



REBOOTING THE WORLD

SIX MONTHS OF COVID-19

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EDITOR

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Introduction

Shoba Suri

Pandemics are not merely a health concern, they deeply impact economies and communities as well. The COVID-19 pandemic has exposed the fragility of healthcare systems, the inadequacy of social protections frameworks and the vulnerability of global supply chains. Since the first case of COVID-19 was confirmed in December 2019 in China's Wuhan—with the Wuhan wet market the suspected source—more than 200 countries¹ and regions have been affected.

The World Health Organization (WHO) declared COVID-19 a pandemic on 11 March 2020, and named the virus that caused it as the 'Severe Acute Respiratory Syndrome Coronavirus 2' or SARS-CoV-2. The virus is transmitted by inhaling droplets through close contact with infected persons. Symptoms for COVID-19 can range from mild (like a common cold) to those indicative of acute respiratory illness,² and include fever, cough, sore throat, breathlessness and fatigue. The elderly and persons with co-morbidities, such as diabetes, hypertension and non-communicable diseases, have been found to be the most at risk.

The COVID-19 pandemic has cost lives and livelihoods across the globe. According to the World Trade Organization and Organization for Economic Cooperation and Development,³ COVID-19 is a bigger threat to the global economy than the 2008 financial crisis was. The imposition of lockdowns to curb the spread of the virus has resulted in the slowdown of the global economy, which has directly affected the GDPs of countries, particularly emerging economies. Major industries and businesses were disrupted with

the suspension of transportation services (flights, railways, buses, trucks and other forms of public and private transport). Consequently, entire economies came to a grinding halt. No sector has been left untouched by the pandemic. Tourism came to a standstill, and educational institutes and workplaces transitioned to remote and digital spaces. Many countries now face the threat of high inflation rates⁴ and a rise in unemployment⁵ due to decreased productivity and increased healthcare expenditure to combat COVID-19.

As we arrive at the six-month mark of the pandemic, ‘unlocks’ (gradual reopening of the economy) have been initiated in many countries, even as global infection rates continue to rise. As of 10 September, more than 28 million people have been infected by COVID-19, with the US, India and Brazil accounting for over 50 percent of all cases.

In such difficult and trying circumstances, technology has provided solutions. Technological tools have been at the forefront of the fight against COVID-19, not only providing access to essential and telehealth services,

but also helping keep friends and families connected while being socially distanced. The enhanced role of technology has accelerated innovations in healthcare, with countries’ entire medical systems and researchers racing to find a viable vaccine for COVID-19. As WHO has warned of the likelihood of the pandemic worsening, governments across the world face the dilemma of having to choose between limiting the spread of the virus through lockdown measures or kickstarting and reopening stalled economies to prevent further damage to lives and livelihoods.

This series brings together essays from countries worst hit by the pandemic. They showcase how governments, societies and businesses have tried to adapt to the “new normal” using all available tools and strategies, including contact tracing apps and social distancing measures. As we look back at the last six months of the COVID-19 pandemic, these essays will highlight the cross-learnings on the management of the pandemic and the solutions that have been found to mitigate the crisis.

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Background

At the beginning of September, the global tally of COVID-19 cases stood at 25 million, while the death toll crossed 860,000. Less than a month into the pandemic,¹ the US became the most infected country in the world; as of 10 September, it has reported more than 6.5 million cases and 195,239 deaths. India and Brazil follow, with 4.4 million and 75,091 deaths, and 4.1 million cases and 128,653 deaths, respectively. Brazil has a high recovery rate of 79 percent as compared to the US's 56 percent. Russia, the fourth most infected country, has seen a gradual decrease in the number of cases.

The Latin American region is one of the worst affected in the world.² Apart from Brazil, Mexico—with 647,507 cases and 69,095 deaths, at the time of publishing—has also seen a rapid spread of COVID-19 infections. Peru has reported 702,776 cases and over 30,000 deaths, and Chile has had 427,027 cases and over 11,000 deaths. However, the recovery rate of 93 percent brings some hope.

COVID-19 MOST INFECTED COUNTRIES

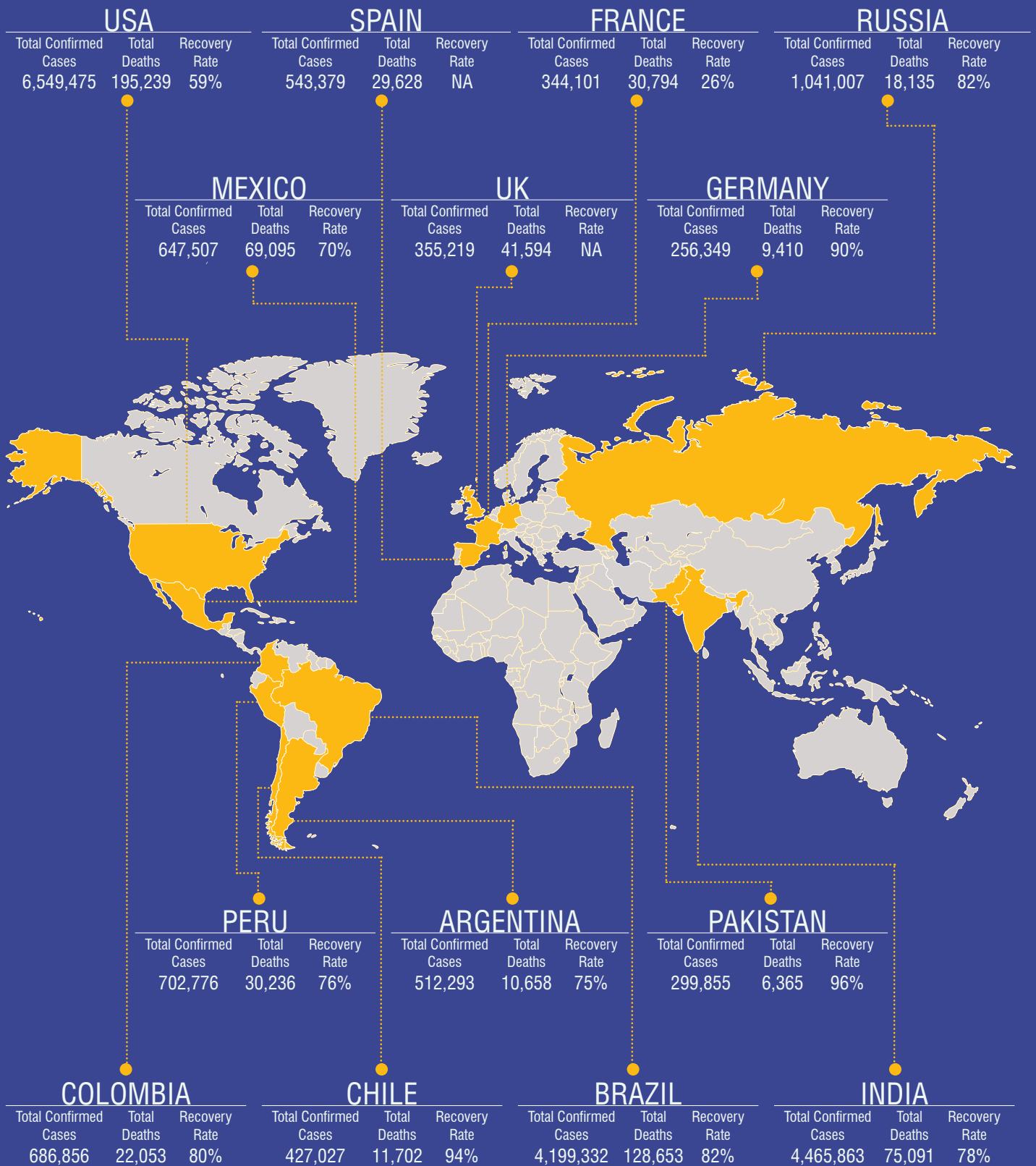


Figure 1. Covid-19 cases and Lag-case fatality ratio from worst affected countries

