

# How to deal with neglected tropical diseases in the light of an African ethic

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## ABSTRACT

Many countries in Africa, and more generally those in the Global South with tropical areas, are plagued by illnesses that the wealthier parts of the world (mainly 'the West') neither suffer from nor put systematic effort into preventing, treating or curing. What does an ethic with a recognizably African pedigree entail for the ways various agents ought to respond to such neglected diseases? As many readers will know, a characteristically African ethic prescribes weighty duties to aid on the part of those in a position to do so, and it therefore entails that there should have been much more contribution from the Western, 'developed' world. However, what else does it prescribe, say, on the part of sub-Saharan governments and the African Union, and are they in fact doing it? I particularly seek to answer these questions here, by using the 2013-16 Ebola crisis in West Africa to illustrate what should have happened but what by and large did not.

## KEYWORDS

*African ethic, Ebola, identity, neglected tropical diseases, positive duties, solidarity, sub-Saharan morality*

## 1 | INTRODUCTION: NEGLECTED TROPICAL DISEASES AS A GLOBAL BIOETHICAL PROBLEM

Many countries in Africa, and more generally those in the Global South with tropical areas, are plagued by illnesses that the wealthier parts of the world neither suffer from, nor (for that reason) put systematic effort into preventing, treating or curing. In this sense these tropical diseases count as 'neglected' by those with substantial resources, and they are commonly abbreviated 'NTDs'.<sup>1</sup> One reason for thinking that neglected tropical diseases count as an international bioethical problem is globalization in the 21<sup>st</sup> century whereby people frequently and quickly travel around the world, potentially spreading infectious diseases. Another reason, however, is that when large numbers of people suffer in horrible ways in one part of the world, particularly to the point of their lives being threatened, there is a moral obligation for

those in other parts to be concerned and to act out of that concern if they can.

Such a view is entailed by pretty much any ethic with a recognizably sub-Saharan African pedigree, i.e., informed by values characteristically held by peoples indigenous to Africa. Probably any moral philosophy that deserves the label 'African' is going to require those with substantial amounts of resources, i.e., with much more than are essential to meet their needs, to share them in ways likely to save others' lives or to significantly improve their livelihoods.<sup>2</sup> From such a perspective it is clear that Western governments and pharmaceutical companies, to mention just two examples, should be doing more to develop vaccines, cheap/rapid tests and cures for neglected tropical diseases; it is fair to accuse these very wealthy agents of immorally caring more about money than people.<sup>3</sup>

<sup>1</sup>World Health Organization. 2017. Neglected Tropical Diseases. Available at: [http://www.who.int/neglected\\_diseases/diseases/en/](http://www.who.int/neglected_diseases/diseases/en/) [Accessed 20 September 2017]; and Centers for Disease Control and Prevention. 2017. Neglected Tropical Diseases. Available at: <https://www.cdc.gov/globalhealth/ntd/> [Accessed 20 September 2017].

<sup>2</sup>For some discussion of the weightiness of positive duties to aid in the African moral tradition, see Wiredu K. 1992. Moral Foundations of an African Culture. In: Wiredu K, Gyekye K, editors. *Person and Community; Ghanaian Philosophical Studies, Volume I*. Washington, DC: The Council for Research in Values and Philosophy: 199-200; Gyekye K. 2010. African Ethics. In: Zalta E, editor. *Stanford Encyclopedia of Philosophy*. Available at: <https://plato.stanford.edu/entries/african-ethics/#EthDutNotRig> [Accessed 20 September 2017].

<sup>3</sup>As in Ramose M. The Death of Democracy and the Resurrection of Timocracy. *Journal of Moral Education* 2010; 39: 291-303.

Less clear is whether other, and specifically African, agents have also failed to uphold their obligations in respect of neglected tropical diseases. In particular, what should sub-Saharan governments and the African Union (AU) be doing about them, and what have they in fact been doing? I seek to answer these under-explored questions here, by using the 2013-16 Ebola crisis in West Africa to illustrate what should have happened but what by and large did not. In the light of a specific Afro-communal ethic that I advance, I conclude that not all blame can be placed on the 'developed' world for failing to aid; some African actors can, and must, do more. In specifying ways that certain sub-Saharan agents should deal with neglected tropical diseases, I highlight those entailed by an Afro-communal ethic that differ from those informed by characteristically Western principles, policies and practices.

I do not recount much about Ebola or the 2013-2016 epidemic here, other than to note that it is a haemorrhagic fever that currently lacks a vaccine or treatment, that can reach a 90% fatality rate (depending on the strain), and that produced more than 11,300 recorded deaths in mainly Guinea, Liberia and Sierra Leone.<sup>4</sup> Downplaying descriptive issues in favour of prescriptive ones, in the following section I advance a moral principle that is grounded on values and norms salient amongst indigenous sub-Saharan peoples, according to which virtuous or right acts are roughly those prizing communal relationships. I lack the space to defend this ethic thoroughly, though it should be *prima facie* attractive to a sub-Saharan readership, and I have argued elsewhere that it is a powerful rival at the global level to dominant Western approaches regarding a variety of bioethical matters.<sup>5</sup> Next, I apply the Afro-communal principle to issues regarding Ebola and neglected tropical diseases more generally, focusing largely on the duties of African agents in respect of them. Although I usually aim to bring out respects in which the sub-Saharan ethic prescribes approaches different from those typical of the West, I conclude with a recommendation to be more 'Western' in one, narrow sense, namely when it comes to expressing outrage that innocent citizens have suffered horrific burdens.

