EBOLA AND COVID-19 EPIDEMICS: A DISCOURSE ON NIGERIA'S FOREIGN POLICY RESPONSES

KIA BARILEDUM, PhD
DEPARTMENT OF HISTORY AND INTERNATIONAL DIPLOMACY, RIVERS STATE UNIVERSITY,
bariledum.kia@ust.edu.ng

DUMLE CALISTUS N, PhD
DEPARTMENT OF HISTORY AND INTERNATIONAL DIPLOMACY, RIVERS STATE UNIVERSITY

KEYWORDS
Nigeria, Foreign Policy, Epedemics, Covid-19, Ebola

ABSTRACT
Diseases or epidemics does not respect international boundaries. Given this obvious fact, sovereign states are thus impelled to seek collective ways of addressing them and foreign policy is the crucial element in this endeavour. Nigeria, among other nation-states experienced Ebola and Covid-19 pandemics. How Nigeria responded to these epidemics was the focus of the study. The study employed historical and descriptive research method and obtained data from secondary source particularly website of world Health Organization, Nigeria's Ministry of Health and other scholarly journals. This paper adopts complex interdependence and prospect theories as the framework of analysis. From the analysis the study revealed foreign policy measures adopted. These include setting up of screening and monitoring Centre at the nation's Airports, facilitated the setting up of a regional solidarity fund, in which countries made contributions, initiated actions that adjudged Ebola epidemic as not only national and regional but also international emergency, donated huge sum to worst affected states like Guinea, Sierra Leone and Liberia. For COVID -19, In the case of Covid-19, Nigeria collaborated with major powers. More than sixty inter agency members from the US mission worked with Nigerian counterpart to address the epidemic challenges in Nigeria. Its attracted $125 million, and more than 4 million doses of covid vaccine, 200 ventilators, personal protective equipment, and collaborated with the US to provide rapid response team. And training of over 200,000 military and civilian personnel on covid-19 control measures and technology transfer for virtual training. Based on the findings, the study recommends among others proper articulation and projection of health issues in the nation's foreign policy and strengthening interface of health and foreign policy with the support of world health organization to assist in time of global health crisis.

Introduction.

The world in recent times has been plagued with different types of diseases. These diseases include Ebola, Covid-19, Avian Influenza, HIV/AIDS, among others. The prevalent and deadly nature of these epidemics continued to shape nation states' foreign policy. Prior to this time, or more precisely, the 19th century, issues of diseases and epidemics were not traditionally considered as one of the foreign policy matters. However, the era where epidemics were essentially regarded as a domestic matter has gone, and are no longer to be contested. This is because, in the network of global or world system, sovereign states are currently locked in the web of globalization paradox. Thus, interdependence and cultural changing values have broadened the scope of foreign policy to include among others the field of public health, making issues of epidemic or diseases, once considered a domestic matter an agenda or objective of foreign policy (Jean-Robert,2017). The reason for making epidemic a substance of foreign policy has been provided by Jean-Robert (2017), who rightly observed that diseases or epidemics does not respect international boundaries. Given this obvious fact, sovereign states are thus impelled to seek collective ways of addressing them and foreign policy is the crucial element in this endeavour. More so, as some of the epidemics cannot be solved once and for all. Most of the epidemics or diseases like Ebola and Covid-19 require continuing global attention in the form of cooperation in dealing with them. Besides, the likes of Ebola and Covid-19, including HIV/AIDs and many other epidemics require some kind of international arrangement to keep them from deteriorating and getting out of hand.

Nigeria, among other nation-states experienced Ebola and Covid-19 pandemics. As a sovereign state, also engage in international decision making – foreign policy. How Nigeria responded to these epidemics and foreign policy implication for such response has not been given adequate research attention, therefore, constitutes the hallmark of this study.

The choice of Ebola was informed by the fact that three West African states; Guinea, Sierra-Leone, and Liberia, were the Source of Ebola disease (Isaac & Nnaoma, 2021). Second Covid-19 had its source outside Africa. Both epidemics affected Nigeria, Africa. Both epidemics affected Nigeria, and this influenced Nigeria's foreign policy perspective. The two epidemics provided justifications for the diverse strategies adopted in tackling the challenges. The effect of the epidemics was more real as travel-associated cases came up in Nigeria. Nigeria as the populous country in Africa responded swiftly, though the measures on Ebola Covid 19 diseases created negative attitudes toward immigrants, nevertheless, they were to secure not only Nigeria but the continent as Europe and America almost concluded that Africa is one country and that their immigrants were threats to the world (Dionne and Seay, 2015).

