

## **Covid-19 and Human Rights in a fragile state: Guinea-Bissau**

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### **ABSTRACT**

This investigation aims to study the situation of Human Rights during the Covid-19 pandemic in Guinea-Bissau, between January 2020 and January 2022. The research organized an inquiry to families, another to companies and another to market/street sellers about the effects of the pandemic and the measures enacted by the Government and Presidency to contain it. A public hearing was also organized, with various entities from the High Commissioner to trade unions, journalists, students, women associations, and the Public Order Police, for information on how each institution saw its situation and action in this period. The conclusions of the analysis of all these qualitative and quantitative data allow us to affirm a) the social actors agreed with the main measures the authorities took to contain the disease; b) the most referred complaint was the lack of any support from the authorities to households, companies and sellers; c) the fragility of Guinea-Bissau has such a social weight that a disease that killed fewer people than malaria, diarrhea, or tuberculosis, did not overcome the problems of human rights stemming from poverty, institutional fragility, and low incomes in general.

### **Keywords:**

Africa; Pandemic; Health Guinean system; Human Rights violations; State Fragility; Democracy; Measures anti-pandemic; Poverty

## **Introduction**

The World Health Organization (WHO) declared on January 20, 2020 "pandemic state for Coronavirus - Covid-19", and this month later, more specifically on March 11, was changed to "global pandemic state". Since then, there has been a progressive number of infected people around the world, with alarming mortality levels. This study asked a series of questions about the evolution of Human Rights (HR) over the past two years. There is an acceptance of the implicit subordination of HR to the protection of individual and public health with the support of the population and international organizations that have not used the HR benchmark for recommendations to combat the pandemic, despite the calls of the United Nations (UN): *"This is not a time to neglect Human Rights; it is a time when, more than ever, Human Rights are needed to navigate this crisis in a way that will allow us, as soon as possible, to focus again on achieving equitable sustainable development and sustaining peace."* (Guterres, 2020).

Even in countries with consolidated institutions and stable governments, the concern to keep the democratic regime functioning was the socio-political scenario in which packages of measures such as "states of emergency", "mandatory curfew and confinement", "states of calamity" were planned and executed. HR, as a comprehensive reference, was very little mentioned. Most people concluded, based on a probability catastrophic loss of life, that a temporary loss of freedom was justified.

The main objective of this study is to show and draw conclusions on the evolution of Guinea-Bissau in these pandemic years, regarding the measures taken to combat it and its close relationship with HR. It is essentially intended to unveil the perceptions and behaviors of the Guinean families and economic agents regarding the socio-economic impacts of the Covid-19 on HR, contributing to the design, development, and implementation of more informed public policies.

## **Methodology**

The methodology began with literature research in the publications of international organizations followed by articles in academics journals taking care to avoid those that only speculated about possible effects of a pandemic very little known at the time of editing. The ones published by WHO and the UN were privileged.

Documentary research focused on Guinea-Bissau, whether in official pandemic data or in books and articles by authors investigating the country. The most reliable institutional information came from the official bulletins on the epidemiological situation, with weekly frequency, produced by the High Commissioner for Covid-19. On the other hand, and regarding the violation of HR, information was collected from the Guinean League for Human Rights (LGDH).

Through this documentary research, it was concluded that families, companies, and market/street sellers could be the social components most affected by the pandemic.

From the information of the Bulletins of the High Commissioner it was concluded that cases of Covid-19 infection were mainly concentrated in the capital, Bissau, in a percentage between 70 and 85%. However, it's important to note that this concentration can also be justified by the fact that the largest and best hospital (both in terms of human resources and equipment) - Hospital Simão Mendes - is in this region, implying, from the other parts of the small country, a displacement of patients to the area, which in practical terms can translate into a location distortion of cases.

The empirical work consisted of three surveys organized in different universes: families, companies, and market/street sellers.

For the definition of the sample, it's crucial to have in mind that there are only estimates of the population since the 2009 Census. These estimates can be corrected by the voter registration data, which does not cover residents under the age of 18. Thus, and until a new census is made, we cannot consider reliable the estimates obtained 12 years later. The same is true for the distribution of the population throughout the neighborhoods of the capital. What the inquirers say is that the spaces between the neighborhoods have been filled with population coming from the interior, in some cases acquiring new names in other cases increasing existing neighborhoods.

From the point of view of the limited budget at our disposal for this research, the data collection structure was based on the establishment of 4 teams with two people, to which areas and neighborhoods were allocated.

As the most experienced inquirers always do one or two more surveys as a precautionary measure for errors that are not currently noticeable, 201 families were retained, randomly chosen with 1293 people divided by the neighborhoods. The only stratification implemented was to collect between 20-30 % of families with female heads, since the 2009 Census has 22 % of households at national level, with this characteristic with a difference between urban and rural. With this dimension and

without reference universe it cannot be said that it is a sample with statistical significance, but it is within the number advised by the theory of sampling for investigation that does not require crossings of variables in large numbers, as is the case of a study focused on the effects of a single social phenomenon of pandemic.

For companies we have the same problem of lack of data to know the possible universe of inquiry. Thus, the inquiries made by direct observation a list of 80 companies of different sizes and with "open door" for public access. The difficulties were greater than with households or sellers because the companies had more reluctance to respond. Seventy-nine companies were interviewed, regardless of their formal or informal legal status, such as pharmacies, travel agencies, locksmiths, carpentry, mechanics, newspapers, radios, construction, commerce in general, restaurants and hotels, transport, furniture, insurance, etc...

The markets and the streets constitute a different social space from the companies when their sellers moved the most in the city and surrounding areas to be able to continue selling even at the times when measures were enacted to restrict trade and confinement of households. Thus, men and women market/street sellers were randomly surveyed in the four main markets (Central, Bandim, Caracol and Antula), collecting a total of 50 surveys.

Finally, we sought qualitative data through a public hearing where several institutions - High Commissioner for Covid-19, trade unions, professional associations, students movements, Police National Order, women associations and journalists unions -, were invited to testify about the action of their organization in the pandemic years.