## 2 | AN AFRICAN ETHIC OF COMMUNION

In recent years there have been a number of literate, philosophical interpretations of the African ethical tradition. Although there has of course been moral philosophy amongst the black peoples

indigenous to the sub-Saharan region for several centuries, it was only with the recent demise of colonialism and the rise of literacy that intricate written works have appeared. For example, Kwame Gyekye has argued that an attractive African ethic at bottom prescribes advancing the common good,<sup>6</sup> whereas Bénédét Bujo and Laurenti Magesa have contended that it requires fostering an imperceptible vital energy,<sup>7</sup> with Godfrey Tangwa having applied this vitalist approach to bioethical matters.<sup>8</sup>

By these accounts, the communitarianism that is well-known for being salient in sub-Saharan moral thought is of merely instrumental value; communal relationship is solely a means to promoting well-being or life-force. In contrast, according to the interpretation of sub-Saharan morality that I favour, relationality is, roughly, an end in itself. I cannot show here that this latter approach is preferable to its rivals; I advance it as merely one plausible philosophical interpretation of sub-Saharan mores.<sup>9</sup>

### 2.1 | A Person Is a Person through Other Persons

Specifically, I spell out an Afro-communal ethic in the context of maxims widely taken to capture indigenous or traditional sub-Saharan morality, namely, 'I am because we are' and 'A person is a person through other persons'. Although these phrases are sometimes used to express a metaphysical claim (*viz.*, that one could not have become who one is without living in a certain society), they are also routinely meant to express a moral one. In particular, they are often prescriptions to become a *real* self or a *complete* person,<sup>10</sup> or, in the influential southern African vernacular, they are exhortations to exhibit *ubuntu*, the Nguni term for humanness or human excellence.<sup>11</sup>

Such an ethic is a *eudaimonist* or self-realization perspective, similar to the foundations of Aristotelianism and Confucianism. The ultimate answer to the question of why one should live one way rather than another is the fact that it would make one a better person. There is a distinctively human and higher part of our nature, and a lower, animal self, and both can be realized to various degrees. That is, the thought is that one can be more or less of a human, person or self, and one's basic aim in life should be to develop one's humanness, personhood or selfhood as much as one can. Indeed, it

<sup>4</sup>For more information, see Centers for Disease Control and Prevention. 2016. 2014-2016 Ebola Outbreak in West Africa. Available at: <https://www.cdc.gov/vhf/ebola/outbreaks/2014-west-africa/index.html> [Accessed 20 September 2017]; European Centre for Disease Prevention and Control. 2016. Ebola and Marburg Fevers. Available at: <https://ecdc.europa.eu/en/ebola-and-marburg-fevers> [Accessed 20 September 2017]; and WHO Ebola Response Team. After Ebola in West Africa—Unpredictable Risks, Preventable Epidemics. *N Engl J Med* 2016; 375: 587-96.

<sup>5</sup>The grounding essay was: Metz T. African and Western Moral Theories in a Bioethical Context. *Dev World Bioeth* 2010; 10: 49-58. More recent work includes: Metz T. Ancillary Care Obligations in Light of an African Bioethic. *Theor Med Bioeth* 2017; 38: 111-26, and Metz T. 2017. A Bioethic of Communion: Beyond Care and the Four Principles with Regard to Reproduction. In: Soniewicka M, editor. *The Ethics of Reproductive Genetics - Between Utility, Principles, and Virtues*. Dordrecht: Springer: ch. 4.

<sup>6</sup>Gyekye, *op. cit.*, note 2, as well as Gyekye K. 1997. *Tradition and Modernity: Philosophical Reflections on the African Experience*. New York: Oxford University Press: 35-75.

<sup>7</sup>Magesa L. 1997. *African Religion: The Moral Traditions of Abundant Life*. Maryknoll, NY: Orbis; Bujo B. 2001. *Foundations of an African Ethic*. New York: Crossroad Publishers.

<sup>8</sup>Tangwa G. 2010. *Elements of African Bioethics in a Western Frame*. Bamenda: Langaa RPCIG.

<sup>9</sup>The next few paragraphs borrow from other publications, e.g., Metz T. 2016. An African Theory of Social Justice. In: Boisen C, Murray M, editors. *Distributive Justice Debates in Political and Social Thought*. Abingdon: Routledge: 175-77. What is meant to be new here is not the African moral theory, but its application to Ebola, neglected tropical diseases and medical emergencies more generally.

<sup>10</sup>Wiredu K. 1992. The African Concept of Personhood. In: Flack H, Pellegrino E, editors. *African-American Perspectives on Biomedical Ethics*. Washington, DC: Georgetown University Press: 104-17; Menkiti I. 2004. On the Normative Conception of a Person. In: Wiredu K, editor. *A Companion to African Philosophy*. Malden, MA: Blackwell: 324-31.

<sup>11</sup>Mokgoro Y. *Ubuntu and the Law in South Africa*. *Potchefstroom Electronic Law J* 1998; 1: 15-26; Tutu D. 1999. *No Future without Forgiveness*. New York: Random House: 34-35. For a survey of how several sub-Saharan peoples understand these maxims, see Nkulu-N'Sengha M. 2009. *Bumuntu*. In: Asante MK, Mazama A, editors. *Encyclopedia of African Religion*. Los Angeles: Sage: 142-47.

is common for those from indigenous African cultures to describe those who are wicked as 'not persons', 'zero-persons' or even 'animals' (while nonetheless continuing to recognize them as having a full moral status).<sup>12</sup>

Turning to the second part of the maxims, one becomes a real self 'because we are' or a complete person 'through other persons', which roughly means insofar as one prizes communal or harmonious relationships with others. As Augustine Shutte remarks of an *ubuntu* ethic as often understood in southern Africa, 'Our deepest moral obligation is to become more fully human. And this means entering more and more deeply into community with others. So although the goal is personal fulfilment, selfishness is excluded'.<sup>13</sup> It is common for ethicists working in the African tradition to maintain, or at least to suggest, that the *only* comprehensive respect in which one can exhibit human excellence is by relating to others communally or harmoniously.