The road to undertaking this exercise is structured as follows: Section I captures introduction above. Section II discusses the paper's theoretical framework. Section III undertakes extensive review of related works. Section IV makes an expose of Ebola and Covid-19 in Nigeria. Section V captures the Nigeria's foreign policy responses. Section VI concludes the paper.

Theoretical Frameworks

This paper adopts complex interdependence and prospect theories as the framework of analysis. Complex interdependence theory was developed in the early 1970s and 1980s to question state unitary actor (Charles, 2007). The assumption of this theory is that, every sovereign state depends on each other or one another. What is especially favourable about this theory is that, when everyone depends on everyone, all must work together.

Global interdependence makes it appropriate for states to depart from their competitive self-help approaches of the past, where diseases were considered as strictly a domestic issue. Using complex interdependence theory, the study looks at sovereign state's behaviours in the face of common threat. Sovereign states now have more and more shared interests in cooperation, working together, with common interest in dealing with the outbreak of epidemics. Thus, complex interdependence, is widely used in this paper to interpret Nigeria's response to Ebola and Covid-19 and how foreign policy orientation of the period led to the establishment of special body with focus on ways to manage the infectious diseases, accommodate conflicting or diverse interest of others through cooperative actions. In all, includes final formal and as well, informed arguments that people and

institutions have agreed to or perceived to be in their interest.

One clear fact inherent in the theoretical framework above is that, the broadened and transformed public health crisis agenda, goes beyond what a state can be expected to address accurately. However, states are bound to react in some ways, when the behaviour of an international actor greatly affects others with whom they have contact in the form of cooperation and the parties to the exchange become mutually sensitive and vulnerable to the others. This exposes the mutation of complex interdependence and thus poses growing concerns in relying on the framework alone.

For instance, Deloffre (2015) observation greatly informed this disposition. In his observation, the World Health Organization (WHO) that was to coordinate the international response to the humanitarian health crisis of that magnitude (Ebola) was reluctant. The states under the United Nations (UN) failed to acknowledge the nature of the outbreak and were stingy in committing adequate response. Isaac *et al*, (2021) noted also that the global world realizes the danger of the Ebola epidemics, yet the ethical Standard Operating Procedures (SOPs) with the mandate of galvanizing international solidarity through coordination of states and non-state actors delay, and were not proactive. Even the WHO delayed in its response to declare Ebola as a public health crisis.

In this circumstance, states are left with no option than to make choices of actions. This explains why the paper adopts Prospect Theory as the second theoretical framework. Prospect Theory has a wider application in international relations with focus on decision making that has long characterized the field of foreign policy.

Prospect theory, as defined by Charles (2007), is a unique psychological theory that shows how formal opinion and the tendency to overreact in crisis situations, like the Ebola and Covid-19 public health crises, constrain international decision-making. Decisions are typically made based on the perceived prospects of choices to fulfill objectives, and a key factor in taking risks is the perceived prospects for realizing gains and avoiding losses. According to prospect theory, which was previously discussed, individuals hate the thought of losing and stray from anticipated utility theory, which holds that people make decisions logically in an effort to maximize profits. According to prospect theory, their main goal is to prevent losing and the shame that comes with it. This theory serves to vindicate if any, action undertaken to avoid loss of lives to the deadly disease and the reasons for the actions of Nigeria during the epidemic period. The two theories are very much useful to the study in many ways. First, the complex interdependent theory indicates that Nigeria is not isolated and therefore vulnerable to global health crisis. Again, it exposes the fact that collective action is require in the face of global problem. In this sense, nations with weak health institutions and lack of resources could be assisted by strong nations since epidemics do not respect international boundaries. Regarding Prospect theory, it helps the researchers to describe course of actions and such actions were considered by Nigerian government.

Conceptual Clarifications

Epidemics

An epidemic is defined as a rapid and significant rise in the number of illness cases over a certain length of time in a population that is not typically seen in that location or region. It happens when a disease spreads so far that an abnormally high number of individuals are simultaneously affected by it in a particular region or community. Epidemics have occurred on many occasions throughout history.