### **Note on existing literature**

The existing literature on the virus is very varied in themes and quality. But on the nexus Human Rights – Pandemic there is not enough research to be able to claim that a theoretical body has been formed on this nexus. An interview by the German philosopher Habermas to the newspaper *Le Monde* (Truong, Nicolas, 2020) explains the reason for this absence stating "il nous faut agir dans le savoir explicite de notre non-savoir".

The same is found in other authors in which uncertainty dominates the knowledge about the pandemic and on the action necessary to face a situation with multiple social and personal facets.

An author (Sousa, V, 2021) is in line with those who, without forgetting uncertainty, seek to attribute a universal dimension to the individual and social behavior resulting from the "stop of time" due to confinement at home, but only superficially deals with human rights. Boaventura Sousa Santos affirms his fear for democracy when he writes "confinement has such a countercurrent logic that its duration has to be limited, noting that "we act in the dark and dark there is little room for politics, especially for democratic politics" (Santos, Boaventura Sousa, 2020). Among the few authors more focused on HR, we should note (Padrão Neves, M.C., 2021) who considers the social changes caused by the pandemic so significant for HR that she argues that its formulation must be rethought, because the social pattern of response to pandemics with the isolation and exclusion of people affected has not changed throughout history (...leprosy, plague, HIV...), forgetting the evolution of Human Rights over time. For African sub Saharan countries, the literature emphasizes the fragility of structures, especially sanitary ones, and social informality in general, but the authors confess their ignorance about the reasons for the low number of cases and deaths, especially with the high numbers of victims of African-Americans in the USA to rule out the hypotheses of genetic resilience to viruses; areas of the world as or more informal in the Indian subcontinent, in large Brazilian cities or South Asia to have high incidences (Moustapha Mbow et al. , 2020).

International organizations produced texts (see References) stressing above all the need to protect human rights activists from emergency policies that do not follow democratic principles, worsening inequality by reducing absolute poverty and a greater focus on vulnerable groups such as children, women, refugees, or even people with diseases other than the pandemic by decreased treatments or deterioration of their mental health. They sought that the "Principles of Syracuse", 1984, on states of emergency and freedom of movement were the standard for measures to combat the virus without unjustified attacks on HR. But in our opinion, they quickly focused more on present and future access to vaccines, inequality and poverty resulting from the decline in global economic activity and less on human rights.

## **Guinea-Bissau and the Covid-19 pandemic**

## **Brief contextualization of the country**

The birth of the Nation State of Guinea-Bissau began with a struggle for independence. Led by Amílcar Cabral the Guineans organized in 1956 a party – the African Party for the Independence of Guinea and Cape Verde (PAIGC) – and developed a guerrilla war against Portugal, present since 1440 on the coast and, from 1936, colonizing the entire territory.

The PAIGC with Chinese, Cuban and above all the Union of Soviet Socialist Republics support in arms, training, and some direct fighters on ground, united a good part of the three dozen ethnic groups against this common enemy supported by the North Atlantic Treaty Organization. This struggle (1963-1974) was eventually at the origin of the Revolution of April 25, 1974, in Portugal, which ended the colonial regime, installed a democratic regime, and accelerated the independence of Guinea-Bissau and the other Portuguese colonies.

After independence, with the common enemy disappeared, with the main leader Amílcar Cabral assassinated in 1973, political-military conflicts and ethnic rivalries began to shake the process of state building under a single party, soon with a coup d'état in 1980, and even multi partisanship did not prevent an 11-month civil war (1998-1999), and in 2012, military officers overthrew again the Government before the second round of a presidential election.

After a transition period of two years, legislative and presidential elections were held in 2014, marking a return to constitutional order. Or at least that was foreseen. Effectively, it lasted a short time. Disagreements between the winning party and the President of the Republic and successive presidential governments led to widespread instability that drove investors and International Aid apart.

In 2019, new presidential elections took place, with the elected candidate taking office in a hotel and not in the National Assembly while the Supreme Court was still assessing an appeal with allegations of fraud. Although the Supreme Court validated the election, the situation of political, economic, and social instability continued, with serious repercussions at the level of HR. In February 2022 an alleged failed coup triggered persecution and arrests without intervention by the judicial system.

Guinea-Bissau is a small State of West Africa, located between Senegal and Guinea-Conakry. With a population of about 2 million inhabitants, it is characterized by low levels of education, poor sanitary conditions, and a weak judicial system. Its endogenous resources are cashew nuts, which make up 96% of exports in 2020. In addition, its economic activity is supported by the sale of fishing licenses, timber, heavy sand, phosphates, and bauxite and, still in the process of initial prospecting, oil. It is estimated that the production for the internal market of rice, fruit, vegetables, breeding, pigs, and fish is sufficient to feed the population, and the food safety problems are the result of the weakness of the distribution circuits and the poor quality of the roads. The country has not developed any industrial structure.

From the point of view of digital communications, it can be said that the qualitative factor is observed only and exclusively in the capital, being nonexistent in other regions of the country, where its access is quite limited, except for mobile communications spread across the country without geographical reliefs.

The state budget depends on its implementation in more than 50% of International Aid. With a centralized post-independence economy, the structural adjustment of the 1980s led to privatizations of public enterprises that were nothing more than mere transfers of public goods into the hands of a political elite in untransparent processes. With the economic fragility resulting from this instability of the institutions, it is no wonder that the economic and social indicators of human well-being place the country in the last places of the UNDP Human Development Index.

### **The national context of Covid-19**

Guinea-Bissau had the first positive diagnosis for Covid-19 on March 25, 2020, and the first death on April 26.

It began by establishing an inter-ministerial commission to combat the pandemic, but soon realized that this was not the right organization for the emergency and the kind of response needed. Thus, it created in May 2020, when the country recorded 1,089 cases of Covid-19 infection, including six fatalities, a High Commission to replace that commission (Presidential Decree of 05/06/2020). To preside over the chair, Magda Robalo Correia e Silva, former WHO representative in Namibia

and Ghana, was appointed, with Tumane Baldé, a physician, and Plácido Monteiro Cardoso, former director of the National Institute of Public Health, as well as other members of the board of this High Commissioner.