## 2.2 | Communion as an End

To begin to appreciate how one large swathe of African moral thought has been fundamentally relational, consider these remarks about sub-Saharan values and norms from theorists who are from places as diverse as South Africa, Zimbabwe, Uganda, Kenya and Nigeria:

*'(I)n African societies, immorality is the word or deed which undermines fellowship'.<sup>14</sup>*

*'Social harmony is for us (Africans—ed.) the summum bonum—the greatest good. Anything that subverts or undermines this sought-after good is to be avoided like the plague'.<sup>15</sup>*

*'(O)ne should always live and behave in a way that maximises harmonious existence at present as well as in the future'.<sup>16</sup>*

*'A life of cohesion, or positive integration with others, becomes a goal, one that people design modalities for achieving. Let us call this goal communalism, or, as other people have called it, communitarianism. In light of this goal, the virtues....also become desirable'.<sup>17</sup>*

*'The vast majority of norms, taboos and prohibitions (in the African tradition—ed.) is directed towards protecting the community and promoting peace and harmony'.<sup>18</sup>*

Talk of 'fellowship', 'harmony', 'cohesion' and 'community' is recurrent in the above quotations, which suggest that these are to be valued for their own sake. That approach differs from the idea that these ways of relating are valuable merely as a means to some other value, such as the common good or vital force. It also is *prima facie* distinct from the most salient philosophical approaches to morally right action in the contemporary West, which appeal at bottom to utility promotion, respect for autonomy, agreement in a social contract or God's will.<sup>19</sup>

The natural question is how one is to understand these relational goods, or what I most often call 'communion'. I again quote representative African theorists about what it means to live in communion, harmony, etc. with others, after which I draw on their comments to advance a principle to guide thought about bioethical matters, including controversies regarding neglected tropical diseases.

*'Every member is expected to consider him/herself an integral part of the whole and to play an appropriate role towards achieving the good of all'.<sup>20</sup>*

*'Harmony is achieved through close and sympathetic social relations within the group'.<sup>21</sup>*

*'The fundamental meaning of community is the sharing of an overall way of life, inspired by the notion of the common good'.<sup>22</sup>*

*'(T)he purpose of our life is community-service and community-belongingness'.<sup>23</sup>*

*'If you asked ubuntu advocates and philosophers: What principles inform and organise your life?...the answers would express commitment to the good of the community in which their identities were formed, and a need to experience their lives as bound up in that of their community'.<sup>24</sup>*

What is striking about these characterizations of how to commune, harmonize or otherwise become a real person is that two distinct relational goods are repeatedly mentioned, namely, considering oneself part of the

<sup>12</sup>See, e.g., Wiredu, *op. cit.*, note 2, 199-200; Gyekye, *op. cit.*, note 6, 49-51; and Nkulu-N'Sengha, *op. cit.*, note 11.

<sup>13</sup>Shutte A. 2001. *Ubuntu: An Ethic for the New South Africa*. Cape Town: Cluster Publications: 30.

<sup>14</sup>Kasenene P. 1998. *Religious Ethics in Africa*. Kampala: Fountain Publishers: 21.

<sup>15</sup>Tutu, *op. cit.*, note 11, 35.

<sup>16</sup>Murove MF. The Shona Ethic of *Ukama* with Reference to the Immortality of Values. *The Mankind Quarterly* 2007; 48: 181.

<sup>17</sup>Masolo DA. 2010. *Self and Community in a Changing World*. Bloomington: University of Indiana Press: 240.

<sup>18</sup>Ejizu C. 2011. African Traditional Religions and the Promotion of Community-Living in Africa. Available at: [http://traditions-afripedia.wikia.com/wiki/AFRICAN\\_TRADITIONAL\\_RELIGIONS\\_AND\\_THE\\_PROMOTION\\_OF\\_COMMUNITY-LIVING\\_IN\\_AFRICA](http://traditions-afripedia.wikia.com/wiki/AFRICAN_TRADITIONAL_RELIGIONS_AND_THE_PROMOTION_OF_COMMUNITY-LIVING_IN_AFRICA) [Accessed 20 September 2017].

<sup>19</sup>For contrasts with the ethic of care, see Metz T. The Western Ethic of Care or an Afro-Communitarian Ethic? *J Glob Ethics* 2013; 9: 77-92.

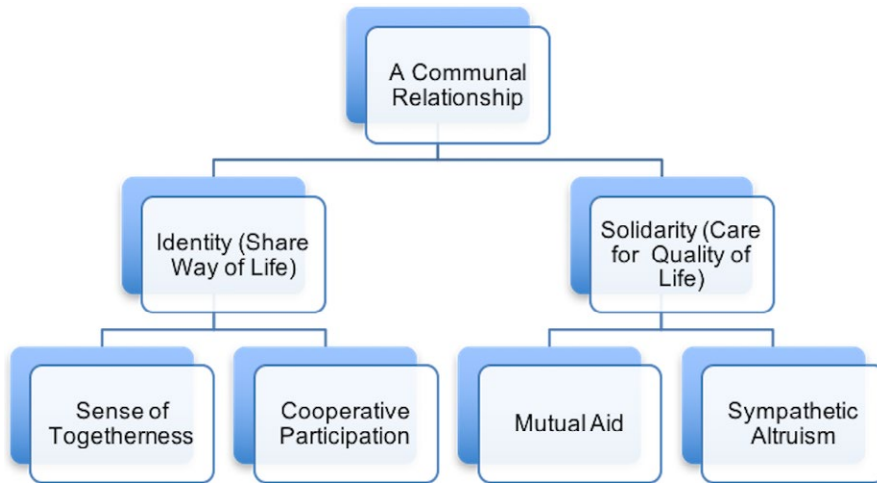
<sup>20</sup>Gbadegesin S. 1991. *African Philosophy*. New York: Peter Lang: 65.