A pandemic is an epidemic that spreads across a large geographic region or the whole planet. It fluctuates in function or depends on how well victims are transferred to a vulnerable party. Examples of epidemics include the West African Ebola outbreak in 2014, the 2013 SARs in Asia, the 1793 yellow fever outbreak, and COVID-19**.**

Foreign policy

There are divergent positions among scholars on the appropriate definition of foreign policy. While the paper will not repeat all the perspectives, it considers few scholars positions that are useful to the study. Foreign policy, according to Goldstein and Pave House (2011), is the set of tactics that countries use to direct their activities abroad. Carlsnaes (2008) argues in favor of a comprehensive approach**;**

> *Foreign policy refers to the set of activities that governmental representatives, acting on behalf of their sovereign communities, pursue and articulate through clearly stated goals, commitments, and/or directives. These actions are focused on governmental and non-governmental actors, conditions, and objectives that the representatives seek to influence beyond their territorial legitimacy.*

Prior to this, Frankel (1963) connected internal and external elements in the formulation of foreign policy. He proposed that the dynamic process of interaction between shifting home desires and changing external conditions determines foreign policy. In the context of this study, all the definitions giving above are useful as certain points are obvious.

All the definitions capture objectives, values, intentions, actions and inactions, meaning that, foreign policy demands a strategy or planned course of actions developed by decision makers vis-à-vis other state actors to achieve specific goal.

As demonstrated in the adopted theoretical framework, not only the four of the spread of epidemic influence nation's foreign policy but also demands the use of foreign policy instruments in the reshaping of national health system.

Review of Literature on Ebola Epidemics.

The source of origin of Ebola is traceable to Africa. Its outbreak reinforced intellectual discourse on health and national security. Before now, discourse on security were traditionally limited to, and associated primarily with state actors in their relation to each other. For this, earlier works on security largely rested on the traditional conception of national security. Scholars like Isa (2007) including Hutchful (2004), had little time contemplating discusses as part of national security. To these scholars, and others like Abolurin (2011), Burgess (2008), consider security from state-centric dimension, with state as the only provider of security. However, McNamawa (1968), away from traditional security perception of some scholars, has shown the nexus between diseases or epidemics and national security.

In his conception of security, and by extension national security, there exist a relationship between outbreak of epidemics and national security. A member of scholars agreed to this fact. For instance, Weaver (1997), Weaver (2000), Williams (1994), Wyn Jones (1999) and Kaldor (2000) to mention but a few, in their respective works, show a consensus, that a wide range of security threats, confront states, individuals and societies. Given this line of thought, we would appreciate the fact that the challenge to human security in Nigeria and perhaps the world, emanates from the state of health conditions of the people. These scholars have increasingly recognized health and security nexus. They have shown that sudden and drastic changes in health may have an influence on security both directly and indirectly. They have also shown that epidemics can lead to political unrest, instability, and disorder as well as long-term declines in a nation's economic sustainability. Concerns regarding global health issues have long been expressed by foreign governments. From sanitary checkpoints created in 1851 to stop the plague from entering Croatia's Dalmatian coast, which led to the establishment of international sanitary conventions, to the victories over malaria and yellow fever that made it possible to build the strategically important Panama Council, health and diseases have always been intertwined with the pursuit of foreign policy objectives**.**

Globalization has however, increased the importance of global health in a number of arears of foreign policy over the past forty (40) years. Foreign policy has a diverse influence on public health issues, both in a favourable and unfavourable way. For instance, a nation's foreign policy may have an effect on the spread of illness. Strong international ties may increase the chances that nations will exchange information about diseases outbreaks and cooperate to develop remedies. On the other side, countries may be less likely to exchange information or work together on public health issues if their relations with other nations are severe. Furthermore, a nation's foreign policy may have an effect on access to health care. A nation may be less likely to have access to medical resources and professionals if it has strain relationship with other nations. In the end, public health issues can be significantly impacted by foreign policy. It is crucial that nations keep this in mind when dealing on their foreign policy orientation and objectives.

Over the past two decades, health and security together have general popularity as a common approach to health policy concerns, since good health is both essential and vital to human existence, livelihood and dignity and cohesion depend on a population's overall health. Four factors can be used to assess the significance of health and how it affects security; (i) the magnitude of the diseases burden now and in the future (ii) the intensity of action (iii) the depth and extent of the impact in society and (iv) the interdependences in externalities that may have an influence beyond specific diseases, people or locations. All these factors are captured in the Ebola and Covid-19 pandemics. Both diseases are connected to the mass spread of infections that endanger not only individuals but society as a whole. More than million people died from infectious Ebola diseases … while over People have died of Covid-19 epidemics.