When there were still only 38 diagnosed cases, health authorities issued recommendations for voluntary confinement, use of masks and frequent hand washing with water mixed with bleach or soap.

Days later, on March 27, the Government declared a "state of emergency", limiting the right to free movement. That is, it was only allowed to circulate between 7 and 11 o'clock in the morning. In addition, it closed air, land, and sea borders, stopping economic activity related to foreign trade. The health system created three treatment centers for Covid-19 (one at the Simão Mendes National Hospital, another at Cumura Hospital - in the Biombo region near the capital - and another at Bor Hospital in Bissau).

Schools remained closed for twenty-three weeks, according to the United Nations Educational, Science and Culture Organization (UNESCO, 2020). This closure period, together with teacher strikes, further deteriorated the education system (and therefore the formation of human resources or capital) in the country.

In Fragile States, the possibility for populations to follow these obligations is affected by the weakness of the institutions, as if the economic and social shocks related to Covid-19 have spared no country, fragile states have been and are invariably affected more than those where institutional and family resilience is greatest.

In Guinea-Bissau the inability to provide health services mainly in rural or suburban areas, the lack of facilities, human resources, equipment, materials and medicines for the provision of health services, the insufficient central and regional management with no evaluations are the expression of the fragility based in poor governance (i.e. the institutions of the political system – including the armed forces that behave as if they were legitimately active political institutions and not only in defense of sovereignty and public order (Mendes, 2019) - can only meet the expectations of the population in a very limited way), in the absence of social protection, which results in one of the worst health systems in the world (Somalia alone was worse in 2019 according with the Global Security Health Index, 2019), where those even in cities who need treatments other than basic ones and cannot afford it are not simply treated. This weakness is also based on the economic fabric with weak operators (i.e., small, import-dependent private enterprises, scarce technical staff, little

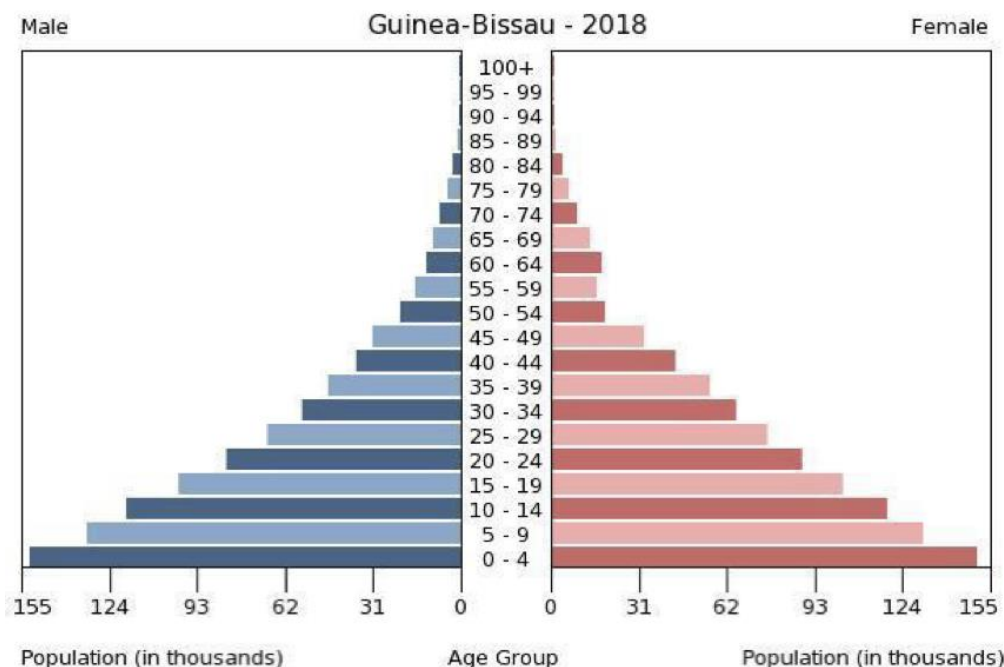


capitalized with no ability to compete with those of neighboring Senegal or other countries, or to meet production standards to export to more demanding markets such as the European Union).

Informality in trade and precarious labor relations as a more normal situation, complete the picture of socio-institutional weaknesses (which combines gender inequality with mid-level indicators when compared to other African countries). The presence of the threat of drug trafficking to Europe that grows or decreases with political instability, completes the picture of weaknesses.

To exemplify this fragility, we can mention the Report on Human Traffick (ENACT, 2021) which highlights the trafficking of Guinean children who go to Gambia and Senegal to study the Quran and end up forced to beg for false and corrupt teachers *"The Government of Guinea-Bissau does not meet fully the minimum standards for the elimination of trafficking and is not making significant efforts to do so, even considering the impact of the COVID-19 pandemic"*.

Figure 1



Source: World Bank estimates

The positive forces that promote the resilience of the country are, above all, a young demographic structure (Figure 1), a good ability to feed the population, a substantial level of micro-scale associative between family members, groups of the same generation and neighbors, and a set of civil society organizations very active on various fronts since the defense of HR, the protection of

biodiversity, the fight against trafficking, the promotion of microcredit, vocational training, cultural activities, migrant-based organizations for the development of villages of origin, among many others initiatives.

The closure of the international cashew nut market due to the pandemic directly harmed the population of multiple small producers, with the decrease in revenues, and the Public Administration by reducing taxes corresponding to exports mainly to India, Bangladesh, and Vietnam.

The right to have sufficient nutrition (i.e., the right not to go hungry or malnourished) is largely a consequence of the right to pursue an activity from which income is obtained as an informal or formal employee or on its own. The measures against Covid-19 when they limited the exercise of activity, endangered that right. It is a dilemma that all governments face: to protect public health they limit economic activity and automatically reduce the incomes that people need not to go hungry.