<sup>21</sup>Mokgoro, *op. cit.*, note 11, 17.

<sup>22</sup>Gyekye K. 2004. *Beyond Cultures; Ghanaian Philosophical Studies, Volume III*. Washington, DC: The Council for Research in Values and Philosophy: 16.

<sup>23</sup>Iroegbu P. 2005. Beginning, Purpose and End of Life. In: Iroegbu P, Echekwube A, editors. *Kpim of Morality Ethics*. Ibadan: Heinemann Educational Books: 442.

<sup>24</sup>Nkondo GM. *Ubuntu as a Public Policy in South Africa*. *Int J Afr Renaissance Stud* 2007; 2: 91.



**FIGURE 1** (Schematic representation of communion) [Colour figure can be viewed at [wileyonlinelibrary.com](http://wileyonlinelibrary.com)]

whole, being close, sharing a way of life, belonging and experiencing oneself as bound up with others, on the one hand, and then achieving the good of all, being sympathetic, acting for the common good, serving the community and being committed to the good of one's society, on the other.

Elsewhere I have worked to distinguish and reconstruct these two facets of a communal relationship with some precision.<sup>25</sup> For an overview, consider Figure 1.

It is revealing to understand what I call the relationship of 'identifying' with others or 'sharing a way of life' with them (i.e., being close, belonging, etc.) to be the combination of exhibiting certain psychological attitudes of cohesion and cooperative behaviour consequent to them. The attitudes include a tendency to think of oneself as a member of a group with the other and to refer to oneself as a 'we' (rather than an 'I'), a disposition to feel pride or shame in what the other or one's group does, and, at a higher level of intensity, an emotional appreciation of the other's nature and value. The cooperative behaviours include being transparent about the terms of interaction, allowing others to make voluntary choices, acting on the basis of trust, adopting common goals, and, at the extreme end, choosing for the reason that 'this is who we are'.

What I label the relationship of 'exhibiting solidarity' with or 'caring' for others (i.e., acting for others' good, etc.) is similarly aptly construed as the combination of exhibiting certain psychological attitudes and engaging in helpful behaviour. Here, the attitudes are ones positively oriented towards the other's good and include an empathetic awareness of the other's condition and a sympathetic emotional reaction to this awareness. The actions are not merely those likely to be beneficial, that is, to improve the other's state, but also are ones done consequent to certain motives, say, for the sake of making the other better off or even a better person.

This specification of what it is to relate communally appears to capture well the moral value of many salient traditional practices south of the Sahara desert.<sup>26</sup> In brief, recurrent themes of consensus-seeking

in the realm of politics, collective harvesting when it comes to production, and reconciliation in the sphere of criminal justice are all plausibly viewed as a way to prize communion or honour people in virtue of their communal nature.

### 2.3 | An Afro-Communal Ethic

Bringing things together, here are some concrete and explicit principled interpretations of 'I am because we are' and 'A person is a person through other persons': one should strive to become a real self, which is a matter of prizing those capable of identity and solidarity. Or, one ought to develop personhood, which means honouring people in virtue of their dignified ability to be party to communal relationships of sharing a way of life and caring for others' quality of life.

Conversely, one lacking in human excellence, or who is 'not a person', would be one who fails to respect those able to commune. Substantial vice or wrongdoing by this ethic consists of prizing the opposite, discordant relationships of acting on an 'us versus them' attitude, subordinating others, harming them, and doing so out of indifference to their good.

To 'honour' or 'prize' communion, or those capable of it, is a deontological notion, and so is to be contrasted with a consequentialist prescription merely to promote communion as much as one can, and wherever one can, in the long run. So, for example, one should give some priority to the communal relationships of which one is already a part, instead of cutting them off if doing so would foster marginally more communion on the part of others. *Ceteris paribus*, the stronger and longer one's communal ties with others, the more of an obligation to help them. This interpretation of partiality is meant to reconstruct philosophically the traditional practice of prioritizing aid to blood relations.<sup>27</sup>

However, partiality is not meant to be absolute, and the urgent needs of strangers, who also matter for their own sake by virtue of

<sup>25</sup>E.g., in Metz, *op. cit.*, note 19.

<sup>26</sup>Or so I have argued elsewhere, e.g., Metz T. 2017. 'Toward an African Moral Theory', revised edition. In: Ukpokolo I, editor. *Themes, Issues and Problems in African Philosophy*. London: Palgrave Macmillan: 97-119.

<sup>27</sup>On which see Appiah A. 1998. *Ethical Systems, African*. In: Craig E, editor. *Routledge Encyclopedia of Philosophy*. London: Routledge.

being *capable* of communion, merit consideration and must be weighed up against the interests of intimates. The idea that every person has a dignity is also prominent in the African tradition,<sup>28</sup> and is expressed here in terms of the natural *ability* to be communed with and to commune.

In addition, honouring communion means that one normally should not seek to realize it by means of substantial discord, at least when it is directed towards innocent parties. This restriction on communion promotion is a way to accommodate human rights, which more or less protect innocent individuals from being egregiously used merely as a means to a greater good. The Afro-communal principle therefore is not consequentialist in the sense of implying that the means by which one maximizes a state of affairs lacks moral significance in itself.

There is much more than could be said to spell out and to motivate this African ethic. For example, the question of with which others one should commune could use more discussion. Do they include imperceptible persons such as ancestors, or perhaps some non-persons such as animals? These are important issues, but I do not need to address them here, in order to draw some reasonably firm conclusions about how various actors in the African context should deal with neglected tropical diseases. It is enough to note that a moral agent at least must respect human beings capable of communion, where those with whom she has already communed are entitled to some priority relative to strangers, whose needs nonetheless matter by virtue of being potential sites of communion.