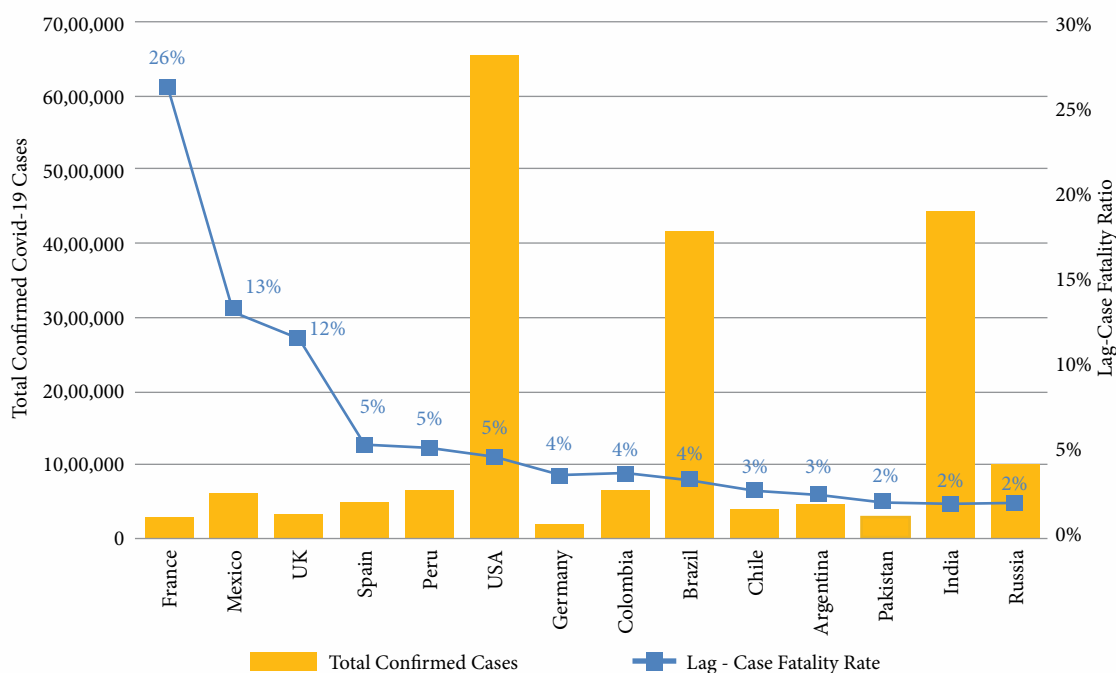


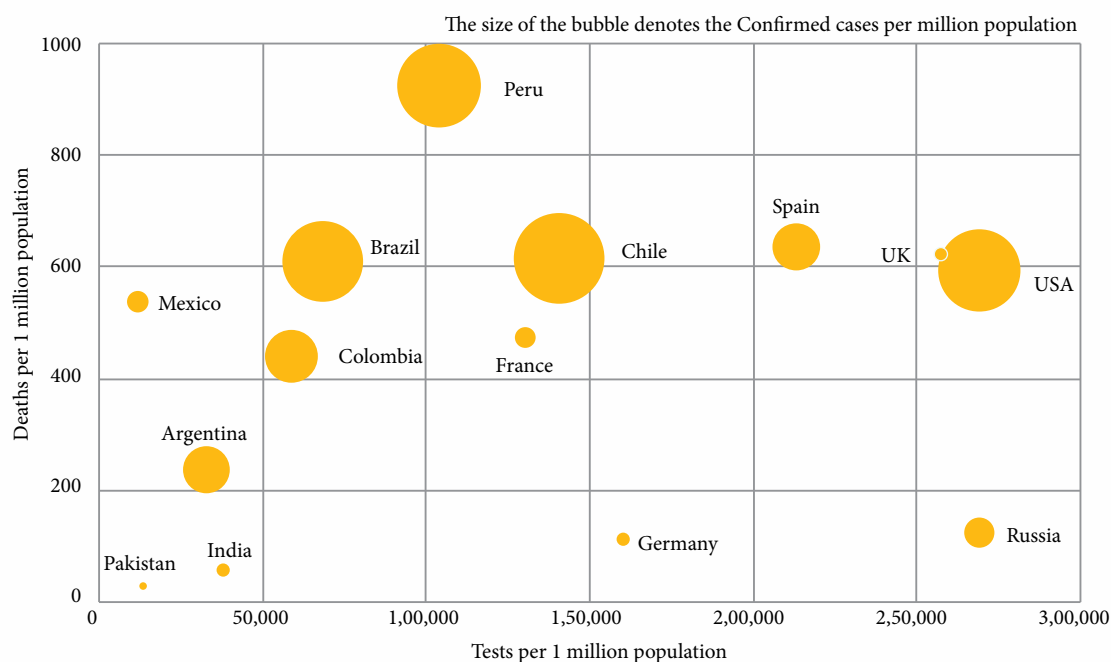
Figure 1 shows the Lag-case fatality ratio (L-CFR) and the total confirmed cases from the worst affected countries. The L-CFR is a measure of case fatality that removes the effect of lag between reporting and death on data.³ The UK and France have high L-CFRs as compared to the global ratio of 5 percent, in addition to having a higher number of COVID-19 deaths per million population. Currently, France demonstrates an alarming trend of a low number of cases but a high death rate,⁴ followed by Mexico⁵ and the UK.⁶ Surprisingly, countries with high population densities, which make it difficult to follow physical distancing norms, such as India, China and Brazil, have had low mortality rates, based on reported data.

India reported its first case within a seven-day window of Italy, the UK, Germany and Spain.⁷ However, India has contributed relatively less to global COVID-19 related deaths despite being the second-most populated and

second-most badly affected country. In India, the spread of the virus is like a slow-burning coil,⁸ as compared to the other badly-hit countries, the US and Brazil.

In March, the World Health Organization indicated the importance of testing, with the key message being to test as much as possible.⁹ While testing has increased considerably over the past few weeks, there is a wide variation in the numbers being tested. Figure 2 shows the extent of testing per million population relative to the scale of cases and deaths per million population. Among the most affected countries, Russia has performed the most number of COVID-19 tests per million population. Although the US has seen higher rates of testing as compared to other countries, it has high case per million population and high death per million population rates. The UK exhibits a peculiar case—testing remains amongst the highest in the world and the cases per million are the lowest but the deaths

Figure 2. Deaths and testing per million population from worst affected countries



per million are alarmingly high. Figure 2 also shows that some of the developing economies, such as Brazil, Chile, Peru and Colombia, have observed high caseloads, but testing remains low and the death toll continues to rise. India, meanwhile, has very low testing rates and deaths per million population, in comparison to other countries—the country has conducted 37,079 tests per million population and reported 75,091 deaths (as of 10 September). On the other hand, some countries like Germany have been able to test aggressively in the initial days, reducing the spread of infections and deaths early on.

As the world confronts this unprecedented crisis, countries are struggling to stay ahead of the pandemic. Despite the challenges, a wide range of vaccine technologies and platforms are being developed. Now is the time to come together and have a global consensus on how best to deal with the pandemic. Restarting economies and adapting to the 'new normal' is the need of the hour, but it must be done in a way that creates a better normal.

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Views from Around the World



Brazil and COVID-19: A Cautionary Tale

Dawisson Belém Lopes

Six months after the World Health Organization (WHO) officially declared COVID-19 a global pandemic, it is time to come to terms with the tragic fate of South America's largest nation. Things would have gone far better for Brazil had some erroneous decisions not been made. The over 130,000 lost lives and four million infections were not inevitable, and the country did not have to put into practice an incredibly failed approach to deal with the novel coronavirus.

First, Brazil had a three-week headstart to prepare for and cope with a worst-case scenario. As the situation began to spiral out of control in Europe in February, Brazil had the opportunity to learn from those mistakes and enact public policy intervention at the central level. But this did not happen. There was time, but no political will whatsoever. Shockingly, President Jair Bolsonaro's health ministry had no contingency plan to deal with epidemic-like events even when the crisis sprung up.¹

Second, airports across the country should have been shut as early as March when the global health emergency was worsening elsewhere. International flights to and from Brazil are concentrated in two cities—São Paulo and Rio de Janeiro—making it possible to seal Latin America's air hubs and introduce a China-inspired 'cordon sanitaire' strategy. But, again, there was not much governmental interest in blocking this menace.² As a consequence, the first batch of COVID-19 cases were mostly imported from Italy, quickly spreading throughout Brazil.³

Third, Brazil was expected to resist the overwhelming pressure on its public health apparatuses due to the *Sistema Único de Saúde* (SUS), a mechanism introduced in the 1988 federal constitution to provide the population with the widest universal coverage health system on earth. SUS mobilises around three million health workers and is territorially widespread, reaching even the most inhospitable places and assisting more than 150 million citizens who cannot rely on private health insurance. While it should be a reason for national pride, SUS has been underfunded for many years now, which poses serious challenges to its proper functioning.⁴

Brazil has been hard hit by the COVID-19 pandemic. As of late August, it had the second highest cumulative deaths and confirmed cases, behind only the US. The Brazilian economy may contract by 6 percent to 10 percent this year, and the pace of recovery is not the most encouraging. Of all South American nations, only Venezuela is bound to deliver worse economic results in the aftermath of the pandemic.⁵ Unemployment in Brazil has reached an all-time high (more than 12 million people are unemployed, as of July) and more than 100 million citizens are believed to depend on governmental financial relief programmes to survive this crisis.⁶

This despairing public health scenario was aggravated by two pre-existing ‘co-morbidities’—an economic depression that led the Brazilian economy to shrink and return to the levels of the early 2010s,⁷ and an ongoing process of social polarisation and struggles to win control of the country, in a fierce dispute against the presidency by two other federal branches (the legislative and the judiciary) and sub-national authorities (mayors and state governors). A lack of leadership and political coordination, serious shortcomings in the rule of law, economic underperformance, and Bolsonaro’s gross misconceptions about the epidemiological situation have severely impaired the ability of Brazilian public authorities and civil society to properly fight the pandemic and restore international confidence in the country.

Laying the groundwork

Brazil’s economic mismanagement is a case worth studying, especially given the country’s promising route just a few years back. Considered one of the sparkling emerging nations of the 21st century, Brazil was faced with social and economic unrest since the year 2013, a trajectory that culminated with left-wing President

Dilma Rousseff’s removal from office in 2016. As fiscal and monetary indicators soon deteriorated, Rousseff’s deputy Michel Temer took over as president and put into effect a plan of action to promote fiscal austerity and inflationary control, but failed to reactivate economic growth. Unemployment soared and paved the way for the election of right-wing populist Bolsonaro in 2018.

Bolsonaro came to power under the promise that his economy minister Paulo Guedes—an academic and private investor who had previously been a part of Chilean dictator Augusto Pinochet’s economic team—will deliver a major overhaul of the Brazilian economy, giving leeway to his ‘Chicago boys’ to do their job. Pension system, administrative and tax reforms were assumed to be the only way out of this monumental crisis. But very little was achieved in Bolsonaro’s first year. Economic growth was baffling and, apart from a timid pension system reform, chiefly conducted by the Brazilian Congress, no other consistent structural reforms were introduced.

From a political viewpoint, the wounds of a long battle initiated in 2013 had not yet healed. Rousseff’s ousting, barely one year after her reelection for a second four-year presidential term, triggered a process of social polarisation at a level never seen before in Brazil. Lula da Silva, the highly popular former president who had planned to run for the presidency in 2018, was found guilty on charges of corruption and imprisoned in July 2017. These events have divided the country into two strands of opinion—one made up of those who believed that Rousseff’s impeachment process and Lula’s jailing were a travesty of a ‘judicial-congressional coup d’état’ put forth to keep the leftist Workers’ Party away from the presidency; and the other comprising right-wing forces and anti-establishment movements that ended up supporting Bolsonaro’s candidacy and serving as his main electoral constituencies. Reconciliation is not an option for the two warring sides.

Brazil also has a unique three-level federative institutional design, which makes the task of coordinating policies over 5,500 municipalities, 27 federal states and the Union ‘mission impossible’, given that all enjoy some degree of constitutional autonomy for administrative matters and, in 2020, were authorised by the Supreme Court to craft their own strategies to fight the COVID-19 pandemic amid Bolsonaro’s negligence and denialism.⁸ If it were not for the Supreme Court ruling, Brazil’s catastrophe could have been far more profound.