In practice Guinea-Bissau has stipulated measures, but with breakaway points in the acquisition of food with vendors moving to markets on the outskirts of Bissau. Those who got worse were those who needed to move to work in transports, hotels, shops, restaurants, ..., and could not do so. These people saw their incomes decrease and had a rough time (see analysis point of interview and survey responses). The idea that when people are unable to obtain resources to guarantee their own food, for reasons unrelated to their will as natural or man-made disasters, the State has an obligation to guarantee this right (for instance with distributions of food) depends heavily on the existing public means and the political will of the rulers.

The capacity to produce food stuff leads to a resilience of households in their daily lives (Quétel et al., 2021) which is only overcome by armed conflicts such as the civil war of 1998/99 or by an epidemic of mass incidence (as was feared to be that of Ebola in 2014/15, or that of Covid-19 in 2020 and 2021, but they turned out both not to happen), since the country has no natural disasters such as floods, hurricanes, volcanoes, earthquakes, or devastating fires due to its flat geographical structure with larger and smaller rivers throughout the territory.

The number of cases and deaths are concentrated in Bissau which has a population in neighborhoods of very close dwellings, with little electricity, without water piped in the dwellings,

cooking and drinking many families still water from untreated wells, with the largest informal sector in the country that leads to the displacement of vendors, men and women, all the space towards the markets, shops and street sales areas.

As the health services with the best equipment and more medical and nursing staff are in Bissau, the size of the country makes it easy for the populations affected by the disease, wherever they are to go to the capital in the expectation of getting better treatment.

However, throughout 2020 and 2021, the number of cases and deaths was advancing to other regions. the result of these factors is Table 1, where Bissau has between 85% and 73% of cases and deaths due to covid-19.

**Table 1**  
Cases and deaths accumulated in Guinea-Bissau October 2020 - January 2022

Region	Oct/20	Oct/20	Mar/21	Mar/21	Jun/21	Jun/21	Oct/21	Oct/21	Dec/21	Dec/21
Administrative	cases	deaths	Cases	deaths	cases	deaths	cases	deaths	cases	deaths
<b>SAB-Bissau</b>	2057	29	3059	37	3238	40	4562	79	4747	80
<b>Biombo</b>	141	7	7	8	164	13	275	28	324	35
<b>Bafatá</b>	52	0	103	8	112	12	183	17	187	17
<b>Cacheu</b>	42	0	67	1	73	1	227	2	249	2
<b>Gabu</b>	3	0	74	1	76	1	132	4	140	4
<b>Quinara</b>	37	0	50	0	52	2	102	2	120	2
<b>Oio</b>	24	0	32	0	44	0	363	6	408	6
<b>Farim</b>	19	0	22	0	23	0	27	0	27	10
<b>Tombali</b>	0	0	9	0	32	0	81	1	82	1
<b>Bolama</b>	1	0	1	0	1	0	2	0	2	0
<b>Bijagós</b>	0	0	6	0	10	0	180	2	180	2
<b>Total</b>	2376	36	3568	55	3825	69	6134	141	6466	149

Region	Oct/20	Oct/20	Mar/21	Mar/21	Jun/21	Jun/21	Oct/21	Oct/21	Dec/21	Dec/21
Administrative	% cases	% deaths	% cases	% deaths	% cases	% deaths	% cases	% deaths	% cases	% deaths
<b>SAB-Bissau</b>	86,6	80,6	85,7	67,3	84,7	58	74,4	56	73,4	53,7

<b>Biombo</b>	5,9	19,4	4,1	14,5	4,3	18,8	4,5	19,9	5	23,5
<b>Bafatá</b>	2,2	0	2,9	14,5	2,9	17,4	3	12,1	2,9	11,4
<b>Cacheu</b>	1,8	0	1,9	1,8	1,9	1,4	3,7	1,4	3,9	1,3
<b>Gabu</b>	0,1	0	2,1	1,8	2	1,4	2,2	2,8	2,2	2,7
<b>Quinara</b>	1,6	0	1,4	0	1,4	2,9	1,7	1,4	1,9	1,3
<b>Oio</b>	1	0	0,9	0	1,2	0	5,9	4,3	6,3	4
<b>Farim</b>	0,8	0	0,6	0	0,6	0	0,4	0	0,4	6,7
<b>Tombali</b>	0	0	0,3	0	0,8	0	1,3	0,7	1,3	0,7
<b>Bolama</b>	0	0	0	0	0	0	0	0	0	0
<b>Bijagós</b>	0	0	0,2	0	0,3	0	2,9	1,4	2,8	1,3
<b>Total</b>	100	100	100	55	100	100	100	100	100	100

**Source:** Press releases of National Institute of Public Health of Guinea-Bissau (INASA) -24/03/2021, High Commissioner for Covid-19 - 13/06/2021 and Official bulletin about Covid-19, 2020, 2021 e 2022. - <https://www.accovid-gw.org/>

On the initiative of its President, Guinea-Bissau began by acquiring the tea to prevent and cure the symptoms of Covid-19 produced in the Republic of Madagascar (*Público* newspaper, Lisbon, April 27, 2020). There was a great distrust among Guinean health and academic staff since this tea still lacks scientific evidence, which drives the question of why betting on a compound that does not present evidence from the point of view of science.

Such tea did not give any results and quickly the country sought access to vaccines recognized by the WHO. With seven "states of emergency" or "calamity" in one-year, Guinean society has taken steps that are summarized here (with reference to Decrees 09/2020 of April and 11/2021 of March):

- Human Right to Information: created from its own information space on television, a weekly Epistemological Bulletin and Information issued by the Commission for Journalists with data on the global pandemic in Africa and Guinea-Bissau, also available online. This Commission also sought the help of geographically based non-governmental associations to be vehicles for information and dissemination of prevention and vaccination measures. Health professionals have established a communication network for information and sharing of international news and articles on the pandemic.

- Human Right of Freedom of movement conditional on essential issues and only in authorized time periods (usually 7-11 a.m. or 2 p.m. hours), with the general use of a mask, on public transport, markets, all enclosed spaces, and schools for pupils over the age of eleven. It could only be circulated within the regions of residence, with border controls of existence of Covid-19 test, social distancing of one meter and frequent hand washing.