### 3 | PRIZING COMMUNION IN THE CONTEXT OF NEGLECTED TROPICAL DISEASES

What follow in this section and the concluding one are five respects in which various people and institutions should have responded to the Ebola crisis in West Africa, and still should deal with other diseases that plague Africa (and the Global South) more broadly. Recall that I am particularly keen to highlight respects in which the Afro-communal ethic recommends approaches that differ from those typical of the West.

#### 3.1 | Viewing Aid as Owed

As noted above, by just about any ethic that is informed by indigenous sub-Saharan mores, the general healthcare systems of African countries must be improved by those who could with ease do so, e.g., those with extreme amounts of wealth in the West. That is true particularly if the West was causally responsible for Africa's 'under-development', but not only on that condition. When 62 people have as much wealth as half of the rest of the world,<sup>29</sup> it is incumbent on the former to fund

the salaries of medical professionals, to purchase ambulances and to supply other resources requisite to address neglected tropical diseases in Africa and elsewhere.<sup>30</sup> Similarly, it is incontestable that more research needs to be undertaken, again by those who can afford to do so at little cost to themselves, in order to develop vaccines, tests and cures.<sup>31</sup> In short, North America, Europe and Australasia should have tackled Ebola long ago, or, if not that, then diseases such as malaria and tuberculosis that are well known for killing millions each year in Africa.<sup>32</sup> Although the latter diseases do not usually count as 'neglected', they remain rampant and should be considered a medical emergency.

The Afro-communal ethic articulated in the previous section entails the same conclusions about the duties of the rich West. Even though one's own communal relationships have priority relative to those of strangers, everyone has a moral status—indeed a dignity—by virtue of being capable of communion. When one has great amounts of wealth, and one could save the lives of strangers without much, if any, cost to one's intimates, one is obligated to do so. Otherwise, one is treating money and other resources as more important than communion with other persons (or, more carefully, as more special than people in virtue of their capacity to be communed with and to commune). That is true for both individuals such as shareholders and institutions such as governments.

An implication of this view is that if wealthy actors in the West were to give money to fight Ebola or the like, they would not thereby exhibit generosity or be particularly deserving of praise, but rather would be giving what they owe as a matter of justice. For many in the African tradition, not to provide what is essential for life counts as theft.<sup>33</sup> That means that those in the West should not dictate the terms under which aid is given (though might offer advice about how to use it effectively, if they have some special insight into that). In addition, wealthy parts of the West do not have discretion as to whom they may aid, and instead (setting aside legitimate partial concern, discussed in the next sub-section) have strong moral reason to distribute it in ways that would save many lives worth living. Bill Gates should be thanked for having donated \$50 million to the Ebola cause,<sup>34</sup> but the

<sup>28</sup>As per Kaba Jones in Gundan F. How Africa and Africans Are Responding to the Ebola Crisis. *Forbes* 2014; 28 October. Available at: <http://www.forbes.com/sites/faraigundand/2014/10/28/liberia-how-africa-and-africans-are-responding-to-the-ebola-crisis/#f6fcdce-3b8a63> [Accessed 20 September 2017]; Benatar S. Explaining and Responding to the Ebola Epidemic. *Philos Ethics Humanit Med* 2015; 10: 5. Available at: <http://www.peh-med.com/content/10/1/5> [Accessed 20 September 2017]; Dhai A. The Ebola Crisis: Ethical Challenges in the African Context. *S Afr J Bioeth Law* 2015; 7: 42-43. Available at: <http://www.sajbl.org.za/index.php/sajbl/article/view/359/366> [Accessed 20 September 2017]; and Oxfam in Agence France-Presse. African Union Vows Ebola Fund as Oxfam Calls for 'Marshall Plan'. *Daily Mail Online* 2015; 28 January. Available at: <http://www.dailymail.co.uk/wires/afp/article-2929992/African-Union-pledges-Ebola-fund-Oxfam-calls-Marshall-Plan.html> [Accessed 20 September 2017].

<sup>29</sup>Dhai, *op. cit.*, note 30.

<sup>30</sup>And perhaps African governments should have also beefed up their healthcare systems, as per Oxfam's claim in Agence France-Presse, *op. cit.*, note 30.

<sup>31</sup>As per Joseph Gaie in Metz T, Gaie J. The African Ethic of *Ubuntu/Botho*: Implications for Research on Morality. *J Moral Educ* 2010; 39: 278.

<sup>32</sup>Bill and Melinda Gates Foundation. 2014. Bill & Melinda Gates Foundation Commits \$50 Million to Support Emergency Response to Ebola. Available at: [http://www.gatesfoundation.org/Media-Center/Press-Releases/2014/09/Gates-Foundation-Commits-\\$50M20Million-to-Support-Emergency-Response-to-Ebola](http://www.gatesfoundation.org/Media-Center/Press-Releases/2014/09/Gates-Foundation-Commits-$50M20Million-to-Support-Emergency-Response-to-Ebola) [Accessed 20 September 2017].

<sup>28</sup>See, e.g., Wiredu, *op. cit.*, note 2, 199-200; and Gyekye, *op. cit.*, note 2, sec. 6.

<sup>29</sup>Oxfam. 2016. *An Economy for the 1%*. 210 Oxfam Briefing Paper. Available at: [https://www.oxfam.org/sites/www.oxfam.org/files/file\\_attachments/bp210-economy-one-percent-tax-havens-180116-en\\_0.pdf](https://www.oxfam.org/sites/www.oxfam.org/files/file_attachments/bp210-economy-one-percent-tax-havens-180116-en_0.pdf) [Accessed 20 September 2017].



appreciation shown should be for him living up to an obligation he could have easily avoided, not for going beyond the call of duty.