History of Ebola

Ebola pandemic was first identified in the Democratic Republic of Congo. Because Congo appeared to be the original source, the disease was named after the Ebola River in Congo. Sudan is added as another source of Ebola disease (Aladegbola and Odewusi, 2014). The Ebola disease was discovered to be infectious and hemorrhagic which occur, when…. Ebola virus is transmitted through infected animal host and spread fast with human-to-human transmission through direct contact with blood or bodily fluids from an infected person. The Ebola virus has high infectious capability such that any contact with infected person or body of a dead victim also risked been infected. The symptoms of Ebola include catarrh, headache, with highest mortality rate. It killed between 50 – 90 percent of its victims (Aladegbola and Odewusi, 2014).

Ebola in Nigeria

In 2013, Ebola virus was identified in Guinea, from there, it spread to Sierra Leone and Liberia. These countries become the hotseat of the disease. Scholars attributed this to cold wars that ravaged the two countries (Sherrill and Somerville, 2015 in Isaac etal, 2021). The threat of Ebola was severe, and spread to other countries including Gambia and later Nigeria. The disease affected 3,000 people with over 1,500 deaths recorded in Liberia and Sierra Leone in 2014 (*The Punch* 15 July, 2015). By October 2014, World Health Organization recorded over 4,000 death (*The Punch*, 8 October, 2014).

With over 5,000 deaths by the end of 2014, Ebola epidemic escalated into a global health crisis and the effort to contain the spread of this disease become a substance of foreign policy.

The Ebola disease came into Nigeria through Lagos Airport on July 20th, 2014, when Liberian-American Patrick Sawyer, whose circumstance of gaining entrance into Nigeria, generated conferences between Nigeria and Liberian diplomatic and immigration officers. Issues arising from Sawyer's situation became matter of foreign policy: (1) travel documents, especially the requirement of International Health Certificate (2) the clearance officer, right to be aware of his status since the Liberian government was aware of his movement to Nigeria for the Ecowas conference. In all, through Sawyer's contact, eight (8) Nigerians died of Ebola disease (*The Punch*, 5, October 2014).

History of Covid-19

COVID-19 is small in size, about 65-to-128-inch diameter. It has single stranded RNA nucleic material ranging from 26 to 32 KVS in length. Earlier research studies revealed that, COVID-19 belongs to the zoonotic class of infection with high level transmissibility. COVID-19 risks is high than SARS COV following its infective reproduction number (R) of 1.77. At first, World Health Organization referred to as 2019 Novel Corona Virus Disease and later announce the current reference name as "Acute Respiratory Syndrome Corona Virus" (WHO, 2020). The result from research carried out by team of scientists led by Prof. Young-Zhen Zhary, published on 10th January 2020, named Wuhan, China as the origination city (Venice, 2020). This revelation was further supported by 89.2% findings of the research conducted by Chinese scholars that also attributed the outbreak of COVID-19 in connection to a sea food market in Wuban, China.

Initially, it was associated with animal association. In this case, it was speculated that the disease was transmitted from animal named Civet Cats to human (Venice, 2020). Before now, the Middle East Respiratory Syndrome (MCRS-COV) of 2012, and the 2002 severe acute respiratory syndrome (SARS-COV) were found to have been transmitted from

animal to human and therefore, speculated in like manner, that COVID-19 is animal associated. Though this speculation is yet confirmed, but the obvious is that COVID-19 infection is transmitted from one person to another through droplets from infected person, usually at the time of coughing or sneezing.

According to research findings, expose to onset of symptoms span between two and ½ days with an average of five days (WHO, 2020). As stated earlier, COVID-19 has a high rate of transmissibility. Thus, within a month, COVID-19 pandemic spread throughout China. The spread was so wide because the outbreak of the disease concise with the celebration of Chinese New Year, a time when there is always high level of human movement among the Chinese people. As at the time of the study, more than 8.34 million people have been affected in about 187 countries with death tolls of more than 238 was recorded.

