Lessons learned between Ebola and COVID-19
Border politics and securitization of migration flows in West Africa

Emina Osmandzikovic

Border politics in West Africa is a gravely misunderstood topic. Externally securitized in a way that does not necessarily serve the local communities and the sustenance of cross-border flows of people and goods, West Africa has persevered through the Ebola outbreak in a rather miraculous way. Given the acuteness of the West African socio-economic condition and healthcare security, this chapter attempts to explore migration patterns and contextualize viral outbreaks—from Ebola to COVID-19—in the fluid framework of border flows within this Sub-Saharan region, thus invalidating extant prejudice against West African migration patterns.

Introduction

Given their overall socio-economic state and migration management, West African countries[1] have been flooded with ominous predictions that the region's healthcare systems would be overwhelmed as the novel coronavirus cases escalated. Given the overall underdevelopment and widespread socio-economic inequality across the region, West Africa had previously under-

1 The United Nations (UN) defines West Africa as the region encompassing the following 16 countries: Benin, Burkina Faso, Cape Verde, The Gambia, Ghana, Guinea, Guinea-Bissau, Ivory Coast, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone and Togo, as well as the United Kingdom Overseas Territory of Saint Helena, Ascension and Tristan da Cunha (Masson/Pattillo 2001).

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gone one of the largest Ebola outbreaks in contemporary human history in 2014. In Guinea alone, it took nearly three months for health officials and their international partners to identify the Ebola virus as the causative agent. By the time an official diagnosis was reached, the virus had already spread across multiple countries, migrating from rural areas to densely populated cities, and eventually expanding beyond the region. These factors undoubtedly contributed to the overall absence of preparedness against the spread of the COVID-19 virus across Sub-Saharan Africa, albeit with some exceptions.

Given that West Africa is a region with a deep, historical connection to migration, wherein porous borders and cross-border trade make the largest part of the region's contemporary socio-economic habitus, its border communities have managed to create and internalize a plethora of localized approaches to tackling the cross-border voyage of viral outbreaks.

Leaning on their historical underpinning and catalyzed by contemporary waves of globalization, the regional migration flows within West Africa have been conjoined with a global migration system. They are, hence, heavily influenced by international socio-economic and securitization policies that aim to control and curb flows of people and goods. While a high number of cross-border businesses remain informal, the prominent involvement of women in trade between borders and the buy-in of local communities galvanized re-thinking of migration, especially in the post-Ebola period (UNCTAD 2019).

To that extent, this chapter seeks to explore migration patterns across West Africa's porous borders, thus embedding the region's experience with viral outbreaks in a greater context of its migration flows and innovative approaches to tackling the local communities' dependence on cross-border trade amidst viral outbreaks. In doing so, this chapter attempts to demonstrate the need to view and analyze the problematics of migration in the region through a more comprehensive and intersectional approach, especially in the COVID-19 aftermath.

A brief history of contemporary migration flows in West Africa

In order to fully comprehend contemporary migration systems, and current migration policies, in the region, it is pertinent to set its migration configuration in its proper historical context.

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Including refugees and migrants, West Africa is a region with a long-standing culture of migration, primarily characterized by intra-regional movements (IOM 2020). Due to its postcolonial geography, migrants regarded West Africa as an economic unit within which trade in goods and services flowed and people moved freely (cf. Adepoju 2005: 1). Mobility within and out of the region has taken place through temporary, circular and more permanent movements, principally for the purpose of labor and cross-border trade (IOM 2020). In the 1990s, conflict and violence also led to internal and cross-border displacement. Being among the smallest and economically worse off countries in Sub-Saharan Africa, Liberia, Sierra Leone and Guinea have been intertwined in civil wars throughout the 1990s, destabilizing the region in both political and economic terms.

Census-based estimates by the United Nations Population Division suggest that West Africa has the largest absolute international immigrant stock, as based on place of birth data (cf. Yaro n.d.:1). It is also the only region of Sub-Saharan Africa where migration stocks relative to the total population have been increasing over the past couple of decades (cf. de Haas 2007: 1).