In the rest of this section, I do not belabour the point that some Western states, firms and individuals are guilty of omission, if not also commission. Instead, I take up more contested issues, e.g., about what various African actors could and should have done with respect to Ebola, and what they still ought to do with regard to neglected tropical diseases in general.

### 3.2 | Taking the Lead

Despite the duties of the global rich, a basic duty to prize people in virtue of their ability to commune entails that African agents, particularly states and the AU, should take the lead in responding to the neglected tropical diseases that affect them. This is basically because of 'Family first' and 'Charity begins at home', or, with more philosophical care, because those with whom one has identified should be given some priority when it comes to solidarity one is in a position to provide, particularly in life and death matters.

That, however, did not happen with Ebola.<sup>35</sup> First, in the time that Western institutions had pledged more than 1 billion US dollars, the AU had scraped together only \$700,000 from its own funds,<sup>36</sup> for a total of only 6 million US dollars when including contributions from its member states.<sup>37</sup> To be sure, the West has much more that it could contribute. But, then, consider how paltry \$6 million is: less than \$120,000 per member of the AU. Why did African countries not volunteer more?<sup>38</sup>

Second, by the time that Cuba had begun sending more than 400 medical professionals, the AU had started deploying only 100 medical and military personnel.<sup>39</sup> One observer remarked, 'It is embarrassing really, that Cuba should be sending more doctors and nurses to fight Ebola than Africa combined.'<sup>40</sup> Eventually, somewhere between 1500<sup>41</sup> and 2000<sup>42</sup> healthcare workers were pledged from African nations, but why did it take so long simply to get such promises? It might

<sup>35</sup>For a quite different conclusion from the AU's Head of Communication, see Musabayana W. 2016. The African Union's Intervention in the Ebola Crisis Was a Game Changer. Available at: <https://www.linkedin.com/pulse/african-unions-intervention-ebola-crisis-game-changer-musabayana> [Accessed 20 September 2017].

<sup>36</sup>Faul M. Africans Worst Responders in Ebola Crisis. CTV News 2014; 31 October. Available at: <http://www.ctvnews.ca/health/africans-worst-responders-in-ebola-crisis-1.2080504> [Accessed 20 September 2017].

<sup>37</sup>du Plessis C. Nkosazana Dlamini-Zuma and AU under Fire for 'Slow' Ebola Response. City Press 2014; 26 October. Available at: <http://www.news24.com/Archives/City-Press/Nkosazana-Dlamini-Zuma-and-AU-under-fire-for-slow-Ebola-response-20150430> [Accessed 20 September 2017]; and Giahue J, Fletcher P. Ebola Shows Up Solidarity Deficit in Africa Growth Story. Yahoo News 2014; 26 October. Available at: <http://www.reuters.com/article/us-health-ebola-africa-analysis-idUSKBN0IF05H20141026> [Accessed 20 September 2017].

<sup>38</sup>Eventually the African Development Bank contributed \$300 million, but those funds were for rebuilding after the crisis, on which see African Development Bank Group. 2015. \$300 Million Top-up from AfDB to Support Countries' Post-Ebola Recovery Programs. Available at: <http://www.afdb.org/en/news-and-events/article/300-million-top-up-from-afdb-to-support-countries-post-ebola-recovery-programs-14174/> [Accessed 20 September 2017]. In addition, as Giahue and Fletcher point out (*op. cit.*, note 37), the Bank is 'funded by international donors and lenders'.

<sup>39</sup>du Plessis, *op. cit.*, note 37; Giahue, Fletcher, *op. cit.*, note 37.

<sup>40</sup>Charles Onyango-Obbo quoted in Giahue, Fletcher, *op. cit.*, note 37.

<sup>41</sup>Gundan, *op. cit.*, note 30.

<sup>42</sup>Faul, *op. cit.*, note 36.

be that the AU was still 'cutting its teeth', as this was its first medical deployment. Even so, did it not have a duty to be prepared to aid member states, rather than scramble at the last minute? Why is it that a plan for an African Centre for Disease Control (CDC) was formulated only in 2015?<sup>43</sup>

Third, the AU held a summit on Ebola only some weeks after the World Health Organization had declared it a global public health emergency.<sup>44</sup> Could not the AU have expressed its concern, and demanded assistance from the West on African terms, immediately upon learning that Africans were dying in the thousands? Why did it wait until non-Africans had become affected and only then called attention to the crisis? As one Pan-African Parliamentarian aptly remarked, 'I think the AU should not only have led the response but also the requests to the international community.'<sup>45</sup>

Other commentators have said that Africans must be the ones to effect solutions for problems such as Ebola, but they appear to ground their views on the value of (national) autonomy. That is, they contend that Africa must be 'free from' the West, lest the latter meddle in African affairs.<sup>46</sup> The irony, though, is that appealing to independence, self-governance or negative liberty in support of African solutions for African problems is to invoke one of the West's supreme values, not a characteristically African one, which would instead plausibly be interdependence, i.e., cooperative participation and mutual aid.

In any event, the sub-Saharan ethic of communion above entails that Africans should have taken the lead on Ebola, and still should with regard to neglected tropical diseases, apart from concerns about Western interference. Honouring communal relationships means that actual ties of which one is a part encumber one and have some moral priority, such that African countries, which have tended to identify with one another for many decades, have a particularly weighty obligation to exhibit solidarity each other. Africans must not sit back and let those with much weaker ties step in and do the do-gooding, even if the latter would be neither a 'military messianism' by Western states, nor a pretext for exploitation by Big Pharma.