- Human Right to Health: free tests for citizens considered vulnerable and at high risk (over 55 years or with specific pathologies); fourteen-day quarantine for people waiting for test results; border closures (except residents) in April 2020; free emergency calls in partnership with multinational Telecommunications MTN and Orange.

- Human Right of Free Expression: meeting and demonstration with mask, social distancing of one meter and maximum concentration of 25 people (2 meters and 5 people in April 2020); prohibition of all gatherings, including parties and demonstrations, with more than 25 people with

2 meters away (1 meter and 5 people in April 2020). In June 2021, these indications were followed only in public acts because in the day-to-day life what was seen in Bissau was that no one wore a mask or cared about distancing.

- Human Right to Religious Freedom: religious ceremonies limited to half of the assistants; funerals and traditional ceremonies with no more than 25 people, mandatory use of masks and with a social distance of one meter (10 people in April 2020, with masks and distance of 2 meters).

- Culture: shows in forbidden enclosed spaces.

- Human Right to Freedom of labor: power for authorities to compel sectors seen as fundamental to the functioning of essential services; prohibition of absence redundancies, as well as strikes in the sectors to combat the pandemic (April 2020); state-paid life insurance for health workers involved in combating coronavirus (April 2020).

- Family Protection: fines for price speculators.

- Human Right of Freedom of Economic Activity: *take away* regime for restaurants (7-14h, April 2020) and social distance to similar open spaces; closure of markets and any kind of street sale (April 2020). In June 2021, these measures no longer existed in practice.

The High Commissioner may request movable and immovable property and make expenses without public tender in the context of combating Covid-19, and all revenue stemming from fines imposed for infringement of the measures approved reverts to that body.

The state of the health system in the face of the pandemic is highlighted in the Government Decree that on 26.09.2021 prolonged the “state of calamity” in the country until October 10, where it is stated that the level of hospitalization is above 50% of the national capacity. Such a level is a good reason for preventing the spread of the virus to a controllable level, unless the situation becomes out of control at any time. The Decree maintains the mask as a mandatory use for people over the

age of 11 years on public road, enclosed spaces of public access, public passenger transport, educational establishments, and markets.

The country's framework in the global pandemic effort was made by the approval of the Covid-19 Guinea-Bissau Emergency Response Project, prepared under the World Bank Strategic Preparedness and Response Program to Covid-19, funded by the rapid instrument COVID-19, "Emergency Pandemic Financing Facility, and additional vaccine funding" adopted on October 13, 2020. It aims to prepare, respond to the Covid-19 pandemic, and strengthen public health preparedness and prevention systems in Guinea-Bissau. In addition to this project, the country sought support from partners (countries and public or private institutions) to strengthen the means of combat (equipment, protective suits, masks, gloves, hospital consumables, medicines) to the virus and vaccination.

### **The effects on households and economic activity**

Human Right to Information: to take action to combat the pandemic, to avoid rumors, false news and to adhere to vaccination, information transmitted by health and political authorities has proved to be fundamental in all countries. Families in Bissau, heard about the pandemic mainly on radio (90%), on television (75%) and with friends and friends (80%). Newspapers and social networks were less important and there were more families not hearing any information through these channels. Market sellers responded to the same standard. Companies listened more social networks and presented radio (90%), television (92%) and social networks (84%) as preferred sources. For all respondents' newspapers are a less important source.

That is, the overwhelming majority remained informed, and all families, sellers and companies reported any of the channels pointed out and there was not even one that answered that they did not hear about the virus. It can be concluded that with this indicator the Right to Information has been fulfilled.

If we refine the analysis and try to verify the quality of the information, the answers respond according to Table 2.

**Table 2**

### The quality of information about Covid-19 perceived

Quality of information	Families	%	Sellers	%	Companies	%
Clear	95	48	39	58	47	59
Sometimes clear sometimes confused	77	39	13	26	23	29
Confused and hard to understand	26	13	8	16	9	11
<b>Total</b>	198	100	50	100	79	100

Source: Survey about Covid-19 and Human Rights in Bissau (2021)

Sellers (58%), companies (59%) and families (48%) found it "clear", "sometimes clear sometimes confusing" (26, 29 and 39 %) and a 16,11 and 13% minority "confusing and difficult to understand".

We used the criteria for quality and housing, lighting, water used for cooking and the number of daily meals in survey week to classify as poor and less poor families. As the poor responded in 17% who consider the information "confusing and difficult to understand", while for the less poor families this percentage was 11%.

In conclusion, the investigation can state that information has not always come clearly to people who tend to have fewer resources and have less education and the means of communication, but it doesn't seem that this difference is too great, and it can be concluded that the information of health and political authorities has fulfilled its role of ensuring the respective human right.

### Human Rights and measures to combat Covid-19

The position of the respondents' families drew a truly clear pattern:

1. They completely agree, with approval percentages between 80 and 100%, with the measures of washing hands frequently, wearing masks and prohibiting demonstrations, parties, and ceremonies.
2. They are completely against, with percentages between 80 and 90%, measures to close markets, shops and street sales, and schools, as well as the shutdown of public transport.
3. They are divided on the measure of mandatory stay at home with 44% to agree and 58% to disagree.



This pattern is repeated with few variations in families with female and male heads or even in those with resources, poor and less poor.

This analysis can be complete by finding that only one reason to leave the house, in the period of confinement, had positive answers above 80%: buy food/drink. In other words, it can be said that there is a consensus in the society of the capital Bissau to dispense the Right to Free Expression to combat the pandemic if it takes the form of demonstrations, parties and even ceremonies, dividing itself on the right to mobility and disagreeing with measures that limit their rights to a demand for food.

They are also manifested by the Right to Education, even in a pandemic, by speaking out against the closure of schools and sending all children back to school shortly after reopening, at a percentage of 94%, making no difference between boys and girls.

Right to Health: as already mentioned the Right to Health depends on the existing system and in Guinea-Bissau this system is very fragile and insufficient for the expectations of the population in normal times and unable to respond to a crisis such as that of Covid-19. But, as we has already mentioned, the pandemic has left few dead and several infected also found low when compared to other endemic diseases and with other countries. The families answered that in 60% of the cases of disease (without specifying what disease it was about) they did not seek either hospitals, health units or traditional medicine, during this period. This percentage corresponds to the observation made by the researchers that people avoided going to treatment sites for fear of contracting Covid-19. For more when people who were sick and went to one of those places, they confirm that 2/3 (66%) had to pay for all services and an even higher number had to pay for medicines (71%).