Bolsonaro's follies

Bolsonaro proudly fits the 'Trump of the Tropics' moniker and keeps mimicking the American president. It was not any different with the advent of COVID-19. Bolsonaro first attributed the pandemic to a media conspiracy, then downplayed its importance by dubbing it a "little flu". As the death toll rose and an effective governmental response was being demanded, Bolsonaro responded with a disconcerting "so what?," adding that he was not a gravedigger and not the one to blame. After Bolsonaro himself and some of his ministers were infected and survived the disease, he adopted a new mantra—the coronavirus will contaminate every single person in Brazil sooner or later, so resisting it is worthless.⁹

During the pandemic, two of Bolsonaro's health ministers with backgrounds in the medical sciences were dismissed, allegedly because they insisted on science-backed prescriptions such as social distancing. An army general and parachutist, who had no training in the health sciences, took over as an interim minister, replacing many technical staff members with military personnel. It has been three months since Eduardo Pazuelo came to office and Brazil does not have a full-fledged health minister yet. But this provisional condition has not kept Pazuelo from embracing a controversial protocol to treat COVID-19 patients with chloroquine/hydroxychloroquine, even though the WHO does not endorse the medical move.¹⁰

Curiously, there was no 'rally around the flag' cookie for Bolsonaro. While many world leaders have witnessed a surge in their popularity ratings, the Brazilian president lost almost 10 percent of his approval.¹¹ His handling of the crises was seen as one that favoured businesses and businesspersons to the detriment of the common

people and public health concerns. Business unions have actively engaged in lobbying and propaganda to reopen the economy at any cost, under the claim that company bankruptcies rather than direct exposure to the virus would be the true engines of massive destruction, leading to higher levels of unemployment, hunger and social chaos. Such discourse has always found support in Bolsonaro.¹²

There is one final aspect to be highlighted—Brazil's anti-globalist foreign policy. Since Bolsonaro's coming to power in January 2019, his foreign minister Ernesto Araújo has been more of an ideological agitator than the country's top diplomat, going as far as to affirm that "the virus of communism," not the novel coronavirus, was the real problem in the world today—in a hostile, albeit indirect, reference to China.¹³ His eccentric approach to global affairs never granted any tangible rewards, but brought opprobrium instead—Brazil has been kept from joining important forums where the future governance of the global economy and the development of COVID-19 vaccines were being discussed.¹⁴ This isolation of Brazil comes as a surprise for a nation that always bragged about practicing universalist diplomacy.

All in all, Brazil's four-pronged crisis—sanitary, economic, politico-institutional and foreign affairs—definitely makes the country one of a kind. It is probably the only country where COVID-19 looks like a chronic disease, being on average the main cause of death for Brazilian citizens among all different types of diseases (as of July 2020).¹⁵ Brazil's COVID-19 infection curve is also very peculiar—having reached the emblematic threshold of over 1,000 casualties a day almost four months ago, the situation today remains pretty much the same.¹⁶ The Brazilian response to COVID-19 is a complete failure, yet Bolsonaro and his acolytes seem committed to their unreasonable choices.

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2

After Six Months of COVID-19, Brazil's Government is Adrift by Political Choice

Fernando Brancoli

“**W**e will have a maximum of 800 fatalities, nothing will change in the country, Brazilian President Jair Bolsonaro said of COVID-19 in March 2020.¹ A few days earlier, the World Health Organization (WHO) had declared the health crisis a pandemic. Six months on, not only have Bolsonaro's predictions proved to be completely incorrect—the country's death toll has exceeded 110,000 by the end of August—but several internal and foreign policy structures changed over this period.

According to the WHO, Brazil today is one of the global epicenters of the pandemic.² Despite having one of the lowest testing rates in the world, more than three million Brazilians have been infected with the virus. Brazil's catastrophic COVID-19 numbers have complex explanations. The country's size—it is the largest country in South America—already indicates that the virus has a large area to spread. With population centers with varied characteristics, from traditional urban megacities such as São Paulo, to

neighbourhoods amid Amazonian biomes such as Manaus, the country has had difficulty in creating uniform public policies for its citizen's health. Brazil also has a history of social inequality, forcing a significant portion of the population to live in unhealthy conditions in *favelas* (slums) and making them prone to diseases.

Brazil's geographic and social configuration, however, is not the reason for its terrible COVID-19 numbers. The main culprit is actions taken by President Jair Bolsonaro's federal government. Bolsonaro has denied the seriousness of the situation from the start, calling it a "little flu"³ with a minimal number of deaths. The president has used controversial phrases, such as "we will all die someday," when dismissing measures like social distancing and isolation.⁴

As the situation worsened, Bolsonaro was quick to emulate US President Donald Trump, whom he likes to compare himself to, by indicating that he had found a cure in 'chloroquine,' which is normally used to treat malaria.⁵ Although there are no serious studies that prove the effectiveness of the drug, he determined that the army's laboratories would produce the pill and distribute it throughout the country. In June, when announcing that he had contracted COVID-19, Bolsonaro stated that he was being treated with the drug.⁶ Although Trump abandoned the defence of the drug, even sending the US's remaining stock of pills to Brazil, Brazil has already spent millions of dollars on production.⁷

Bolsonaro's comments have had a notable impact in the fight against COVID-19—areas that voted for him in the presidential elections have the lowest levels of social isolation.⁸ Bolsonaro's decision to minimise the pandemic is the result of a political calculation that has worked so far. Since March, the president has said that the economic impacts will be worse than the health consequences. Even without any scientific support, the president insists that "hunger and unemployment will be worse than the virus."⁹ As the pandemic spread unevenly across the country, the poorer part of the population first felt the economic impacts of isolation measures rather than the virus itself. Moreover, Bolsonaro blamed state governors and the Supreme Court for defending measures to restrict movement.¹⁰ The narrative seems to have had an effect—recent polls show that a significant part of the population does not blame Bolsonaro for errors in combating the pandemic, with government approval rates increasing in recent weeks.¹¹ The president

also benefited from the creation of emergency economic aid, which distributed about US\$120 each to over 60 million people. Despite the move being Congress approved, the Bolsonaro government was quick to take credit.

(Unequal) technological solutions

Despite the pandemic having hit the whole country, the consequences of the health emergency have differed for different parts of the population. The wealthiest part of the population was quick to adopt working from home and, in some cases, even took refuge in the countryside. A significant portion of the population quickly migrated to digital services, with companies developing mechanisms to maintain production and the health of employees.

With unemployment rising, a significant portion sought alternative income through delivery services, such as Uber Eats. The use of these mobile apps increased by 700 percent,¹² especially by the middle and upper classes, who were afraid to leave their houses. In the last few months, contagion rates have centered on the poorest population who had to remain on the streets. The uberisation of the Brazilian economy has caused social shocks, with apps workers constantly protesting, demanding higher wages and social protection.

Governance crisis

Governance fragmentation in Brazil is perhaps one of the clearest consequences of the pandemic. With the federal government's refusal to adopt practices to curb the spread of the virus, state governors and even mayors tried to fill the vacuum. This is particularly relevant given that the budget and the decision-making process are strongly centralised in the federal government. Despite state governors receiving support from the population at the beginning of the health crisis, recent polls show that these numbers are falling, indicating a certain tiredness of isolation measures and the worsening of the economic reality.¹³

The absence of a central authority has even galvanised the capabilities of criminal groups. In poorer neighbourhoods of Rio de Janeiro, organisations linked to drug trafficking have begun to distribute medicines and masks. In other cases, armed groups that operate mainly by collecting illegal taxes, compelled stores to open against the orders of governors. Areas controlled by armed militias have the highest levels of contamination

in the state of Rio de Janeiro, with consequences that are not yet fully explored.¹⁴

The fragmentation of the political leadership has also changed the way Brazil deals with international partners and leverages new international agents. Traditionally, Brazilian foreign policy is administered by the Ministry of Foreign Affairs, with few windows of opportunity for other political groups to act. Although there have been some attempts in recent years by organised groups to be included in the decision-making process, most relevant actions remain concentrated in the federal government. But Bolsonaro's rise to power has altered this situation and the COVID-19 crisis has accelerated it.

The Bolsonaro government's reluctance to adopt more vigorous measures against the pandemic bear a strong resemblance to the actions employed by the Trump administration in the US. The similarity is not a coincidence. Since coming to power in 2018, Bolsonaro has adopted an unrestricted alliance policy with the US, abandoning traditional Brazilian agendas in the international context, such as mediation in the Israel and Palestine conflict, to place himself as an unrestricted supporter of Tel Aviv.

This change in foreign policy forced subnational actors to produce different narratives. A key issue was the environment, after Brazil was criticised for the management of the Amazon fires in 2019. At that time, Bolsonaro declared that the Amazon "belongs to Brazil"¹⁵ and that he would not tolerate any external interference. Meanwhile, various state governors were quick to seek closer ties with the European Union, fearing that the bloc would create barriers to local products with environmental justifications.¹⁶

The China factor

The most important example of this movement is related to China. Despite being Brazil's largest trading partner, Bolsonaro has made critical statements about Beijing, complaining that the Chinese want to "buy the whole country".¹⁷ The main dispute is currently over the issue

of the implementation of 5G internet in the country—the US has already said that if Brazil allows Huawei to enter its domestic market, it will suffer reprisals from Washington.¹⁸

Narratives against China, often with a strong racist connotation, spilled over into the COVID-19 issue, with federal government ministers calling it the "Chinese virus" and discussing conspiracy theories over Beijing's geopolitical gains from the health crisis.

Government fragmentation, however, opened up space for state governors and mayors to start talking directly to China, taking advantage of the fact that 'mask diplomacy'¹⁹ was being ignored by the Bolsonaro government. Beijing has been quick to establish agreements with several states such as São Paulo and Maranhão, providing hospital supplies and respirators.²⁰ With the advance of vaccine research, China has passed over the formal structures of the federal government and established partnerships with state laboratories, promising to distribute the drug as soon as possible.