This point is not to suggest that freedom is an irrelevant value in the present context. In terms of freedom, a communal ethic would naturally support a positive and relational conception of it,<sup>47</sup> whereby

<sup>43</sup>World Health Organization. 2015. WHO and the African Union Commission Are Working to Establish the African Centre for Disease Control and Prevention in 2015. Available at: <http://www.afro.who.int/news/who-and-african-union-commission-are-working-establish-african-centre-disease-control-and> [Accessed 20 September 2017].

<sup>44</sup>du Plessis, *op. cit.*, note 37; Giahue and Fletcher, *op. cit.*, note 37.

<sup>45</sup>Isata Kabia quoted in Faul, *op. cit.*, note 36.

<sup>46</sup>E.g., Lauer H. 2015. University of Ghana Professor Helen Lauer Calls Out the Ebola Scare as a Tool for Drug Profits and U.S. Military Invasion. *How Positive Are You?* Episode 89. Available at: [http://www.howpositiveareyou.com/2014/10/23/hpay-089-helen\\_lauer/](http://www.howpositiveareyou.com/2014/10/23/hpay-089-helen_lauer/) [Accessed 20 September 2017], and Ebola 2014/15 - Questions about Global Attention to Africa's Chronic Contagions. *Int Dev Policy* 2015; 6: 16-25. Available at: <https://poldev.revues.org/2178#tocto1n3> [Accessed 20 September 2017]; Mbembe A. Achille Mbembe on How the Ebola Crisis Exposes Africa's Dependency on the West. *Africa Is a Country* 2015; 19 January. <http://africasacountry.com/how-the-ebola-crisis-exposes-africas-dependency-on-the-west/> [Accessed 20 September 2017]. Cf. Nathan L. African Solutions to African Problems. *WeltTrends* 2013; 92: 50-52.

<sup>47</sup>On which see Bujo B. 2005. Differentiations in African Ethics. In: Schweiker W, editor. *The Blackwell Companion to Religious Ethics*. Malden, MA: Blackwell: 423-37; and Ikuenobe P. 2006. *Philosophical Perspectives on Communalism and Morality in African Traditions*. Lanham, MD: Rowman and Littlefield: 51-87, 265-287, and Relational Autonomy, Personhood, and African Traditions. *Philos East West* 2015; 65: 1005-29.

Africans would be 'free to' engage with the West on even-handed terms, i.e., to genuinely *share* a way of life. Such an approach would parallel the way that African womanists tend to promote cooperative participation with men, in contrast to Western feminists, who often seek independence from men.<sup>48</sup> So, to the extent there are legitimate worries about foreign domination, an African ethic would entail that the problem is more that it would preclude the right sort of relationship with the West, and not so much that it would prevent independence from it.

### 3.3 | Including Many Actors

One of the more famous African proverbs is that it takes a village to rear a child. The job is too big to be left to the nuclear family, let alone a single parent. Applied to the Ebola crisis, or to other diseases that affect Africa and additional countries in the Global South, the implication of the proverb is that many agents need to lend a hand in order to get the job done.

However, a communal ethic entails that a variety of agents have some reason to pitch in, even when only one or a few could in fact do it on their own. Consider the widespread indigenous sub-Saharan practice whereby instead of those living on a plot of land being solely responsible for gathering up the produce from it, all those who had harvesting to do would collectively move from field to field to help each other. Such a practice makes good sense if one's basic duty is, roughly, to commune, i.e., to develop a sense of togetherness, to participate with others, to help them, and to do so for their sake.

Applied to the fight against a disease such as Ebola, honouring relationships of sharing a way of life and caring for others' quality of life entails that many different kinds of agents should be enabled to pitch in. For example, millions of individuals should be given the opportunity to donate small amounts via text messages on their phones, as was done in at least Ethiopia, Nigeria and South Africa. In addition, grassroots organizations and NGOs should be brought on board,<sup>49</sup> with the new African CDC compiling a database of them so that it can quickly put them to work should a new regional threat emerge.

In contrast, there is little in salient Western ethical theories that would ground any basic moral reason for a wide array of agents to assist in tackling neglected tropical diseases, on the supposition that a small handful of powerful agents could do it. By the principle of utility, neither a sense of togetherness, nor cooperative interaction, nor even a beneficent *relationship* matters morally for its own sake; only consequent well-being does. And so there is nothing in this ethic that would prescribe a means insofar as it unites many helping agents. Similar remarks go for the Kantian principle of respect. There would be nothing disrespectful of *autonomy* if, say, a certain state or an NGO were alone the one to effectively fight a certain disease. However, from the perspective of the present African

ethic, there would be some moral cost to such an approach, a failure to commune in an important regard.

### 3.4 | Permitting Self-Sacrifice

The default position in globally influential documents on medical research ethics, which are largely informed by Western moral standpoints, is that, when conducting a medical study, the interests of a participant with regard to her health may never be traded off for the interests of others. The World Health Organization Operational Guidelines for Ethics Committees say, 'The goals of research, while important, should never be permitted to override the health, well-being, and care of research participants';<sup>50</sup> the UNESCO Declaration on Bioethics and Human Rights contends, 'The interests and welfare of the individual should have priority over the sole interest of science or society',<sup>51</sup> and the latest version of the Declaration of Helsinki maintains, 'While the primary purpose of medical research is to generate new knowledge, this goal can never take precedence over the rights and interests of individual research subjects'.<sup>52</sup> By a plain reading of this standpoint, testing a vaccine for Ebola, for example, would be impermissible if participants were at some real risk of catching this disease.

The African ethic of communion, however, entails otherwise. That is true not because individuals 'do not matter' and only relationships do; it is rather because what matters about individuals is their ability to relate. This ethic implies that people's interests are not merely to be *better off*, but also, and most importantly, to be *better people*. Part of what it means to prize communion with others is not merely to promote their happiness, but also to enable and prompt them to relate communally, i.e., to exhibit personhood or *ubuntu*. Hence, properly valuing those capable of communion means attending to their interests beyond those of health or even well-being more generally, namely, those related to being virtuous. It follows that a medical researcher should sometimes allow participants to fulfill their interests in being *good people*, their self-realization as moral beings, even if doing so would not be *good for* them.

