). This also explains why the States are always helpless at the eruption of health challenges. African political structure must be reorganized around a new socio-political core to suffocate to death corrupt and incompetent leaders that plunders States resources which has hindered the development of the health sector and others.

Corruption, bad governance and mismanagement creates inclement environment for health workers thereby making them to look for greener pastures in other parts of the world. In the year 2000 alone, about 65,000 African physicians and 70,000 professional nurses were

working in overseas (Clement and Pettersson, n.d; Oche1998, pp.5-12). Since then, the number has continued to maintain astronomical rise. The post covid19 years which Nigeria may top the list would be the worst, if care is not taken. Top countries of interest and destinations are: the United Kingdom, the United States, France, Australia, Canada, Portugal, Belgium, Spain etc.. It seems no continent depends on outsiders and has lost its health workers to other countries and continents like Africa. Had these health workers remained, Africa would have been advanced in the field of health technology than it is today. In the face of the Covid19 when other countries were looking for health workers, African countries would have been more helpless had the States of Africa not suffered minimal casualties compared to others (countries of Americas, Asia and Europe). Investment in the sector, good condition of service and spirit of nationalism and Africanism, are needed to get the health system fixed to meet best practices in the racially globalised world. The issue is, even if the direction of the movement is towards erstwhile colonial powers, because of historical linkages, no baby or child sucks mother's breast forever. The big question remains when will African states be weaned? This poser may be put in another way thus; "for how long are we going to blame colonialism"? (Personal communication, O. Okpeh, Jr, August 30, 2020).<sup>1</sup> Decolonisation in the post Covid19 era is and should be the answer.

Furthermore, the challenge of medical tourism and vacation in Africa, which shifted attention from the development of African health sector, is exceedingly worrisome. Thousands of Africans travels to America, Asia and Europe for medical treatment. Nigeria, Tanzania, Kenya, Sudan, Mauritania and Egypt are some of the biggest medical travelers in Africa in contemporary history. What a shame to Egypt and Nigeria! The former regarded as the home of civilisation and author of the famous Ebers Papyrus, one of the

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oldest medical records yet recovered according to medical archaeology and the later (Nigeria), the acclaimed African giant that appears very dwarf on medical clad and scale. The industry of medical tourism was estimated to had hit \$ 32.5 billion by the end of the year 2019, which Nigeria, is estimated to have spent over \$200 million every year to India alone (*The bigger spenders: How to Corner Africa's Billion Dollar Medical Tourism*, <https://www.smallstarter.com>).

Apart from the official general medical tour, the degree of political medical tourism has been fantastically high. On September, 6<sup>th</sup> 2019 the former President, Robert Mugabe of Zimbabwe died in Singapore hospital. In 2017, Nigeria witnessed the infamous President Muhammadu Buhari medical treatment in the United Kingdom, in which he spent over four months or so and at the same period, Patrice Talon of Benin republic flew to France in May, 2017 for a treatment that lasted for about a month in Paris. On 24<sup>th</sup> October, 2018 Ali Bongo of Gabon suffered stroke attack and was hurriedly taken to Saudi Arabia for treatment. Zambia's Levy Mwanawasa died in France, Meles Zenawa of Ethiopia died in Belgium, and Omar Bongo died in Spain (Mutizwa, 2019). In 2009, Nigeria experienced a long stay of President Umaru Musa Ya'rdua in oversea hospital before his death. In short, in 2016 Africa was said to have lost to or spent over \$ 6 billion on medical tourism (Mutizwa, 2019). The questions are how many foreigners are coming to Africa for medical treatment? How many foreign presidents are coming to Africa for medical treatment and how many has died in Africa while on medical vacation? Are the hospitals and medical facilities in Americas, Asia and Europe built and provided by God or man? If it is God is there no God in Africa? If it is man or men when will Africa have such people? This ingrained habits of going to hospital abroad, particularly to the headquarters of the Bretton Woods, the hoarding of money and investment oversea, while hospitals and health sector at home lay waste is the highest level of health and medical imperialism and neocolonialism. Africa must radically break from this or find alternative ways of engagement if not; her health sector would remain comatose. The people and the government must therefore reinvent the sector and have confidence in what is Africa's.