This particularity about the prospects for China in Brazil must be considered when analysing Beijing's influence in Latin America. In the US, there seems to be a bipartisan consensus on the possible threats that the Chinese rise will have on the country. In Brazil, a division is formed over a possible alliance with China, with political parties taking a different position. In this sense, it is curious to see the Consortium of the Northeast, a grouping of state governments from that region Brazil, which has established fruitful relations with China and has already stated that it wants to set up a foreign ministry parallel to that of the federal government.²¹

Although the pandemic is the worst tragedy in Brazil in a century, with hundreds of thousands of deaths and an economic recession, there remains a perception that the changes enacted during this period will be done away with post pandemic. But rather than initiating momentary change, the pandemic has accelerated shifts that were already happening, internally and externally.

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3

The More Things Change, the More They Stay the Same

Shahid Jameel

The understanding of diseases and the pathogens that cause them has advanced by leaps and bounds over the past few decades. Yet, the initial human response to a disease outbreak has barely changed with time.

Novelist and Nobel Laureate Orhan Pamuk reminds us that “People have always responded to epidemics by spreading rumor and false information and portraying the disease as foreign and brought in with malicious intent.” About the current pandemic and historical outbreaks of plague and cholera, he says, “There is an overabundance of similarities. Throughout human and literary history what makes pandemics alike is not mere the commonality of germs and viruses but that our initial response has always been the same.”¹

It is important to explore the human response to disease outbreaks—how rumours, half-truths, denial and stigma have worked through the ages and why it is necessary to build trust and communicate well. Science offers us unprecedented hope and a fundamental understanding of why we need to live more sustainably.

Rumors and half-truths

A common human response is to spread rumours and false information. In the past, much of this was driven by not understanding a disease, but even now with easy access to science and technology, there is poor public understanding of the method and process of science. Modern communications tools enable

People have always responded to epidemics by spreading rumor and false information and portraying the disease as foreign and brought in with malicious intent.

- Orhan Pamuk

Novelist and Nobel Laureate

rumours and false information to spread faster than the disease itself. As with old plagues, rumours and accusations based on nationalist and religious identities, fueled through social media, have impacted how the COVID-19 pandemic has unfolded in different parts of the world, including in India.²

Through the ages, the most common rumours were about who carried the disease and from where. The disease is always foreign, either brought with malicious intent or due to the incompetence of others to contain it in a foreign land. The Romans blamed Christians and their practices for angering the Roman gods and causing the Antonine plague of smallpox in 165-180 AD.³ In the 1980s, during the early days of the HIV/AIDS disease, Rev. Billy Graham, a Baptist preacher in the US, termed it “a judgement of God”. Television evangelist and Moral Majority leader Jerry Falwell Sr called it the result of “perverted lifestyles” of homosexuals, concluding that “AIDS is God’s punishment”.⁴ Others argued that the HIV/AIDS virus had something to do with voodoo because people in Haiti were infected in large numbers. Still others believed that HIV came to Earth from outer space on a comet or was a bioweapon created in a lab by the US’s Central Investigation Agency, US Defence Department or Big Pharma.⁵

During the Ebola outbreak in 2014-16, which had 28,600 cases and 11,325 deaths,⁶ the common rumors were again about the virus having been manufactured in a US military facility, or a government plot to attract more foreign aid.⁷ People in West Africa were particularly wary of the Ebola Treatment Units set up by foreign aid agencies like Medicines Sans Frontiers, which was

hardly surprising since containment and high fatality rates meant that those who went in were not seen again. It was rumored that these units were meant to harvest organs and steal blood.⁸ Others drew on memories of slave trade and colonial histories—many of the routes used by foreign health workers were the same as those used by the slave traders.⁹

In 2020, contrary to overwhelming scientific evidence that the COVID-19 virus was first transmitted from bats to humans and then from person to person, many still assert it was made in a lab in China.¹⁰ Surprisingly, French virologist Luc Montagnier, who discovered HIV, is among those with such radical views.¹¹

Denial, stigma and its consequences

Denial has also been part of the early response to disease outbreaks. Governments distort facts and manipulate data to first deny the existence of a disease and then cherry pick data to not reveal its full extent, often claiming this is being done in ‘public interest’ to not alarm people. The continued denial of COVID-19 as a problem at the highest levels of the US government during the early part of the pandemic has led to a grave situation in the world’s most technologically advanced nation. The country is reeling with over 6.3 million confirmed cases and over 191,000 deaths as of 4 September 2020.¹²

But this is nothing new. Peter Duesberg, a prominent researcher at the University of California, held the view that AIDS is not caused by HIV but instead due to the use of recreational drugs and anti-retroviral medication.¹³ Though comprehensively rejected by the scientific community,¹⁴ Duesberg’s denialism influenced South Africa’s HIV/AIDS policy under President Thabo Mbeki (1999-2008). The failure to provide medication to HIV/AIDS infected people in a timely manner, partly due to this denial, is thought to have caused hundreds of thousands of preventable deaths and new infections in South Africa.¹⁵

The International Society for Infectious Diseases’ Program for Monitoring Emerging Diseases (ProMED) trawls the internet looking for chatter about unusual disease outbreaks. Founded in 1994, it has pioneered the use of electronic, internet-based emerging disease and outbreak detection and reporting. On 10 February 2003, ProMED received a notice from the Hong Kong health department warning of a pneumonia outbreak in

China's Guangdong province. When the World Health Organization (WHO) enquired the next day, China revealed 305 cases and five deaths from an outbreak that started in November 2002. That was the first time the world heard of SARS, which eventually spread to 29 countries, infected 8096 people and caused 774 deaths.¹⁶ On 30 December 2019, ProMED again picked up chatter about a cluster of pneumonia cases in Wuhan, China, linked to the seafood and wild animal market. The Chinese Center for Disease Control confirmed this the next day and on 7 January 2020 released the virus sequence, confirming it to be a novel virus related to the SARS virus of 2003. In both cases, it is clear that health authorities in China knew of the outbreaks but failed to notify the world. When China finally decided to quarantine Wuhan, five million people had already left for the Chinese New Year break.¹⁷ Since then, what was initially a local outbreak has developed into a global pandemic affecting 215 countries, with over 26 million confirmed cases and over 873,000 confirmed deaths as of 4 September.¹⁸ The actual figures are likely to be much higher.

In her book *Illness as Metaphor*, the American writer and philosopher Susan Sontag drew attention to how any disease whose causality is murky and for which treatment is not readily available becomes a target of half-truths. "First, the subjects of deepest dread (corruption, decay, pollution, anomie, weakness) are identified with the disease. The disease itself becomes a metaphor. Then, in the name of the disease (that is, using it as a metaphor), that horror is imposed on other things."¹⁹ As a cancer patient in the 1970s, Sontag had faced stigma and made to feel that the disease was shameful and somehow her fault. Just as cancer was linked to unhealthy habits such as smoking and excessive alcohol use, HIV/AIDS was initially labeled as a disease of sexual excess and perversity—even called Gay-Related Immune Deficiency in medical circles, or simply "Gay Disease."²⁰

Communications and trust

The perceived threat that HIV/AIDS patients posed to society at large turned this stigmatisation into hysteria and panic. This can be traced to three factors—the discovery that HIV/AIDS was a blood-borne disease and could get into the nation's blood supply; poor public health messaging and the use of vague terms such as

"bodily fluids" giving the impression that it could even be transmitted through objects handled by an infected person; and that it was caused by a new deadly virus.²¹ Similar fears are evident with COVID-19. It is caused by a new virus, which, despite all the advances made in the past few months, is still not fully understood. Unlike HIV/AIDS, but like the deadly Spanish Flu of 1918, the COVID-19 virus is transmitted by aerosols. And there has been mixed messaging on masks and the technicalities of airborne transmission,²² which confuse people and create fear.

Free speech and trust are important tools to control outbreaks. This was evident in the way China handled both SARS and COVID-19, though in the latter case it was far more open and responsive. In India, Kerala controlled its first outbreak with speed and efficiency, building up on its efficient public health system.²³ Also evident was a culture of trust between the state government and the population, driven by clear and transparent communication and the willingness to take care of the vulnerable. At the same time, the rest of India was facing a serious migrant crisis, poor communication and a trust deficit.^{24 25}

At the time of writing, India has recorded over 3.9 million confirmed cases and 68,000 deaths, placing it with the third highest toll in number of cases and deaths after the US and Brazil.²⁶ Alarming, the outbreak in India is now growing faster than any other country in the world. Over the week ending September 4, India averaged 78,364 daily cases, which was far higher than in the US (41,804 cases) or Brazil (40,237 cases).²⁷ Why is this happening to a country that imposed curbs very early and had one of the world's toughest lockdowns for 68 days, from 25 March to 31 June? The answer probably lies in communications and trust. The government still claims there is no 'community transmission' and has continuously emphasised only the increasing recovery rate and low mortality, which is only half the truth.²⁸ With the case fatality rate being 1.8 percent, the recovery rate is bound to approach 98.2 percent; it has increased continuously and now stands at 77 percent.²⁹ This official narrative has brought complacency to the public at large. Equally worrying is a shift in the outbreak from urban to rural India—from an estimated 40:60 rural-urban distribution for the first million cases to a 67:33 distribution now.³⁰ With poor healthcare penetration in rural India, this is a matter of grave concern.

Science, hope and the future

Unlike old plagues and pandemics, the fear today is fed more by our understanding of disease than of the unknown. “Fear, like the thought of dying, makes us feel alone, but the recognition that we are all experiencing a similar anguish draws us out of our loneliness,” says Pamuk. He further adds, “We are no longer mortified by our fear; we discover a humility in it that encourages mutual understanding”.³¹ In a world gripped with disease and lost livelihoods, people have come together to help each other in India and elsewhere. Doctors, nurses and other healthcare workers remain on the frontlines treating the sick in every part of the world, even though hundreds of thousands health workers have been infected and thousands of others have died.³² Promisingly, recovered patients are willing to donate plasma to save those who are gravely ill.

The global response to COVID-19 also displays the power of science and the willingness of scientists around the world to work together. Within days of its notification, viruses were isolated from patients and characterised, which paved the way for developing diagnostic tests, vaccines and therapies. As of September 4, over 94,000 SARS-CoV-2 genomic sequences are publicly available,³³ allowing scientists to model its evolution and movement across the globe.³⁴ Over 200 vaccines are under development, with 46 in human clinical trials and three receiving limited use approval.³⁵ This is remarkable considering that in 2003 it took 20 months for the SARS vaccine to reach testing. Almost 800 diagnostic tests have been developed,³⁶ and 20 different treatments are in use with various levels of efficacy.³⁷ More than 10,000 papers on COVID-19 have been posted openly on pre-print servers since early this year, and most publishers have also made this research open access.