There is no significant difference between families with more and fewer resources, as can be seen in the following Table 3:

**Table 3**

**Consultation payments, treatments, and medicines**

<b>Health costs for families</b>	<b>Poor</b>	<b>Less poor</b>
<b>Yes, I had to pay for everything</b>	58%	65%

<b>I did not have to pay</b>	42%	35%
<b>Total</b>	100%	100%

**Source:** Survey about Covid-19 and Human Rights in Bissau (2021)

The conclusion thus points to the that – even in the period of the pandemic – the health system has maintained one of the obstacles to the free Right to Health referred to in the country's Constitution and which consists in the payment of services in private and public by the users themselves. The investigators do not know the detail because there were people who did not pay anything and others who paid for everything. In fact, one of the participants in the Public Hearing stated that although there are exceptions to legislated and posted payments at the places of care, the health units and hospitals continue to charge costs to everyone, with the justification that they do not have a budget for the material and medicines that patients need. Other research confirms this even to prenatal consultations for pregnant women (Sangreman, et al., 2020).

Human Right to Work/Income: research sought information from the perspective of families as social agents with economic activity to maintain their income and from sellers and companies as private economic agents. The families did not choose, mostly, for having second activities during the two years of pandemic. Only 26%, that is, one in four sought to have another activity. In general, sell food items cooked or not, drinks (natural sums and ice water), charcoal and used clothing, among others.

The families with female heads needed less to resort to activities other than those who already performed (24%) against a percentage of 25% of families with male heads. Within the families that had to do so, most of them were the women who engaged in these second activities. In fact, of the total number of people in the families who reported having arranged an additional activity during the pandemic, 61% were women.

Consistent with this behavior that shows little desperation due to the decrease in activity in these years, the families answered that 84% “maintained” or “maintained with some reduction”, their main activity and only half of the respondents (51%) asked for help from family, friends, or neighbors.

Families with female heads were more successful in maintaining the activity (29%) versus 18% of those who have men as heads. The opposite was the maintenance of reduced activity with 51% for

the first type of households achieving it and for second type, with 63%. It may have to do with the weight of the product sales sector or the stronger informality for women's activity that allows for more flexibility and imagination in the face of measures to limit freedom of movement and market-making.

All respondents to market surveys said they had temporarily closed the activity with consequences of 76% of the business having worsened by more than half of the income, due to the lack of customers (98% of responses). To combat this decrease in activity and income, about half of the sellers' developed strategies, namely: they sought to find new products (52%), to take the sale of potential customers (54%) and resort to credit through loan (50%). However, the other half merely hoped that the limiting measures would end, not changing anything in their behavior as an economic agent.

The qualitative data from the public hearing and the answers from companies focused first on the lack of customers and secondly on the complete absence of government support for economic operators, which made the situation even more difficult.

The conclusion from these data is that the Right to Work or Activity was interrupted in some periods by the measures enacted against Covid-19, but the effect of the decrease in customers, in general, was more important than the disease. And this decrease in income in households and, therefore, a decrease in consumption is due to several factors, some derived from the pandemic, others from the fragility of the State in the face of the crisis in other countries.

### **The perception of the current situation**

The population has an opinion on the current situation after two years of pandemic based on the role of the authorities in the direction of combating it, essentially the Government and President of the Republic and the health authorities. As we can see with Tables 4 and 5, families, sellers and companies have a more positive than negative perception although the "Very well" is not significant.

**Table 4**

**Opinion of the sellers and companies on Government/President and High Commissioner in pandemic management**

Criteria	Government and Presidency		High Commissioner	
	Sellers	Companies	Sellers	Companies
Poor	32%	39%	21%	16%
More or less	32%	39%	50%	41%
Well	28%	15%	23%	32%
Very well	8%	6%	5%	11%
<b>Total</b>	100%		100%	

Source: Survey about Covid-19 and Human Rights in Bissau (2021)

**Table 5**

**Opinion of the families on Government/President and High Commissioner in pandemic management**

Criteria	Government and Presidency	High Commissioner for Covid
Poor	34%	21%
More or less	50%	50%
Well	14%	23%
Very well	2%	5%
<b>Total</b>	100%	100%

Source: Survey about Covid-19 and Human Rights in Bissau (2021)

The research, articulating the previous tables and the opinion of the families on the current situation (Table 6), considers that people think they are worse off now than before, but do not think that it

is the fault of the management of the pandemic by the political or health authorities. The poor and families with male heads have a more negative opinion, but the percentage values do not differ significantly.

**Table 6**  
**Family situation after two years of Covid-19 (%)**

Criteria	Everyone	Men heads	Women heads	Poor	Less poor
<b>Worst</b>	77	80	69	85	73
<b>The same</b>	20	18	23	10	27
<b>Best</b>	1	1	2	0	0
<b>I do not know</b>	2	0	6	5	0
<b>Total</b>	100	100	100	100	100

**Source:** Survey about Covid-19 and Human Rights in Bissau (2021)

### **Violations of HR in times of Covid-19 in Guinea-Bissau**

The shortcomings of access to economic and social rights are illustrated in the published work of the Observatory of Rights (Sangreman, et al., 2020), between 2014 and 2020, and the pandemic only aggravated them.

Indeed, on the eve of the pandemic, the Human Rights Council, the Working Group on Universal Periodic evaluation, at its 35th session on January 20-31, 2020, in the Report of the United Nations High Commissioner on HR in Guinea-Bissau, stated that:

1. Widespread inequality between men and women is an obstacle to development.
2. Violations of rights against political opponents, arbitrary detentions and impositions on freedom of expression and peaceful assembly generally have no conclusive inquiries.
3. Access to justice was impossible for the majority of the population and even worse outside Bissau.
4. Justice rarely acted in cases of forced marriage, female genital mutilation, sexual or family violence, exploitation of children or drug trafficking.