Finally, but not limited to, Africa entered into another history that was resemblance of Nigeria's 419 one chance vehicle, following colonial conquest and domination. The consequence of this is lost of historical heritage, lack of pride and confidence on what is Africa's as the people developed confidence on what is foreign. Amilcar Cabral, cited in Odeh, aptly

captured this that: "...the moment imperialism arrived and colonialism, it made us (Africans...*Emphasis Added*) leaves our history and enter another history" (Odeh, 2019, pp.14-15). This made African abandoned her achievements in all field of endeavour including Medicine and Pharmacy as seen in the case of Ebers Papyrus, Edwin Smith's papyrus, among others in the hectic search for solutions to health challenges including Covid19. The lack of confidence in African traditional herbs and hospitals was a product of cultural disorientation orchestrated by forces of imperialism. The need to restore the lost confidence directly pointed at Africans in the twenty first century. This process of re-Africanisation, Cabral called "re-entering into history or returning to the source" (Odeh, 2015, p.70). It is a process of re-embracing indigenous African culture and re-integrating or weaving it into popular culture and identity to enable Africans regains control of their lives in order to re-taping the national productive forces that were halted by forces of colonialism and imperialism. Adejo, agree with this position in his argument that, "African will be unable to compete on equal terms, no matter what solutions are proffered, until he has been able to purge from his mind all senses of white superiority and black inferiority" (Adejo, 2004, p.70). With the liberation of the minds and spirits, Africa for sure, like china, would emerge a world power, even in the field of health sciences.

In brief, the solution to every societal problem including health is rooted in the history of the very society. Thus, it does appear the problems of earlier generation are still the problems of today. This brings to fore the idea of lessons of history, which points that; history is the sense and memory of a nation, even continent (Odeh, 2011, p.29). Though contemporary historians hardly agree with the idea that history teaches lessons or repeats itself as espoused by Rao (2003), it serves as a teacher for the future, since the rhythm of its changes may repeat itself in the sense that similar antecedents usually produced similar outcomes. It is observed that:

History has a value; its teachings are useful for human life; simply because the rhythms of its changes is likely to repeat itself, similar antecedents leading to similar consequents; the history of notable events is worth remembering in order to serve as a basis for prognostic judgments, not demonstrable but probable, laying down not what will happen but what will likely to happen, indicating the points of danger in rhythms now going on (Collingwood cited in Odeh, 2019, pp.429-430).

History of Africa and global responses to diseases indicates that there have always been solutions to challenges. It should be health challenges that no doubt led to the development of all drugs, vaccines and health system in ancient and contemporary times as noted in the study. The marginalisation Africa has gone through and is still going in an unequal global environment should re-fires in Africans the spirit of nationalism, pan Africanism and Africanism that is to lead to the total liberation of the continent health system. Africa has a rich history of medicine and if need be, the modern medicines or sciences should be taught and practiced in indigenous language to rid the continent off of the vestiges of language imperialism. More importantly, as a matter of policy, seeking of medical care overseas by all and sundry should be de-emphasised and abolished by African States laws. On this note, a little room of opportunity may be given to medical assistance from fellow African States.

## 5. Conclusion

Colonialism and imperialism has indeed done much havoc to Africa leaving in its trail tangible and intangible links that are up to the moment proven very difficult to cut off. The deep-rooted habits of the African ruling elites hurrying to hospitals abroad for treatment, and of the ordinary Africans too preferring such hospitals and whatever that are foreign to the detriment of African products; the hoarding of money overseas and investment there by African leaders and businessmen while Africa lay desolate, soliciting to the Bretton Wood institutions for supports and donations to handle epidemiological challenges, the using of English and other foreign languages to teaching and practicing of medicines, among others, are critical pointers to the fact that the neocolonial cord of imperialism is still strong and yet to be broken and destroyed even when properly diagnosed. The destructive consequence of the habits cannot yet be properly gauged scientifically. However, it does appear that Africa, the cradle of man and civilization has continued to swim in problems in the midst of solutions. Decades of pre-covid19 mad rush to external medical supports and the gross neglect of indigenous development portrayed the degree of the waywardness of Africans ruling elites and the followership class. The followerships are to be

blame because they make the environment conducive for the compradors and lumpen bourgeoisies to operate. This is reinforced by the assertion that: "the corruption of the elites is primarily the corruption of us all" (Mitrovic, 2010). Therefore, the paper intervenes to raise the consciousness and morale of Africans in order to stop States on the roads to foreign nations, pointing them to Africa the acclaimed origin of man. Africa, being the origin of man is endowed by nature with answers to questions posed to humanity by diseases. Rather than going to nations where man later emigrated to, Africa should look inward to liberate its health system and possibly come up with lasting solution to Covid19 to save the world. In doing the inward looking, Africa would have to re-enter its history to re-tap its limitless productive forces that was hijacked by external powers. The continent also has to destroy the entire useless structures of medical tourism and brain draining of her professionals to foreign lands that has been erected by imperialism. Since issues of development is not a one-man show, the paper concludes that, with the supports of African governments, businessmen, scientists, scholars, all Africans and well wishers, the incurable quest for the liberation of our medicines and health system would be realized. Africa therefore would be positioned to favourably respond to global health challenges and need such as the one the world has been facing December, 2019 or so.

### Conflict of interest

The authors declare no conflict of interest.

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