The Global Outbreak Alert and Response Network (GOARN) is a WHO network of over 250 technical partner organisations across the world. It recently reminded the world on the way forward to tackle the pandemic.³⁸

“The GOARN Steering Committee urges all governments and partners at a local level to (1) engage communities to build trust for evidence-based public health and encourage local ownership of outbreak control response measures; (2) discourage the politicisation of the COVID-19 response because politicisation is counterproductive and leads to poor strategic decisions; (3) leverage in-country expertise of experienced outbreak responders, including GOARN partners and emergency medical teams, because current decisions can be strengthened by expanding the advisory pool; (4) invest in the rapid expansion of the public health workforce for this response; (5) make decisions on the basis of a comprehensive strategy, the latest evidence, and the epidemiological situation (eg, supervised isolation for infectious patients and mandated mask wearing have been shown to improve outcomes), and explain these decisions clearly; (6) ensure equitable access to diagnostic tests, therapeutics, and vaccines, which should be allocated according to sound public health criteria and needs; and (7) champion multilateral action and international solidarity. WHO is key to the international response as the organisation offers both a global direction to each nation and tailored technical assistance to responders.”

“Historically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different. It is a portal, a gateway between one world and the next. We can choose to walk through it, dragging the carcasses of our prejudice and hatred, our avarice, our data banks and dead ideas, our dead rivers and smoky skies behind us,” says author Arundhati Roy, adding, “And in the midst of this terrible despair, it offers us a chance to rethink the doomsday machine we have built for ourselves. Nothing could be worse than a return to normality.”³⁹

We are at an inflection point in our shared history. Let us learn from it for a better future.

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4

No More Quarantine: Is it Time for Russia to Celebrate?

Viktorii Ivanchenko

If one was to visit Russia now, it would appear that there is no pandemic any longer. Crowds of people walk through the streets, visit tourist spots and cafes, resorts and the seaside are overloaded, and some regions are already holding concerts and conferences. After all, Russia was the first country in the world to announce a COVID-19 vaccine.¹ So, is it high time to celebrate the victory?

The Russian government claims that people must do everything to avoid new quarantines and restrictions.² Twelve regions are still in the 'red zone', and many restrictions remain in force all over the country. Masks, social distancing, temperature checks, closed offices, and remote work and study remain an integral part of Russian reality. About 60 percent of Russians believe that a second wave of the coronavirus outbreak could hit in the autumn.³ It seems that people have already adapted to the new rules of living, and the government should now avoid creating obstacles for people to enjoy life even in such a restrictive environment. And indeed, lifting restrictions did not lead to any tangible rise in infection numbers in Russia, demonstrating the government has control over the situation.

Some countries have already opened their air spaces for Russia, including Turkey, the UK, Switzerland, Tanzania,⁴ Egypt, United Arab Emirates and the Maldives.⁵ Testing for COVID-19 is necessary to conduct events and to travel and has already become a daily routine without the compulsory quarantine.

Russia was the first country in the world to announce a COVID-19 vaccine.

This new reality is not connected to Russia's announcement of the vaccine, Sputnik V. The vaccine could have become a cause for celebration for the whole world, but health authorities in other countries are still unsure of its use.⁶ Some countries like Mexico, Belarus and Venezuela have agreed to participate in the testing of the Russian vaccine, and Vietnam and Kazakhstan have shown an interest in buying it, but some other countries have sought more details.^{7,8} But although Russia has announced the vaccine, testing to check its effectiveness is still underway. Also, Sputnik V is not the only possible vaccine; other institutions are also testing different vaccines.

Despite being the first country to announce a vaccine, this is not an easy situation for Russian society. There is a strong anti-vaccination movement in the country, which is why even the current pandemic spurred conspiracy. Suspicions were rife in all communities. People remain sceptical about the treatment being provided in hospitals and are afraid of the potential side-effects of the vaccine, even as doubts over its effectiveness remain. Nevertheless, medical workers and teachers in Russia will be among the first to receive the vaccine, and a mass vaccination programme will start in 2021 in a volunteer format.⁹

Adapting to change

Most schools and universities have decided not to return to the traditional classroom format for now. There will be no mass events¹⁰ and probably no international exchange programmes this year. International students who may currently be outside Russia will start their academic year via online classes. The Russian government is now discussing their entry into the country in the future. Digital learning must become an important part of the teaching process, but with Russian students, parents and teachers perceiving it quite negatively,¹¹ it cannot be the main channel of education. There are also limitations to digital education, including the development of emotional intelligence and skills you get through personal communication.

Closed borders are not an issue only for international students. Russia also needs foreign workers for the normal functioning of its economy, especially in its services industry. That is why the borders will certainly open soon, but, in the meantime, the area is being strictly regulated and controlled to avoid any new spread of COVID-19, firstly, from former Soviet countries.

There have also been other changes in domestic policy. Russians have begun to donate to charities more actively—donations for socially vulnerable groups during the quarantine rose by 89 percent over previous levels.¹² During the lockdown, several new activities and projects were announced to help those who have suffered due to the pandemic. For instance, the Sberbank financial conglomerate initiated a donation campaign¹³ to support the invention of the vaccine and is also going to produce another possible vaccine via its subsidiary.¹⁴

The Russian healthcare system is also in need of urgent reforms, which are long overdue. Yet, despite its limitations, the healthcare system was able to handle the pressures of the pandemic without collapsing, with the government trying to adapt as the crisis wore on.

Russia's religious community has also had to face a host of new challenges. Conforming to social distancing and sanitisation rules have caused several discussions and disagreements, but religious organisations and authorities at the federal and local levels managed to have reached a compromise. For instance, the Russian Orthodox Church closed churches for parishioners during the Great Fast and just before Easter.¹⁵ Most churches and mosques in Russia were closed for worshipers for about two months, and in some regions for a far more extended period. Observing all religious rules became extremely difficult with the restrictions. Even so, the religious community adapted to the new normal quite successfully, despite there being instances of dissidence even though the virus infected several bishops and priests.¹⁶

What lies ahead

COVID-19 brought about many significant changes. The Russian tourism sector has lost about US\$ 6.7 billion due to the pandemic.¹⁷ Big cities became less dynamic and mobile, and mass gatherings were cancelled for a long time. With the pandemic showing the limitations of metropolises, it has given rise to a new discussion about reviving the Russian countryside. This year, Russians will have to open their country from inside anew. This is an opportunity for forgotten cities with history and beautiful sights to become popular, but the pandemic has also shown that not all destinations in the country are ready for internal tourist flows.

The lockdown presented a new opportunity for people to reconsider their fast-paced lives and careers. People are adapting to working from home, with the added advantage of spending time with their families and rebuilding connections with friends and acquaintances. The full consequences of such social transformations will only be visible in the future, but there are already some positive signs.

The pandemic has also given rise to concerns over the vulnerability of private life and easy access to a great amount of personal information through technology. Surveillance is now necessary to trace the spread of

the infection, even as it sets a dangerous precedent of invading into an individual's private life and the control governments have over data.

To cope with the economic side-effects, the Russian government announced a large package¹⁸ of supportive measures to help small and medium-sized businesses, doctors,¹⁹ families with children and those who lost jobs. Some of these measures have already been curtailed, but it is too early to think that the economic crisis has been overcome. Several groups remain vulnerable, including homeless people, young families and single mothers, persons with disabilities, the unemployed and those who lost their jobs because of the pandemic. The government and civil society must assist these groups.

Lockdowns, coupled with social instability, could give rise to unrest and protest movements. It is important for the Russian government to ensure such a situation does not arise, given that the grounds for dissatisfaction exist.

The COVID-19 crisis and other local factors have had a strong impact in Russia. If the Russian vaccine proves safe and effective, it will be a huge step forward for the entire world. But until then, Russia and other countries must try to avoid new waves of infection by employing the lessons they've learned during the past six months.

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Peru Remains in Lockdown, But Promise of Vaccine Brings Hope

Clarissa Rios Rojas

It has been six months since Peru was hit with its first case of the COVID-19 virus. By 2 September, 3,156,679 people had been tested, with 639,435 positive results and 28,607 deaths.¹

These appalling numbers have impacted the country at its core and have pushed for new economic and social regulations and a 'new normal.

New normal for Peruvian society

A mandatory social isolation that started in March is still in place, as of end August, meaning that citizens from the five worst affected regions (out of 25) and 20 provinces (out of 196) are only able to leave their homes to access essential goods and services or for activities like acquiring, producing or supplying food and other assistance to health centres. In the rest of the country, only children under 14 years and people in risk groups remain in quarantine. The use of a mask is mandatory in public spaces all over the country.

Additionally, a mandatory immobilisation order (curfew) is in place, which means that citizens cannot move on the streets between 10:00 p.m. and 4:00 a.m. from Monday to Sunday. In the regions and provinces under mandatory quarantine, this order runs from Monday to Saturday from 8:00 p.m. to 4:00 a.m. Also, the curfew is imposed for all citizens nationwide on Sundays.

The lockdown has been difficult to follow for the majority of Peruvians due to several socioeconomic factors. Over 70 percent of the Peruvian workforce

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is informal,² meaning that they earn a daily income and are not taxed or monitored by the government. Informal employees do not receive health benefits and are often hired temporarily with no guaranteed working hours.

About half of all households do not have access to a refrigerator.³ The lack of equipment needed to keep fresh food at home means that they are unable to store fresh food for extended periods of time and rely heavily on daily grocery shopping. Food delivery services in Peru are restricted outside of the big cities and the lockdown has had a strong impact.

Job losses in cities, especially the capital Lima, has pushed many Peruvians (and immigrants, such as Venezuelans) to return to rural areas. Since all regional transport was banned, large groups of people (about 170,000) made the journey on foot.⁴

Most Peruvians do not have a bank account.⁵ As a result, when the government released a relief fund to the poorest households, around 8.6 million people had to go in person to government-owned banks to collect a cash compensation.⁶ This led to long queues, where complying with social distancing measures was challenging.