Therefore, the process of growth and development which West African countries have experienced in the post-colonial period has been characterized by the process of areal differentiation (cf. Riddell 1980). In a spatial sense, employment opportunities and developmental changes have been concentrated in a few areas, especially the cities; the rural areas, which dominate both in terms of population numbers and areal extent, have either undergone little growth or have felt the backwash effects of development elsewhere (cf. Hirschman 1958; Myrdal 1957). Given the historical absence of rigid borders between the countries in the region and the relatively small market share of their fledgling domestic economies, the local communities have responded to these socio-economic developments via utilizing border fluidity and scaling up cross-border trade.

A pertinent challenge to migration in the West African region is the paucity in the enforcement of the Economic Community of West African States (ECOWAS) protocol on entry, residence and settlement. As a trading union, ECOWAS was envisioned to create a single, large trading bloc through economic cooperation (ECOWAS 1975). In comparative terms, ECOWAS is also meant to create a single, large trading bloc through economic cooperation, similar to the concept behind the European Union. The founding idea of the treaty was the creation of a borderless and integrated region where the pop-

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ulation has access to its abundant resources, enjoys free movement, has access to efficient education and health systems, and engages in economic and commercial activities while living in peace and security.

Guided by the principles of solidarity and collective self-reliance, ECOWAS has had mixed success in codifying and monitoring informal migration flows within the region; nevertheless, it has grown into the region's socioeconomic backbone in migration management, especially in times of crises.

In the wake of the Ebola crisis, land borders within West Africa closed, immediately ceasing trade and movement of people (Games/Vickers 2015). ECOWAS, however, was the first organization in the world to provide an institutionalized response to the Ebola outbreak (cf. Yaya 2015), eventually training healthcare professionals of the most affected states and providing financial support within the organization's regional plan and solidarity fund against Ebola. Despite the cessation of cross-border trade and flows of people, ECOWAS ceased the global momentum and brought in well-coordinated, international assistance, thus paving the way forward.

Localized border solutions for marginalized communities

Since the early 2000s, West African countries have given birth to some localized efforts to tackle the problematic aspects of movement of marginalized and prosecuted communities, including refugees and asylum-seekers. The regularization of Sierra Leonean and Liberian refugees in Nigeria in 2007 included 339 people, as based on ECOWAS. With the restoration of peace in Sierra Leone and Liberia after the two countries' devastating civil wars, the governments of both countries and Nigeria, where a substantial number of Sierra Leonean and Liberian refugees had found refuge, signed a multipartite agreement with the United Nations High Commissioner for Refugees (UNHCR) in order to integrate them in Nigeria. The agreement acknowledged that the ECOWAS Protocols can be applied to refugees from Sierra Leone and Liberia in Nigeria. Moreover, the agreement promoted the exploration of a legal migrant status by all parties as a solution for refugees upon cessation of their refugee status.

The agreement specified that the Sierra Leonean and Liberian refugees: (i) have the possibility to opt for legal migrant status on the basis of the ECOWAS Free Movement Protocol, (ii) have the governments of Sierra Leone

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and Liberia provide them with valid ID and travel documents, (iii) have the government of Nigeria provide them with residence permits for a period of two years, with the possibility of renewal, allowing them to work, reside and move freely within the country, and (iv) have the UNHCR cover the fees incurred for the issuance of passports and residence permits.

According to the UNHCR, out of 1,634 Sierra Leonean refugees registered in Nigeria, 339 opted for local integration, in addition to 185 Liberian refugees. An estimated 61 percent of registered Liberian refugees and asylum-seekers have opted for local integration in Nigeria. Although the multipartite agreement only applies to Nigeria, several other countries in West Africa have subsequently applied for the protocol to facilitate the integration of former Sierra Leonean refugees, resulting in a total of 6,012 applications for local integration, processed through ECOWAS.

Succored by flexible ECOWAS provisions, the West African approach has successfully attempted to bridge the gap between asylum and economic aspects of migration, wherein the mandate of the treaty was expanded to incorporate asylum as a beneficiary category. The peculiarity of the program is two-fold; namely, vulnerable communities were scattered across several countries, rather than one, and the agreement was successful in formalizing the socio-economic lives of these communities. There is no evidence to suggest that these provisional status normalization and border solutions for marginalized communities changed amidst the Ebola outbreak, albeit with poor follow-up.