This reasoning permits neither forcibly imposing burdens on some for the greater good of others, nor tricking them into undergoing such burdens. Instead, the claim is that it can be right to allow others to make a fully free and informed decision to bear risks in order to help others.

Consider an analogy. Virtually no one believes there is a moral failing when a hospital allows a family member to donate a kidney, supposing the kidney is necessary to save the life of her relative. While it is true that the odds of living a normal life with one kidney are often extremely good, strictly speaking, it is hardly in anyone's interests, in

<sup>48</sup>See, e.g., many contributions to Nnaemeka O, editor. 1998. *Sisterhood, Feminisms, and Power: From Africa to the Diaspora*. Trenton, NJ: Africa World Press.

<sup>49</sup>On which see Kaba Jones in Gundan, *op. cit.*, note 30.

<sup>50</sup>World Health Organisation. 2000. *Operational Guidelines for Ethics Committees that Review Biomedical Research*. Available at: <http://www.who.int/tdr/publications/training-guideline-publications/operational-guidelines-ethics-biomedical-research/en/> [Accessed 20 September 2017].

<sup>51</sup>United Nations Educational, Scientific and Cultural Organization. 2006. *Universal Declaration on Bioethics and Human Rights*. Available at: <http://unesdoc.unesco.org/imagenes/0014/001461/146180e.pdf> [Accessed 20 September 2017].

<sup>52</sup>World Medical Association. 2013. *Declaration of Helsinki: Ethical Principles for Medical Research Involving Human Subjects*. Available at: <https://www.wma.net/policies-post/wma-declaration-of-helsinki-ethical-principles-for-medical-research-involving-human-subjects/> [Accessed 20 September 2017].

terms of health and well-being, to undergo surgery to remove a major organ. Simply the risks of infection from undergoing the operation and recovering in the hospital mean that the donor's welfare is expected to be at greater risk. My claim is that if it can be permissible for a hospital to accept a kidney from a live donor and to permit her to face risks in doing so, then it similarly can be permissible for a medical researcher studying how to fight a neglected tropical disease to impose risks of serious harm on a participant who has given her free and informed consent to bear them for the sake of others, thereby exhibiting human excellence.

#### 4 | CONCLUSION: ONE WAY THAT AFRICA SHOULD EMULATE THE WEST

While much of the analysis in the previous section sought to highlight respects in which an African ethic entails approaches to dealing with neglected tropical diseases that tend to differ from Western ones, I close this article by noting one respect in which Africa ought to adhere to a common Western practice. When their citizens are murdered by terrorists, American, British and Continental governments tend to, well, scream bloody murder. Their military reactions are of course questionable, but, setting those aside, they express their outrage in other ways. For just a few examples, they issue statements, they hold marches, they call for meetings at the United Nations.

African governing bodies have not often done these kinds of things. They did not react with the same anger, urgency, visibility or resoluteness when it came to Ebola.<sup>53</sup> Unfortunately, similar remarks apply to terrorism in Africa, as some have discussed in the context of Boko Haram.<sup>54</sup> More recently, the newly elected chairperson of the AU has said this of a famine that the United Nations has described as 'the worst humanitarian crisis since the end of the Second World War'<sup>55</sup>: 'I cannot hide my deep frustration at the silence and inaction of Africans in the face of the terrible tragedy of famine in these regions...What happened to the African values of solidarity and fraternity?'<sup>56</sup>

It does not have to cost a lot to draw attention to the fact that one's people have suffered horrific burdens, to express sadness and other negative emotions, and to request or even demand help in compensating victims or preventing similar harms. The Afro-communal ethic I have advanced here entails that governments, the AU and others with some influence should do these things as ways of honouring the dignity of African people.<sup>57</sup>

#### CONFLICT OF INTEREST

No conflicts declared.

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<sup>53</sup>du Plessis, *op. cit.*, note 37; Giahue, Fletcher, *op. cit.*, note 37.

<sup>54</sup>Ewi M. Africa Lacks Vision in Fight against Terror. *Mail & Guardian* 2015; 16 January. Available at: <http://mg.co.za/article/2015-01-16-africa-lacks-vision-in-fight-against-terror> [Accessed 20 September 2017]; and Gutto S. Fight Terror with Revolution: Boko Haram's Brutal Attacks Must Spur the Continent to Action. *Mail & Guardian* 2015; 16 January. <http://mg.co.za/article/2015-01-15-fight-terror-with-revolution/> [Accessed 20 September 2017].

<sup>55</sup>Diehl J. No One Is Paying Attention to the Worst Humanitarian Crisis since World War II. *Washington Post*. 2017; 25 June. Available at: [https://www.washingtonpost.com/opinions/global-opinions/no-one-is-paying-attention-to-the-worst-humanitarian-crisis-since-world-war-ii/2017/06/25/70d055f8-5767-11e7-ba90-f5875b7d1876\\_story.html](https://www.washingtonpost.com/opinions/global-opinions/no-one-is-paying-attention-to-the-worst-humanitarian-crisis-since-world-war-ii/2017/06/25/70d055f8-5767-11e7-ba90-f5875b7d1876_story.html) [Accessed 20 September 2017].

<sup>56</sup>AFP. AU Chief 'Frustrated' by African Inaction on Famine. *News24* 2017; 3 July. Available at: <http://www.news24.com/Africa/News/au-chief-frustrated-by-african-inaction-on-famine-20170703> [Accessed 20 September 2017].

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