Social distancing is not only hard to maintain at markets or banks but also in poor households, where large families live in single rooms. This is compounded by the fact that some homes do not have access to running water and rely on water collection points, where large groups of people gather.

Additionally, parts of the population still do not comply with lockdown measures and attend parties, football practices and other social gatherings, such as a recent gathering at a nightclub in Lima.⁷

At the same time, Peruvians have also shown a willingness to change and adapt to the situation in

various ways. There has been a smooth transition to full-time virtual education through efficient capacity building initiatives at universities. Parents have adapted to follow the '*Aprendo en casa*' (learn at home) scheme, through which government-created educational programmes are transmitted via radio and the state-owned TV channel.

Many citizens have turned to new business models to better navigate through the new normal, including masks production, fumigation services and online live concerts. Business owners have also become more tech savvy to reach out to consumers online, and neighborhood '*panaderias*' (bakeries) have implemented strict protocols such as checking clients' temperatures before entering the establishment and offering sanitisation products.

The '*rondas campesinas*' (self-assembled communal defense organisation of peasants) in the Cajamarca region created contingency plans without waiting for central government support. This plan included equipping their hospitals, limiting transport, promoting fumigations and applying an epidemiological fence in the main access areas. Similarly, citizens in Huacho (63,000 inhabitants), Huancabamba (30,000 inhabitants) and Iquitos (413,000 inhabitants) self-organised and collected money to build their own oxygen sources for treatment.

Recent government announcements

On 20 August, Peruvian President Martin Vizcarra indicated that his government had connected with the COVAX Facility initiative, a multilateral effort led by the World Health Organization, the Coalition for Epidemic Preparedness Innovations and the Global Alliance for Vaccines and Immunizations, that will allow 6.6 million Peruvians to have access to a COVID-19 vaccine.⁸ Peru must pay an advance of between 15 percent and 20 percent of the estimated cost of the vaccines by the third week of September.

In addition, the current administration is in direct contact with seven laboratories that are already in advanced stages of COVID-19 vaccine testing, with the intention of having Peruvian citizens participate in clinical trials. If these efforts succeed, Peru will acquire around 30.4 million vaccines from five different laboratories. This means that over 90 percent of the national population will have access to a vaccine. The health ministry is also working to cut the administrative processing time for vaccine access to about 15 days (from six months) and for clinical trial approval to one week.

The government is also coordinating with different private banks to create a more efficient system of delivering the economic support to needy families. An emergency decree has allowed the National Bank to open a basic account for free for any person to receive the government subsidies.⁹ The government is also providing up to US\$10.6 million to 26 province administrations as a transportation subsidy.¹⁰

The education ministry also announced that its *aprendo en casa* platform is available to 96 percent of homes nationwide, and plans were underway to cover the remaining households.¹¹

The government has also approved an agricultural business support fund in addition to similar funds for tourism, micro and small businesses and the Reactiva Peru plan, which have been awarded US\$8.4 billion to serve as a guarantee for loans to companies (93 percent of the beneficiaries will be micro and small businesses).

Lessons learnt

As with many countries around the world, the COVID-19 crisis caught Peru by surprise. Nevertheless, there are valuable insights from the efforts to handle this crisis that can be useful in the future.

At the regional level, the Inter-American Institute for Global Change Research could become the lead organisation for a concerted effort to enhance the capacity of member states to better manage potential threats. Forecasting and policy co-creation will be useful tools to prepare for unpredictable or unforeseen events with extreme consequences. At the national level, protocols must be readied for a range of potential global catastrophic events, including natural and manmade disasters. A risk assessment office must be established,

with a transdisciplinary team that is in charge of managing risk and developing the protocols. This office should feed into and work jointly with other risk centres in the Americas.

Investing in science (research, innovation and collaboration) must be a priority to prepare for future pandemics. Peru must also establish a science ministry.

Having bilateral transparent communication between the scientific academy and the government is crucial for evidence-informed policymaking. This communication should also be shared with citizens. These efforts can be fostered by the creation of a Science and Technology Office at the Peruvian parliament, much like as in the UK,¹² which conducts webinar trainings for academics to interact with the government or organizes horizon scanning studies to think about the future of governance.

Allocating a higher budget to the health sector is crucial to mitigate a pandemic. This financial support should go towards enhancing and increasing the equipment needed for intensive care units. The use of technology to promote an integrated health model is also mandatory since it will speed up the transfer of information among hospitals.

Understanding the role that people's emotions play during a crisis is pivotal when designing how policies will be implemented. Knowledge and reason must be at the heart of political decision-making in Peru, as it is in the European Union.¹³

Communication on risks and new policies should be jointly produced by scientists, policymakers and citizens in a way that is concise, effective, innovative and that speaks to the people's needs.

In a multicultural nation, information material must be available in languages and formats accessible to all. Peru provides COVID-19 regulations and recommendations in 21 indigenous languages and variants,¹⁴ which has allowed over 90 percent of the native population access to information in their own languages.

Finally, lessons from COVID-19 must be included in the educational curricula at secondary school and at higher education levels to educate youngsters on the best behaviours to follow during a pandemic or other crises.

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6

COVID-19: Understanding the Latin American Scenario

Silvana Lopez

The most accurate word to describe the current COVID-19 pandemic situation is *uncertainty* at all levels. There is perhaps no person or institution that can claim to have been fully prepared to face this crisis. From brick and mortar establishments to high-tech companies, COVID-19 has struck all, one way or another.

Latin America is no exception. If anything, countries in the region have taken the COVID-19 punch hard as inequality is stronger and more visible than ever. People's daily lives saw an immediate impact—they were no longer able to go out and buy groceries, to the bank, or for any other activity. Most Latin American countries are not yet fully digitalised, and do not have the infrastructure for the much-needed digital transformation. A significant number of people do not own smartphones or even have internet connectivity.¹ Additionally, there is a sizeable vulnerable population that cannot read or write.²

Countries in the region were forced to react swiftly to the COVID-19 crisis. The initial months were of adaptation. People had to migrate their daily habits and chores to apps and tech platforms. Errands had to be digitalised, the elderly and other at-risk groups had to be taught to use smartphones and apps, and socialising had to come to a halt. But the financial sector is not wholly automated for essential services, creating further issues. Many banking activities still need to be done in person, as does the notarisation of official documents.

Entrepreneurship and vulnerable industries

Entrepreneurship is challenging and uncertain, even in countries with strong economies. While the COVID-19 pandemic has impacted all businesses and industries, Latin America's entrepreneurial ecosystems have probably been worst hit.

Although there are several funds focused on encouraging Latino founders, Latino and black women, and other communities with limited access to resources to develop and launch their innovations, which may lighten the burden for some Latin American startups, non-tech enterprises (small hotels, hair salons, restaurants) had little support from the governments or industry once the lockdown measures were adopted.³

This situation is just as bad for most young businesses across the region. For instance, earlier this year, young entrepreneurs set up 'glamping' spots in the Colombian 'Coffee Triangle'—an area known for its coffee growth and biodiverse tourism. Although the concept proved popular, with many reservations, the business had to seek loans once the pandemic hit.

Although some regional programmes focus on keeping these types of entrepreneurship alive, governments must work with the banking sector to create a plan that will have a profound impact on such local businesses.

Government and vulnerable populations

Alongside its impact on people and businesses, COVID-19 disrupted normal government functioning as well. While governments were forced to act quickly to mitigate the risks of this unprecedented crisis, there were several mistakes from which to learn.

Across the region, there is a lack of using technology and data analytics to arrive at sustainable solutions. Without proper data analytics, keeping economies dormant, closing the borders and halting businesses may prove more dangerous than the virus by placing the vulnerable at further risk. Yet, technology and tech-based solutions are far from being considered as part of solutions and mitigation efforts.

Several Latin American countries have a high rate of informal jobs. For instance, in Peru, informal employment reached around 73 percent in 2019 and contributed 19 percent to the country's GDP. Governments were forced to make a difficult choice—economy or health.⁴

The strict quarantine measures impacted the informal markets hard, leaving many families without any means of survival. Palliatives such as subsidies for medicine and food were not enough.

Many local governments had no time or resources to plan for the harsh impacts of COVID-19. While the quarantine allowed governments to boost healthcare capacity and enact policies and strategies to make life sustainable, the period was tough for those without monetary savings, guaranteed access to food and comfortable homes.

Latin American countries are also at the forefront of medical and biotech innovation. In Colombia, for instance, a large number of doctors and investigation centres are studying possible COVID-19 vaccines and treatments.⁵ But a challenge remains—securing greater resources to invest in research and development, and enhancing the global visibility of such innovation. Latin American countries must join forces on this front for enhanced cooperation and knowledge and skill sharing.

The way ahead

Although Latin America is still reeling from the COVID-19 crisis, it will find a new normal. Yet, given the strong inequities in these countries, it is unrealistic to predict what daily lives will be like, what government policies will focus on, or how the health systems will adapt.

Now is a good time to remodel the regional education system to make it accessible to the most vulnerable groups, and provide them with a chance in life.

Latin America is facing a tough time, like much of the rest of the world, but it must confront its internal issues as well. It must recognise the role of informal economic activity to protect the sector, it must contend with its migration issues, and must work to address the institutional instability in some countries. It is time for the region to work together.

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COVID-19: Lessons from the ‘Spanish Lifestyle’ Terminator

Miguel Otero-Iglesias and Ignacio Molina

C OVID-19 has hit Spain particularly hard. The first wave of the virus, suffered in late winter and spring 2020, was one of the worst in the European Union (EU), requiring a strict stay-at-home lockdown of over 100 days between 15 March and 21 June. Banning mobility affected the Spanish economy since it is one of the most open countries in the world, receiving, on average, over 80 million visitors every year. Tourism accounts for 12 percent of GDP and 13 percent of employment. This structural factor partly explains the steep decline of 18.5 percent of GDP in the second quarter of 2020, way above the EU GDP, which contracted by “only” 11.7 percent.¹

The situation remains dire. Annual GDP contraction² for 2020 will be around 12 percent, the deepest since the Civil War in the 1930s. The fiscal deficit will be north of 10 percent, and unemployment will be close to 20 percent. More worrying, the health situation is worsening, with the threat of a second wave at the end of the summer and beginning of autumn looming. At the end of August, with over 3000 new cases every day, Spain has the highest incidence of COVID-19 in Western Europe. Spain’s numbers are currently three times higher than those of Italy, which had a similar trajectory during the first wave. Spanish experts and researchers are still trying to explain why Spain is such an outlier in Europe and why there is such a difference with Italy, a similar country geographically and culturally.