West African female entrepreneurs and the informal cross-border trade

In the case of West Africa, informal cross-border trade occurs between neighboring countries conducted by vulnerable, small, unregistered traders (UNCTAD 2019). Typically, it is proximity trade involving the move of produce between markets close to the border. Similar to the situation elsewhere in Africa, in major cross-border posts, women account for a high percentage of informal traders.

Across the board, this female-intensive sector has broad poverty reduction ramifications. It constitutes a vital source of sustenance and livelihood for low-income and low-skilled women in border areas. Small-scale border

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trade can play a fundamental role in contributing to poverty reduction and food security, wherein women play a catalyzing role locally and regionally (cf. Brenton/Soprano 2018).

Women's businesses are not necessarily registered as formal owners; however, they do not aim to circumvent existing laws and applicable taxes by default. In fact, cross-border traders typically pass through official crossing points and even undergo formal clearance procedures, yet their consignments are often so small that they escape official records (cf. Brenton/Soprano 2018).

As an important defining factor for these businesses that contribute to local and regional food security, infrastructural, policy, procedural, and behavioral constraints at the border hinder traders' ability to grow and formalize. Nevertheless, revenues from cross-border trade are often the main source of income for the households of cross-border traders. For example, a 2013 World Bank report, based on a survey of more than 600 traders in the Democratic Republic of Congo (DRC) and Rwanda, found that cross-border trading activities provide the main source of family income for three out of four traders (Brenton et al. 2013). The survey found that for measures such as quality of dwelling, access to electricity, type of cooking fuel used, and ownership of durable goods, the households of cross-border traders are as well off as the average urban household that is used as a comparative case.

The migratory dimension of women's cross-border trade also deserves more cogitation. Cross-border trade is not only a trading activity but is also an act of migration, with traders crossing national and regional borders within economic communities as well as international borders outside the continent. More attention to the migratory aspects of cross-border trade and the specific characteristics of women's migration can enhance the scope of female traders' cross-border economic activity.

Women also play an important role in health-related awareness-raising, which is why Ebola put them at a heightened danger, especially compared to other demographic groups (cf. Wolfe 2014). Some research shows that more than two thirds of Ebola patients in DRC have been women (cf. Peyton 2019).

Moreover, increased use of water for handwashing and other prevention activities has led women in border areas to commute more frequently traveling long distances to collect water, leading to increased risk of sexual violence (IRC 2019). The situation has significantly improved since, especially given the women's role in awareness raising of their own communities who

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remained being at a heightened risk of infection even after the Ebola outbreak subsided.

How Ebola crossed porous borders within West Africa

The scope of the 2014–2016 Ebola outbreak in West Africa, both in terms of cases and geography, can be attributed to the unprecedented circulation of the virus into overcrowded urban areas and the capitals, increased mobilization across borders, both formal and informal, and conflicts between key infection control practices and prevailing cultural and traditional practices in the region.

The Ebola virus was first discovered in 1976 near the Ebola River in today's DRC. According to the American Center for Disease Control and Prevention, WHO reported first Ebola cases in the rural region of southeastern Guinea in March of 2014. The identification of these early cases marked the beginning of the Ebola epidemic, the largest in the region's history (CDC 2019).

A pertinent amount of circulation of goods and people has taken place between Ghana, Gambia and Nigeria; Togo and Cote d'Ivoire; Burkina Faso, Senegal and Côte d'Ivoire since the early 1970s. Reinforced by historically open exchange, many borders between countries in the region remain porous. Moreover, some research suggests that a number of people have been much more likely to cross into a neighboring country without even going through a formal border crossing (cf. Fallah 2019). On the ground, people cross geographical boundaries without physical boundaries in their minds, especially in search for socio-economic sustenance that they cannot find in their immediate vicinity. When migrants, refugees and cross-border traders find themselves in DRC and fall ill from a disease, they will do what anyone would: seek support from their relatives and friends, some of whom are in border towns (cf. Fallah 2019), making cross-border monitoring strenuous for local authorities.