COVID-19 in Nigeria

The first confirmed COVID-19 case in Nigeria (Lagos State) was on the 27th February, 2020. The case was an Italian citizen (named withhold) who reside and work in Nigeria. He travelled to Milan, Italy and returned to Lagos, Nigeria on the 25thFebruary, 2020. He was confirmed as COVID-19 infected patient by the Virology Laboratory of the Lagos State University Teaching Hospital on Friday, February 28, 2020 (NCDC Report, 2020). Since then, the disease has been reported in all the States including the Federal Capital Territory.

The fatality rate may be high since few persons have been tested. Again, those with mild symptoms were mostly likely not tested since the testing kits were insufficient and, in most cases, for stigmatization, including, including religious belief of many suspected persons refuse to be tested. Since the vaccine for treatment is yet discovered, treatment measures such as masks, hand hygiene, case detection, contact tracing and quarantine have been discussed as ways to reduce transmission.

Foreign Policy and Global Epidemic in Historical Context

The outbreak of Epidemic is not new and the global efforts to address infectious disease does not began today. David (2010) reminded us of the first effort made through the global health conference held in 1851 at Paris, and another in 1902. These conferences initiated global mechanisms for the control of outbreak of epidemic. The International Office of Public Hygiene, which the French government founded in 1907, was one of these systems. Once again, the Pan American Sanitary Bureau—the forerunner of the Pan American Health Organization of today—was established (Jean-Robert, 2017). Many other organizations, like the World Health Organization, the United Nations, and the League of Nations, sprang from these modest beginnings. These organizations make investments in public health because there are more and more global health issues that nations cannot resolve on their own**.** Nations recognized the usefulness of health security to national security and therefore adopted policies and actions to stop the spread of infectious disease at the borders. All countries regardless of income or level of development, encounter risks of epidemic with potential threat to national security. This understanding increasingly led to the adoption of international instruments, frameworks and agreements. In this direction, foreign policy is well informed about anticipated risks and thus design its role, along with other sectors for collaborative approaches to health security.

Nigeria's foreign policy responses:

An examination of Nigeria's foreign policy responses to Ebola must start with her neighbors in Africa. It is interesting to note that Africa is the source of Ebola, as not only the populous black nation, but also as the continental lender, great deal of response in the form of critical role was expected. In this sense, Nigeria collaborated with ECOWAS and developed West Africa Policy directed to halt the Ebola epidemic. Nigeria, initiated actions that adjudged Ebola epidemic as not only national and regional but also international emergency. This was as the WHO was not proactive, even as the epidemic was gradually spreading and killing people on the continent.

Given the limited emergency response system in the country, and other challenges in the health sector, non-proactive foreign policy measure would have cost the country a lot. First, in averting huge death, the government set up screening and monitoring Centre at the nation's Airports. The body screen both out and in bound passengers. The government also facilitated the setting up of a regional solidarity fund, in which countries made contributions

Country contributed	Amount
Nigeria	$4.5 million
Cote d'Ivoire	$1 million
Senegal	$1 million
Benin Republic	$400,000
Sierra Leone	$250,000
Burkina Faso	$150,000
Niger Republic	$200,000
Mali	$200,000

Source: Ademuragun, 2014.

Beyond this, Nigeria and ECOWAS, including the private sector collectively and individually donated huge sum to worst affected states like Guinea, Sierra Leone and Liberia. In the words of Iklmoria (2014), Nigeria responded Swiftly and was able to contain the spread of the disease. Apart from fund released, steps were taken to prevent further spread. Steps such as halting inter-state transportation of corpses, establishment of Ebola treatment and research group, to research extensively into Ebola virus were very much commendable.

In the case of Covid-19, the government of Nigeria collaborated with major powers. For instance, more than sixty inter agency members from the United States mission worked side by side with Nigerian counterpart to address the epidemic challenges in Nigeria. The government also attracted $125 million from the United States. This fund was used in covid related equipment and technical assistance. Beyond this, the government also attracted from US, more than 4 million doses of covid vaccine, 200 ventilators, personal protective equipment. The government closely collaborated with the United States to provide rapid response team, and above all, training of over 200,000 military and civilian personnel on covid-19 control measures and technology transfer for virtual training. Though, the nation attracted assistance from other countries through foreign policy instruments, it is however done after the nation has fallen victim of the epidemics. This could have been prevented if our foreign policy instruments were proactively deployed to quickly detect such diseases and action initiated on time

Concluding Remarks

Global Society is likely to become more complex and is also likely to face a multiplicity of challenges, requesting collective attention. Thus, the need for foreign policy will increase, and with it, addressing epidemic would be easier. Therefore, the nation's foreign policy and foreign service should be strengthened to project her health needs into the existing global health diplomatic institutions adaptations, and domestic hygiene maintenance policy. Sub national response framework at the sub-regional, regional and local levels should be strengthened for optimal performance.