There are multiple possible factors. Perhaps Spain is testing more than Italy, but it can also be that the Spanish lifestyle,³ especially during the summer, is more prone to contagion. Furthermore, quickly opening all businesses in June for the summer season to attract tourists was a national urgency. In hindsight, it might have been a mistake to open bars, clubs and discotheques until late hours. Italy has not allowed that and has maintained its state of emergency to impose targeted lockdowns. It appears that Italy has better tracing capacities than Spain, which still has relatively low ratios of trackers per 1000 people in most of its autonomous regions.

Number of cases and deaths

According to the information reported by individual countries, Spain,⁴ the 30th largest country in the world in terms of population, currently ranks ninth in terms of absolute number of cases, as of 4 September. While it is imperative to view these statistics with consummate care, both because of the scant transparency shown by some countries and because of the objective counting difficulties associated with an illness where a considerable proportion of infected patients are asymptomatic, there can be little doubt that Spain is at the forefront of COVID-19 incidence, at least in Europe, and this is also confirmed by the first studies into seroprevalence⁵ (level of a pathogen in a population measured in blood serum) where, in theory, problems of undercounting are avoided.

The questions and lack of homogeneity regarding official information also arise when one turns to the number of deaths, a statistic that has understandably been viewed as more important for determining the real impact of the disease. According to the official figures at the time of writing,⁶ Spain ranks eighth in the world in terms of the absolute number of deaths (below seven more populous countries—the US, Brazil, Mexico, India, UK, Italy and France). When the ranking is carried out relative to population size, and once micro-countries have been removed, Spain is ranked only behind Belgium and Peru in mortality, with similar numbers to those of the UK.

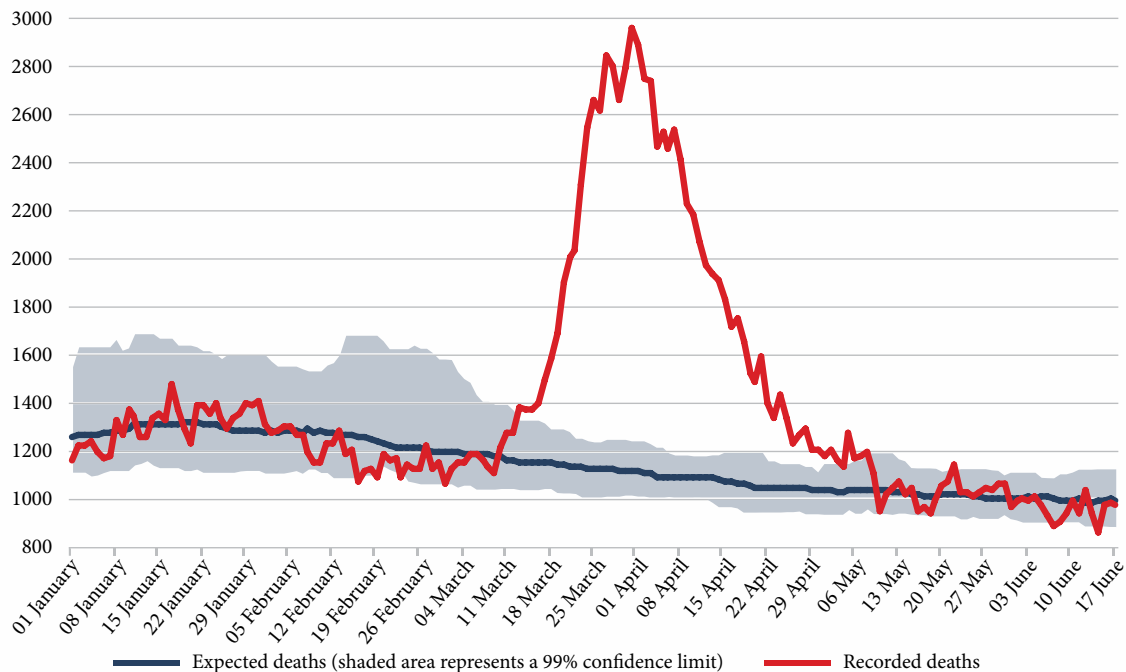
As with the number of cases, the difficulties in gathering information cast doubts on the reliability of the international comparison of mortality rates. An alternative measurement to the official figures consists of taking, as a proxy indicator, the difference between the total deaths recorded and those expected based on historical trends for the same period. In this case, for Spain, in the period from March to August 2020, about 29,000 deaths were certified as owing to COVID-19. In contrast, the monitoring system of the Carlos III Health Institute recorded 43,000 excess deaths, which the National Statistics Institute raised to 48,000 (see Figure 3). This means that Spain currently has the most excess deaths in Western Europe.⁷ Hence, the question remains, what are the reasons for such a high ranking in the number of cases and deaths?

Key contagion factors

There are various factors that account for the spread of the virus, the most prominent being population density and high mobility. This would explain the lower incidence of the disease in countries with low population densities and fewer travel links to territories where outbreaks have occurred and greater transmission in large cities with significant foreign travel flows, densely occupied housing and congested public transport networks. Spain has one of the largest urban population concentrations in Western Europe; its 47 million inhabitants live in 13 percent of the country's territory.⁸ It is no coincidence that, according to the excess deaths figures available, among the areas most affected are New York (with an excess death rate of 208 percent) and the main globalised metropolitan areas of Western Europe, including Madrid (157 percent) and Catalonia (106 percent).⁹ Moreover, Madrid and Barcelona are not only highly interconnected with the world, but also with the rest of Spain, which would have contributed to spreading the disease around the country.

Another important factor seems to be everything related to forms of socialisation. Some countries habitually maintain an interpersonal distance of more than 1.5 metres (since getting closer than this is considered as intrusive). In others such as Spain, however, there is a tendency towards physical proximity and greetings that involve contact between hands, faces and bodies.

Figure 1. Difference in Spain between expected and recorded deaths



Source: Daily Mortality Monitoring System (EuroMOMO), Carlos III Institute of Health, Ministry of Science and Innovation (data collected 3 July).

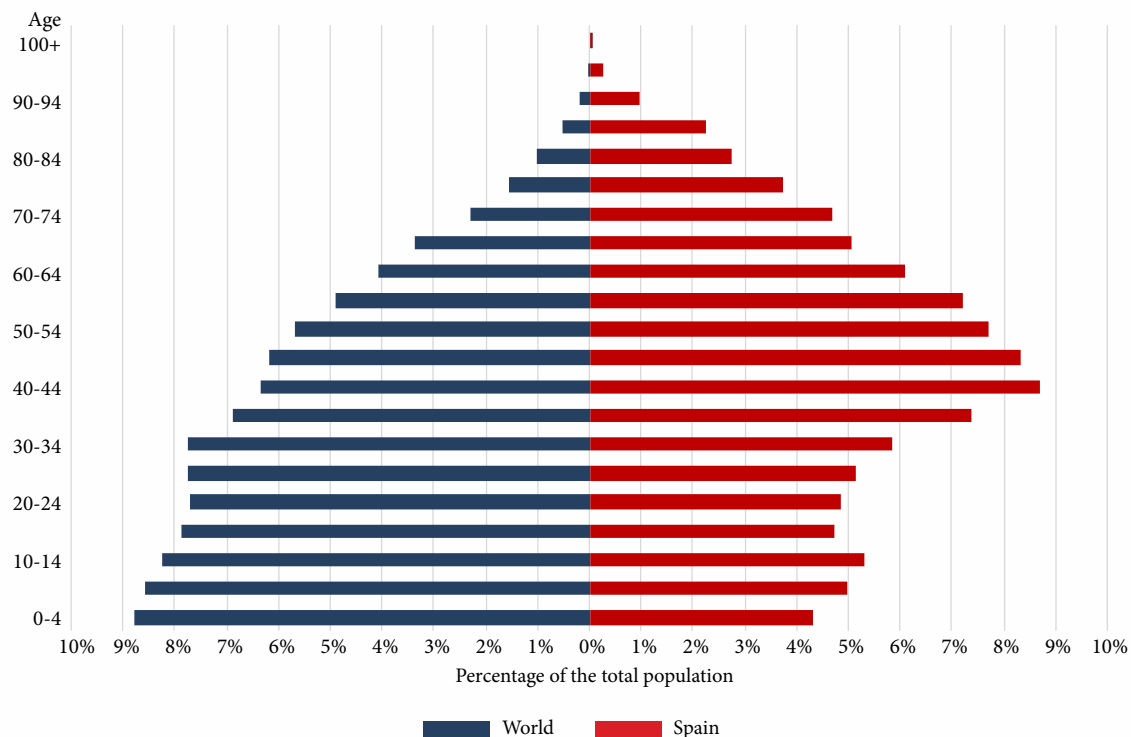
The age distribution is another decisive factor in the incidence of COVID-19. Not only are there fewer infections among children and young people, but mortality rises steeply among older people. This factor puts Spain at a disadvantage since it is one of the most aged countries in the world (see figure 2) where close daily intergenerational contact prevails, even if elderly relative lives in care homes.