While border fluidity has proven as a key advantage for regional trade and the economic market, weak surveillance systems and poor public health infrastructure contributed to the difficulty surrounding the containment of the Ebola outbreak in West Africa. By mid-2014, the outbreak spread to urban areas and the capitals of all three countries, eventually reaching several countries in Europe and the US.

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While it might have seemed counterintuitive, closing borders in the face of Ebola was the worst possible response, according to WHO experts at the time, including the Secretary-General, Tedros Adhanom Ghebreyesus (cf. Turse 2019). Met with border or travel restrictions, people who rely on crossing borders to feed their families will always find a way to do so. Moreover, an independent investigation by The Intercept, an online news publication, found that Congolese and Rwandans regularly traversed the frontier between the two countries without safeguards and health screenings. Some actively bypassed public health efforts at formal borders as well (cf. Turse 2019).

As one of the greatest examples of the porous border dynamics in West Africa, on-ground research has mapped out the DRC-Rwanda fluid asymmetry. There are stark contrasts between the border districts in Rwanda and DRC in terms of their economic and political characteristics. In general, the Congolese side displays weak, locally contested state authority, insecurity, negotiable and inconsistent economic regulation, and greater opportunities for employment. The Rwanda side of the border is characterized by strong, centralized political authority, physical security, heavy regulation and absence of work opportunities. In the context of Ebola, preparedness interventions, including cross-border surveillance, ought to be understood against a backdrop of pre-existing suspicions, political-economic exploitation, smuggling, and the ongoing security concerns of both countries (cf. Bedford 2019: 3).

On the one hand, Ebola has been a very difficult disease to contain because of human social and behavioral factors. But it can be easily contained if 100 percent of the infected people's contacts are identified and monitored and if cases are quickly removed into treatment units (cf. Fallah 2019).

On the other hand, a 2014 study in the Eurosurveillance journal found that travel bans could have only delayed, and not prevented, the international spread of the Ebola outbreak and only "at the risk of compromising connectivity to the region, mobilization of resources to the affected area and sustained response operations, all actions of critical value for the immediate local control of [Ebola] and for preventing its further geographical spread" (Poletto et al. 2014: 5). In the concrete case of the Ebola outbreak, these restrictions effectively posed as a great logistical hindrance in managing its spread.

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Moreover, a 2016 retrospective epidemiological study found that "travel restrictions were not effective enough to expect the prevention of global spread of Ebola virus disease." The research, in PLOS One, found that it was "more efficient to control the spread of disease locally during an early phase of an epidemic" (Otsuki/Nishiura 2016). The incongruences on how localized the containment measures should be, especially in regions with ambiguously upheld borders has been left open-ended, despite some burgeoning efforts to reinforce greater health safety in border areas.

Moreover, according to a Harvard Medical School piece published in Quartz Africa in 2019, "some evidence suggests that there are a lot more informal crossings than the formal ones across West Africa," making *de facto* monitoring of borders virtually impossible for both the local and the national authorities. Herein, some research reveals that a number of people have taken antipyretic medications to avoid being detected at the formal border crossings. These drugs bring fevers down so that scanners don't detect a high temperature (cf. Fallah 2019). While channeling the regional response to the Ebola outbreak, ECOWAS had taken a backseat with reinforcement of tougher border mechanisms.

Overall, more than 100 million Ebola screenings have occurred during the outbreak. Twenty-eight times, health checks have stopped people with the Ebola virus in transit. But many continued crossing borders without anyone taking their temperature or checking for symptoms. Two and a half years after the first case was discovered, the outbreak ended with more than 28,600 cases and 11,325 deaths.

In the immediate aftermath of the Ebola outbreak, there were some behavioral on-ground shifts that might speak to the lasting impact cross-border contamination left on the region. Having many residents who cross the border for daily trade, local communities in border areas understand that screenings—which include registration, hand washing and temperature checks—came as a protective measure (cf. Enaka Kima 2016: 4). Herein, communal self-regulation complemented poorly executed official efforts that are unable and incapable of penetrating the most vulnerable societies, at times.