5. The proportion of the budget dedicated to basic social services was lower in the countries of the Economic Community of West African States (ECOWAS).
6. For education, the country was far from achieving the SDG of universal primary education because only a quarter of primary schools guaranteed six years of compulsory schooling.
7. The health budget ranged from 3% to 7% in the last five years, without a financing strategy and with a great dependence on external funds.

In the case of the Human Right to Health the country health system is unable to cope with an increase in a new disease as evidenced by different individual authors and international organizations, giving an image of lack of resilience and failure in access to HR that is difficult to understand with the multitude of bilateral international cooperation interventions such as Cuba, Netherlands and Portugal, and multilateral as the UN, WB, EU and UNICEF that have existed in the sector since independence, including local training in nursing and medicine.

It is clear that the system has nothing to do with the conditions at the end of the colonial period in 1973/74 and that there are indicators with permanent positive development (except in the period of the civil war of 1998/99 with the flight of health and administrative personnel to other countries) such as infant and maternal mortality, childhood vaccination, the existence of drug sales in the regions, the number and capacity in human resources of health units and hospitals. But the expectations of the health population are also much higher, it always grows, and public policies to date do not follow developments, giving room for private arrangements of the health professionals themselves that penalize especially those who cannot afford medical care, in a practice that was generalized after the structural adjustment programs of WB and IMF started in 1987, forgetting the right to free health defended in the Guinean Constitution. The chaotic level of the entire system resulting from years of limitations, leads to an inability to deal with large unforeseen events like a pandemic.

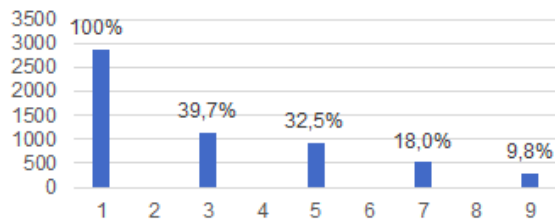
The country is ranked in the Security Health Index, far from the rest of the sub-region (Global Security Health Index, 2019). The Human Rights Observatory shows that the number of inhabitants, per doctor, worsened between 2016 and 2019 in most regions, although the same indicator for the number of inhabitants per nurse has improved.

This situation of lack of access to HR has become even more evident with the complaints of the Guinean League for Human Rights (LGDH) of violations of political rights in this period, mainly due to the situation of permanent institutional instability in which the country lives and the inoperability of governments in that area. There have been violations, according to the LGDH, on freedom of expression, persecution of opposition party members, include deputies, and the installation of a climate of insecurity in general focusing on journalists.

The U.S. Department of State in its 2020 annual report on Guinea-Bissau (United States Department of State, 2021) considers HR violations in conditions of detention and imprisonment as significant; serious problems in the independence of justice; corruption and lack of investigation into crimes of violence against women and children, trafficking in persons, child labor and impunity in the abuses of power of the security forces, especially in arbitrary arrests, in attacks on media and media agencies, as well as in the repression of demonstrations. In the same report considers that there is no evidence of torture, murder, abduction, disappearance, or imprisonment of people from the political opposition, restrictions on the use of the Internet, censorship of cultural spectacles or academic activity. It also considers that the rights of political participation are respected, and there is no restriction for minorities or women, although no party abides by parity laws. The same document also refers to corruption linked to drug trafficking and illegal logging involving military personnel, police and members of the Government or Administration as a component of the deterioration of Humans Rights.

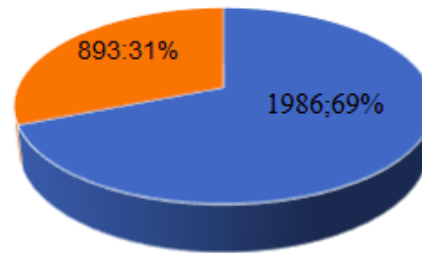
From these violations the climate of insecurity also has a component related to the confidence in the authorities and institutions to contain the epidemic by the populations. However, the rest are much more a consequence of the country's political situation than the impact of the pandemic.

**Graphic 1 - HR violations 2020,2021**



- 1- Total number of cases of HR violations**
- 3- HR violations by gender**
- 5- Violence and illegal arrests of citizens**
- 7- Community conflicts and witchcraft accusations**
- 9- Sexual abuse**

**Graphic 2 - HR violations by gender 2020, 2021**



**893 - Female**  
**1986 - Male**

### **Inequalities and the pandemic**

The exposure of inequalities across the planet was one of the types of evidence of the pandemic. As international organizations have been publishing indicators on this reality for many years, the WB's report on poverty and inequalities (World Bank, 2021) notes that the pandemic, with the abrupt decline in economic activity, has broken the positive developments of poverty alleviation that had been going on for two decades, exacerbating inequalities within each country and between countries with more and fewer resources.

And if people already poor or close to the poverty line saw their situation aggravated, there were also people on low middle incomes, especially in urban areas, who lost their jobs or saw their



activity decrease, falling into poverty situations where they had never been. Countries with fewer resources had no choice but to expect those with more resources to support them, as health systems are not resilient enough for a crisis such as the pandemic. The worsening of inequalities in the pandemic has made situations such as those caused by climate change and armed conflicts even more deadly.

For Guinea-Bissau, the data seen from the perspective of HR point to a worsening of poverty and inequalities in these pandemic years and, therefore, to a degradation of economic and social situation. The refuge in vegetable garden agriculture and subsistence fishing or for sale, in traditional health, in the work/trade of small incomes and in the choice of sons/daughters who go to school or not, the change for the worst of family food, are the compensation strategies that families develop, but that only slowly reset previous levels if they do not exist policies expressly focused on income recovery and social welfare. And the political and institutional instability of the country since independence caused by advances and setbacks in HD and the well-being of families, does not contribute anything to a rapid recovery.