Foreign policy instrument should be deployed to attract international NGO's donation of health equipment and training of the country's health workforce. WHO's joint external evaluation and global health security index revealed that the country performed poor in the area of prevention due to shortage of human resources, inadequate health equipment, and lack of functional laboratories. All these can be addressed with proper articulation and projection of health issues in the nation's foreign policy. Broader engagement of the countries in the region in strengthening interface of health and foreign policy with the support of world health organization could assist in time of global health crisis.

References

Abolurin, A. (2011). Nigeria's National Security: Issues and Challenges. Ibadan: John Archers.

Ademuwagun, A. (2014). Nigeria foreign policy shows that a giant cantgo too far. Available at http://ynnija.com/nigeria, accessed 24/01/2024.

Aladegbola, A. and Odewusi, O.M. (2014). Ebola Epidemics and Nigeria's foreign in West Africa Sub-region: Issues and modalities. A paper presented at the conference of the Department of international Relations.

Burgos, J. P. (2008). Non-military security challenges. In C. A. Snyder (Ed.),

Contemporary security and strategy. New York, NY: Palgrave Macmillan.

Carlanaes, W. (2008). Foreign Policy, in Carlanaes, W., Risse, T. & Simmons, B. (Eds). Handbook of International Relations. London: Sage publication.

David, P.F. (2010). From International Sanitary Conventions to Global Health Security: The New International Health Regulations. Available at http://chinesejic.oxfordjournals.org/egi/content/full/4/22/325. Accessed 24/01/2024

Deloffre, M. Z. (2015). Human security, humanitarian response, and Ebola. PS: Political Science and Politics, 48(01), 13-14.

Dionne, K. Y., & Seay, L. (2015). 'Perceptions about Ebola in America: Othering and the role of knowledge about Africa'. PS: *Political Science & Politics*, 48(1), 6-7.

Frankel, J. (1963). The making of foreign policy: An analysis of decision-making. London, UK: Oxford University Press.

Goldstein, J. & Pevehouse, J. (2011). International Relations. New York: Pearson.

Hutchful, E. (2004). Reforming the security sector in Africa: An overview. Ibadan, Nigeria: University Press PLC.

Ikhuoria, E. (2014). Case Study: How Nigeria contained the Ebola Outbreak: available at www.one.org/us2014/10/29/case-study (accessed 24/01/2024)

Isa, A.M. (2007). National Defense College and Nigeria's National security. Distinguished lecture monograph, Ibadan: University of Ibadan.

Isaac, A. A., & Nnaoma, H. I. (2021). Globalization, infectious diseases, and Nigerian foreign policy: A reflection on the Ebola epidemic. In O. A. Solomon & O. A. Adeniyi (Eds.), Foreign policy: Old venom, new vials. Ibadan, Nigeria: University of Ibadan Press.

Jean-Robert, L. (2017). Global Governance Diplomacy: The Critical Role of Diplomacy in addressing Global problems. Maryland: Rowman Littlefield.

Kaldor, M.T. (2000). Migration, Trafficking, Human Rights and Refuges Under International Law: A case study of Africa Department of Public Law. Zaria: Ahmadu Bello University Press.

Mc Namara, R. (1968). The Essence of Security Reflection in Office. New York: Harper and Row.

The Punch, 15 July, 2015

The Punch, 5 October, 2014

The Punch, 8 October, 2014

Venice, M. (2020). Health and Society: Covid-19 History of Coronavirus. Available at https://www.labmanager.com. Accessed on the 24/01/2024/

Waever, O. (2000). What is Security? The Securitiness of security, in Hansen, B. (Ed.) European Security Identities 2000, Copenhagen. Copenhagen Political Studies Press.

WHO (2020). Novel Coronavirus (Covid-29) situation Dashboard centers for Disease control and prevention. Available at https://experience.avegis.com/experience/685deace521648F8a. Retrieved 24/01/2024.

Williams, P. (1994). Transnational Criminal Organization and International Security. *Survival* 36: 96-113.

Wyn, J.R. (1999). Security Strategy and Critical Theory, London: Lynner Rienner.