In Guinea, for instance, volunteers were trained and mobilized to conduct door-to-door awareness raising and focus group discussions on hygiene education, especially in border areas, in addition to infection control through community event-based monitoring. The acceptance by local communities of these initiatives, is primarily the result of the adoption of a com-

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munity-based approach in the aftermath of ebola (cf. Enaka Kima 2016: 2). On a broader communal level, religious and traditional leaders played a key role in dialogue to prevent any resurgence of the Ebola epidemic or other diseases, ensuring that local communities that live and work between borders are more prepared for future outbreaks.

In the period leading up to the COVID-19 outbreak, information-sharing and awareness-raising, especially among the region's border communities, has elevated its preparedness, indicating that border fluidity has had some positive effects. Herein, some research suggests that because the authorities who had previously been associated with the HIV epidemic have been providing information on Ebola, the information is taken more seriously on the ground and internalized by those who cross borders daily to engage in trade and business.

Bracing for the COVID-19 virus outbreak and its lasting repercussions

Originating in the Chinese Hubei province in late 2019, the COVID-19 outbreak spread to all continents by mid-March of 2020, when the World Health Organization officially updated its status to a pandemic (WHO 2020). In late February of 2020, the first case of COVID-19 in West Africa was recorded in Nigeria. Within one month, the virus had spread to all the countries in the region (OECD 2020).

The COVID-19 outbreak in West Africa was primarily covered with food security and public health discussions through the lens of socio-economic demise of regional trade. While the angles of food security and public health hold substantive merit (cf. Akinwotu 2020), West Africa's response to the COVID-19 pandemic cannot be merely tossed as totally negative.

While many west African countries continued to have poorly resourced health systems in the post-Ebola period (Martinez-Alvarez et al. 2020), thus rendering them unable to quickly scale up an epidemic response with the COVID-19 outbreak in 2020, WHO made several statements that the region's previous devastating experience with the Ebola outbreak had made it more resilient (cf. Akinwotu 2020).

Herein, research from other regions suggests that experience with viral outbreaks has made entire populations more disciplined, aware of virus-

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associated health risks, cautious in their social behaviors and more trusting of the pandemic health management efforts overall, thus quickening national responses amidst the COVID-19 pandemic in early 2020 (cf. Walsh 2020). For instance, despite their proximity to China, Hong Kong and Singapore managed to keep COVID-19 infections and death extraordinarily low. While both are economically developed[2], with strong public healthcare systems and a deep bench of infectious disease experts, the deeper reason lays not in their success with COVID-19, but in past failures with the Severe Acute Respiratory Syndrome (SARS) and the Middle East Respiratory Syndrome (MERS) earlier in the century, both of which managed to engineer socio-economic and health-related behaviors in order to follow official guidelines and catalyze crisis management (cf. Walsh 2020).

Similarly, West Africa's experience with the Ebola outbreak has galvanized public debates on health and preventative measures that local communities can undertake, especially regarding awareness raising. This, however, does not consider the socio-economic and developmental differences between West African countries and the two above-mentioned case examples.

In the case of West Africa, local businesswomen and female entrepreneurs in border areas have played a key role in conveying health-related messages to their respective communities, capitalizing on the religious and local leaders' buy-in of official anti-Ebola measures among the populace of West Africa.

Although some West African countries have measures in place from the Ebola epidemic, the region includes some of the poorest countries in the world[3]. Despite having young populations, some West African countries have rates of other risk factors similar to European countries, wherein 27 percent of Gambians have hypertension and 6 percent have diabetes (Martinez-Alvarez et al. 2020).

While many West African countries have poorly resourced health systems, rendering them unable to quickly scale up an epidemic response, which had severely impeded the region's response to Ebola, the region fared

2 The United Nations Development Programme (UNDP) ranks Singapore at 0.935 and Hong Kong (SAR China) at 0.939 within the Human Development Index (HDI) for 2019. Measuring life expectancy, education, and per capita income indicators, the index ranges between 0 and 1, wherein lower values correspond to zero and higher values correspond to one.