## **Conclusions**

The impact of the pandemic on public health and the economy has been compounded by the state's weakness in providing the population with public goods that take on constitutional HR as a greater obligation. The disintegration of the global economy due to the pandemic favored authoritarian regimes to crack down on political opponents or mere protesters and consolidate power, also stressing that in countries such as Uganda, Nigeria, Ethiopia, and Guinea-Conakry extremist groups took advantage to support the populations that their states left unaided in the face of the impoverishment that the downfall of the economy caused.

The economy is not organized from a framework of human rights. That is, the production of goods and services does not consider values such as dignity, freedom, solidarity, accountability, social justice as configurators of its organization, production, and distribution. Thus, the fight against the pandemic tends to leave the most vulnerable, the poorest, exposed to disease or the deterioration of their standard of living, as has become clear in the distribution and administration of vaccines and aid to the population affected by the stopping of economic activities. As the United Nations

Educational, Scientific and Cultural Organization (UNESCO) argues: *"the Covid-19 crisis is an opportunity to rethink the hypotheses about the paradigms of development adopted by African states. The concentration of priorities on people, education, health care, social protection, and scientific research must become the basis for creating a new Africa capable of finding its own solutions to its problems at the same time as it secures its place on the international scene"* (UNESCO, 2020).

Current discussions around intellectual property and access to vaccines seem more like a demonstration of "I'm first", responding to internal political pressures and election cycles than a more solidarity and rational view of "global public goods". If Africa remains dependent on goodwill and the remains of vaccines, equipment, and medicines to recover and organize health systems capable of tackling this and future pandemics, the chances of sustainable structural transformation are compromised. The decision to remain in the COVAX mechanism and to help Africans have vaccine production centers in six countries on the continent (Tunisia, Egypt, Senegal, Nigeria, Kenya and South Africa) will be a clear symptom of the options to be made.

The importance that people in Guinea-Bissau attach to associative and family and help between neighbors has helped to contain the consequences of a virus even in the face of State and private sector weaknesses in the health system and the impoverishment of people who have seen their income cut by measures taken or simply by the decrease in economic activities and international cooperation.

The HR in Guinea-Bissau was more affected by the situation of institutional instability and internal security than by the pandemic itself.

However, this does not prevent us from concluding in this research, that the economy, in sectors dependent on the rest of the world, the educational system and the health system, were exposed in its weaknesses, evidencing the need to assume that without its functioning the whole of all HR in the country hardly progress.

Cases of excessive use of force by police to impose emergency measures have existed in many countries. Persecution of people from the political or civic opposition continued in authoritarian-tended countries or with a very deficient democracy. Refugee detention centers (usually overcrowded) continue to be places of HR violations. Economic, social, and cultural development were affected all over the world to stop the pandemic, with the consequent decrease in HR, even where political rights have not been achieved.

In the specific case of Guinea-Bissau, the research considers that the following consequences are clear:

*By the negative* - less economic activity, then slower recovery, not changing existing inequalities; continuation of some authoritarianism with intimidation of opposition figures and attitude of little respect between institutions. The strikes that degrade education have nothing to do with the pandemic, but with the government's inability to pay teachers' salaries and invest on the educational system. The fight for HR and against violations of the same, which took place during this period, is due more to the political situation than to the pandemic. The low standard of living with low access to economic and social human rights has made families and economic agents more vulnerable to the measures taken to contain the pandemic.

*By the positive* - strengthening of the public health system through international cooperation and with the participation of civil society - profitable and non-profitable - in the areas of health and prevention.

Addressing the response and recovery of the pandemic from the HR perspective could lead to better outcomes for all, ensuring that vulnerable countries and groups are not forgotten. Measures such as quarantines, school closures, confinement, and mobility limitation were seen as exceptional, and temporary, and very attentive to physical integrity and human dignity.

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## **GLOSSARY**

### **Africa**

It may refer to the entire African continent or only sub-Saharan Africa without countries where the official language is Arabic (or a derivative); the division between North, West, Central, Eastern and Southern Africa is also used. Guinea-Bissau is located in West Africa, neighboring Senegal and Guinea-Conakry.

### **Pandemic**

It is an epidemic of an infectious disease that spreads in a large geographical region, such as a continent or the entire planet. Only the WHO can declare that a disease is a pandemic. Other diseases that today would be or were pandemics: leprosy, plague, influenza, cholera, typhus, and HIV. Diseases such as Ebola would only be considered if they reached much larger geographical areas. Malaria is a disease widely spread all over the planet, but it is not infectious.

### **Health Guinean system**

Health system consisting of hospitals (central and regional) health centers of three different dimensions and basic health units in the villages. It includes an analysis laboratory, a nursing school and a medical school. It has public, private and religious units. The whole system lacks doctors, nurses, midwives, auxiliaries and equipment, medicines, and consumables.

### **Human Rights violations**

As defined by the UN are all individual (persons or organizations) or state acts that go against the 1948 Declaration of Human Rights and other documents approved by the General Assembly. These violations are reported around the world by non-governmental organizations or governments that have respect for HR in the Constitution.

### **State Fragility**

According to the OECD a fragile region or state has a weak capacity to carry out basic governance functions such as education, health and safety for its citizens and businesses. They are vulnerable to internal and external shocks such as economic crises or natural disasters. It can cover countries

with weak institutions, armed conflict, victims of natural disaster, hunger, and extreme poverty spread. These are countries where general informality is permanent.

### **Democracy**

Political regime based on the balance of power between bodies elected by all citizens (Parliament and Presidency) or appointed by elected officials (Courts, and Government). Sovereignty belongs to citizens who delegate their representation through free elections. There are several models of democracy, but they all respect this balance. There exists an international scale between plain, imperfect, hybrid, and authoritarian regimes (The Economist Index).

### **Measures anti-pandemic**

Measures taken by the authorities of countries affected by a pandemic. They are all based on the isolation of the infected and the reduction of contacts between the entire population, whether staying at home, wearing masks, or doing distance work. Vaccines are a preventive measure and not an anti-pandemic measure.

### **Poverty**

The situation of people with few economic resources is absolute or relative poverty (inequality). Poverty exists in all developed countries or not and is measured by a World Bank methodology from households' budgets and access to movable and not movable goods. A poor person in a developed country has little to do with a poor person in a fragile or less developed country.