3 According to World Bank data, nine of the 25 poorest countries are in the region.

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better with the COVID-19 crisis. Public awareness and greater cross-border discipline, coupled with the region's previous experience, had perhaps stifled the virus' devastating consequences.

Overall, many uncertainties of the long-term impact of COVID-19 on the region remain, given the persevering prevalence of some of its structural impediments.

Continued border fluidity and preventative measures against viral diseases

Given that migration has been historically seen as a way of life in West Africa (cf. Adepoju 2005: 4), ECOWAS aimed to officiate the total removal of obstacles to the free movements of goods, capital and people in the region, primarily responding to the on-ground realities of informal border crossings, cross-border traders and local, unofficial entrepreneurs who have been sustaining regional economies. The wavering political support, political instability and inter-state border disputes, including violent clashes and civil wars, have retarded any significant progress in ratification and implementation of the ECOWAS protocols (cf. Adepoju 2005: 5).

Filling the deep abyss, contemporary efforts to modernize borders and manage local migration flows within West Africa have primarily been driven by external forces. This is best exemplified with the EU's expansive campaign to manage borders outside of the old continent in almost two decades; a stance that has galvanized countries across Sub-Saharan Africa, including West Africa, to manage historically fluid border flows by focusing on securitizing their territories. Securitization came in parallel with viral outbreaks, thus galvanizing external forces to even more involved in compartmentalizing local flows of goods and people, with some restrictive policies being naturally reinforced amidst the Ebola crisis.

Following the guidelines of the African Union and ECOWAS, both of which acted as guarantors of free movement with an active agenda of harmonization of border policies, there has been a diversity of actors involved in determining policies and practices of border management across West Africa. Herein, border management led by an international agency, such as the IOM, has included training of local stakeholders (cf. Howden 2018).

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While some key principles of border management illustrated by best practices from similar contexts can improve the overall health of border fluidity, ultimately leading to a reduction in criminalization and harm for human security and life, the application of a more securitized approach to managing West African borders has remained primarily external with minimal buy-in from regional governments. The gap between external influences and local border capabilities has been further exacerbated with the Ebola epidemic and has not changed much since, given the lack of political will from within the region.

While it is exigent to prognosticate the long-term impact of the COVID-19 pandemic on border fluidity and cross-border movement of people and goods within West Africa, especially when it is coupled with the phenomenon of externally-fueled securitization of borders for purposes that might not be pertinent for the region's immediate benefit, viral outbreaks have left their mark on the behaviors and practices of local communities in border areas, indicating a potential shift of the on-ground status quo.

Conclusion

Given the region's complex indebtedness to migration as the most effective medium of socio-economic sustenance, diverging incentives around border management in West Africa persist, even in the context of viral outbreaks that make cross-border movement difficult to execute and safely monitor. All of this means that health authorities' interventions within West Africa must be strategic.

The nightmare scenario for West Africa, according to health experts, is the COVID-19 virus loose in an urban and densely populated city with insufficient public health resources (WHO 2020). The results could be catastrophic—worse than the West African Ebola outbreak earlier this decade that killed more than 11,000 people.

Many analysts argue that the region's porous and poorly managed borders contribute to its intrinsic hazard factors when it comes to viral outbreaks, mislaying the fact that that West Africa has learned valuable socio-economic and healthcare-related lessons from the Ebola outbreak, some of which have been applied to the region's response to the COVID-19 pandemic, coupled with locally-based approaches to curbing border fluidity when necessary.

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Herein lies an important defining factor of cross-border businesses, often led by female traders, that contribute to local and regional food security and strengthened socio-economic infrastructure. As an official underpinning, ECOWAS has had laudable success in marshaling contained border fluidity amidst the region's viral outbreaks; evolving into the socio-economic backbone in migration management, especially in times of crises. Coupled with West Africa's previous experience with viral outbreaks and locally-underpinned exposure to mixed migration patterns within the region, it ought to be given more credit for surviving the worst case scenarios with a plethora of lessons learned that can be applied even in more developed regions of the world in the post-COVID-19 period.

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