Thus, the countries most affected ought to be those that are most aged, with large, densely populated urban areas and highly mobile inhabitants, and exhibiting social conduct based on physical proximity. This pattern is applicable to Spain and the other Western European countries with high infection rates, but it is not consistently confirmed elsewhere. Japan, the most aged country in the world, with a high population density and great interconnectedness with China (the original source of the pandemic), has recorded very few deaths. And while cultural social distancing, the widespread use of masks and mobile phone applications have served as

protective measures in East Asian countries, it is likely that there are additional elements that need to be borne in mind. The earliest scientific studies put forward conjectures such as the climate, pollution, the diversity of virus strains, the possibility of greater propagation and mortality due to genetic susceptibility, and even the volume and intensity of speech (generally high in Spain) having a bearing on the rate at which the virus spreads.¹⁰

Among these other factors is the key issue of the response of the public health service and the national healthcare capabilities. There have already been some attempts to compare and evaluate countries' management efforts,¹¹ but these have been superficial and have failed to take into account the complexity of the various factors contributing to the spread and mortality of a virus. Without isolating the structural causes set out above, an attempt to measure national management will tend to take the dependent variable—the number of deaths—as the main supposedly explanatory indicator and, therefore, the Western European countries that

Figure 2. Demographic distribution in Spain and the world (2019)



Source: United Nations Population Division.

recorded the most deaths in the first wave (Belgium, Spain, Italy and the UK) appear in the final places in these initial indices.

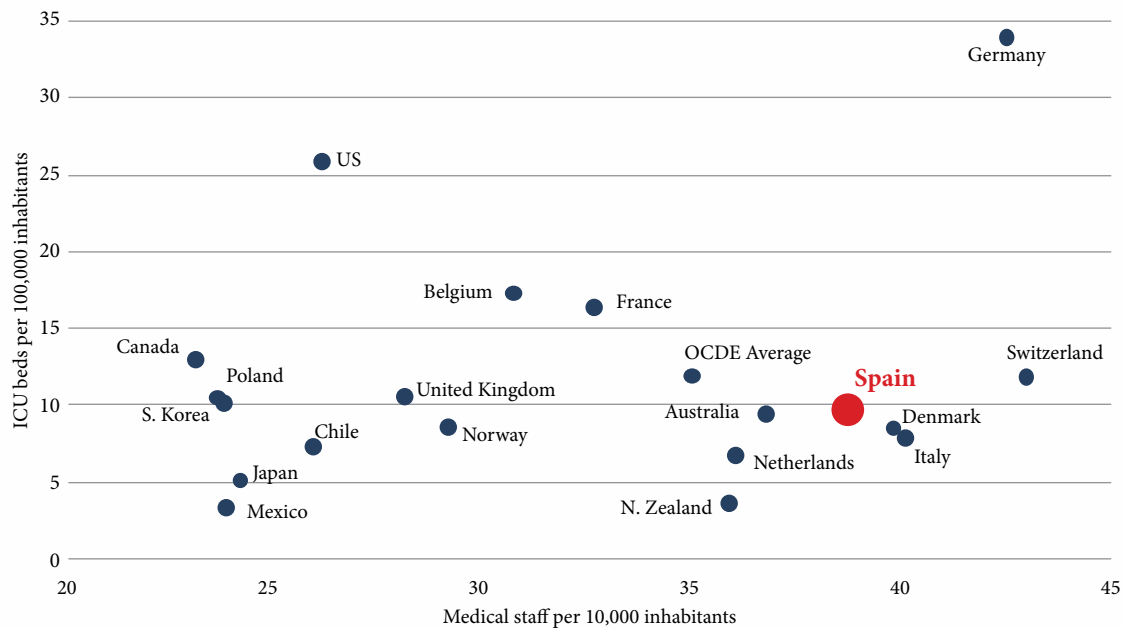
Strengths and weaknesses of the Spanish response

Despite the fall in public spending on health since the Great Recession, the Spanish health system continues to occupy a mid to high position in comparative rankings. In some indicators, such as medical staff per inhabitant, it emerges better than in others, such as the low number of nursing staff and beds, although the number of ICU beds is around the OECD average (see figure 3).

Nevertheless, COVID-19 has revealed the weaknesses of the healthcare system, both in terms of public health policy and patient care.

The system is designed in a relatively efficient way to offer primary care, treat common illnesses and deal with epidemics like those already known. But Spain (which, like the rest of Europe, had not suffered either SARS or MERS) had neither the experience nor enough resources to prevent, detect or deal with a pandemic of this nature, despite the fact that the current National Security Strategy has been vainly warning of this threat since 2017.¹² This highlights the shortcomings in public health, which include the need to improve handwashing culture among the general public and even among health professionals,¹³ and at least two striking aspects of patient care—the sorry situation in many old peoples' homes (where approximately half of COVID-19 victims may have died), and the lack of adequate personal protective equipment for health workers, which led to a large number of infections.

Figure 3. Medical staff and ICU beds per population (most recent year available)



Source: Beyond Containment: Health systems' responses to COVID-19 in the OECD, OECD.

Numerous epidemiologists have been denouncing the cuts inflicted on the system,¹⁴ and the consequent lack of human and material resources. The public health apparatus, including the Coordination Centre for Health Emergencies and Alerts, which has led the management of the crisis, currently accounts for only one percent of the health budget. Given recent events, this figure explains the shortcomings, ranging from the collection of data, including tracing capabilities, to the shortage of ventilators and testing units.

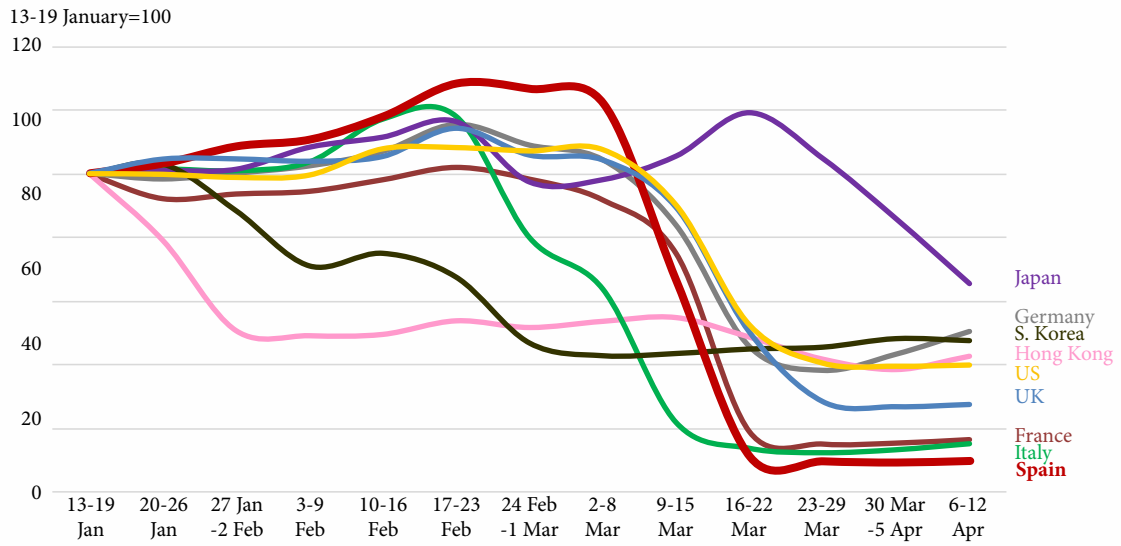
In terms of governance, another widespread problem in Europe has been a lack of coordination, whether among experts and decision-makers or among the various agencies and levels of administration. In Spain, a range of managerial failings has been identified between the central government and the autonomous

communities (regions), including the lack of reliable and homogeneous data identified by the National Network of Public Health Surveillance.

On the other hand, certain circumstances can be viewed as strengths since they have aided Spain's response capability for dealing with the health crisis.

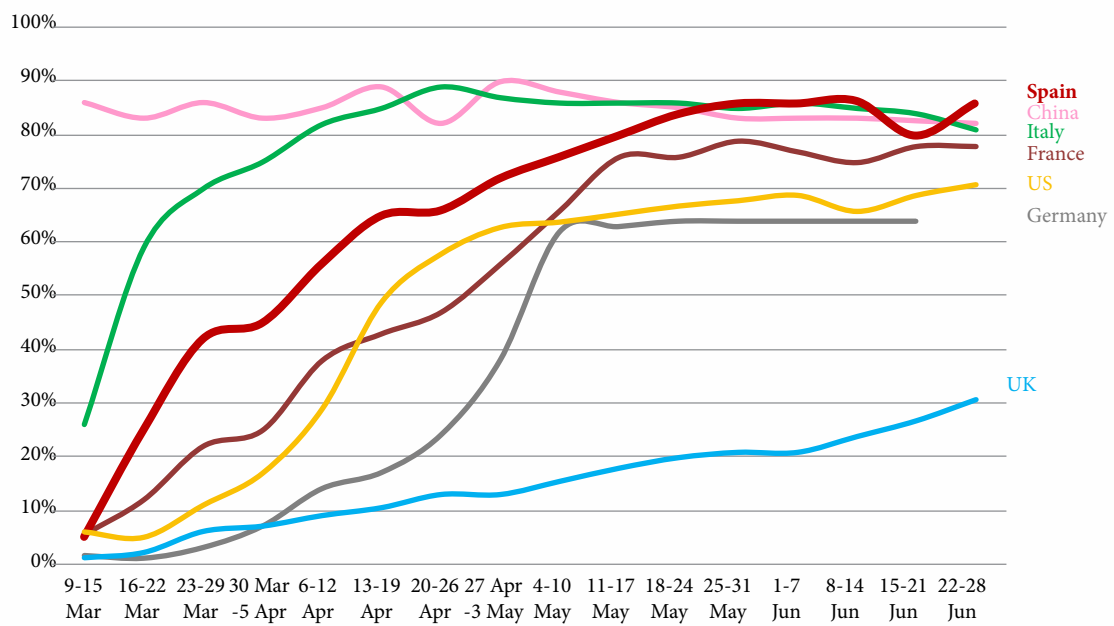
Leaving aside the debate about the possible delay in imposing restrictions on mobility and announcing the lockdown in March, the strict degree of compliance with the quarantine and the use of masks (see figures 4 and 5) as well as their effectiveness in flattening the infection curve during the lockdown is undeniable. The Spanish public has displayed remarkable discipline and civic responsibility, particularly considering that it was one of the strictest in Europe (and therefore

Figure 4. Evolution of personal mobility



Source: Mobility trend reports from Apple (these reports reflect the requests for map directions on Apple devices).

Figure 5. People stating that they wear masks in public places



Source: YouGov (data accessed 3 July).

not without controversy). Unfortunately, some of this discipline is being lost during the summer, and Spain is experiencing a strong rebound in cases since early July, even if it has only brought a minor increase of daily deaths (see figure 6).

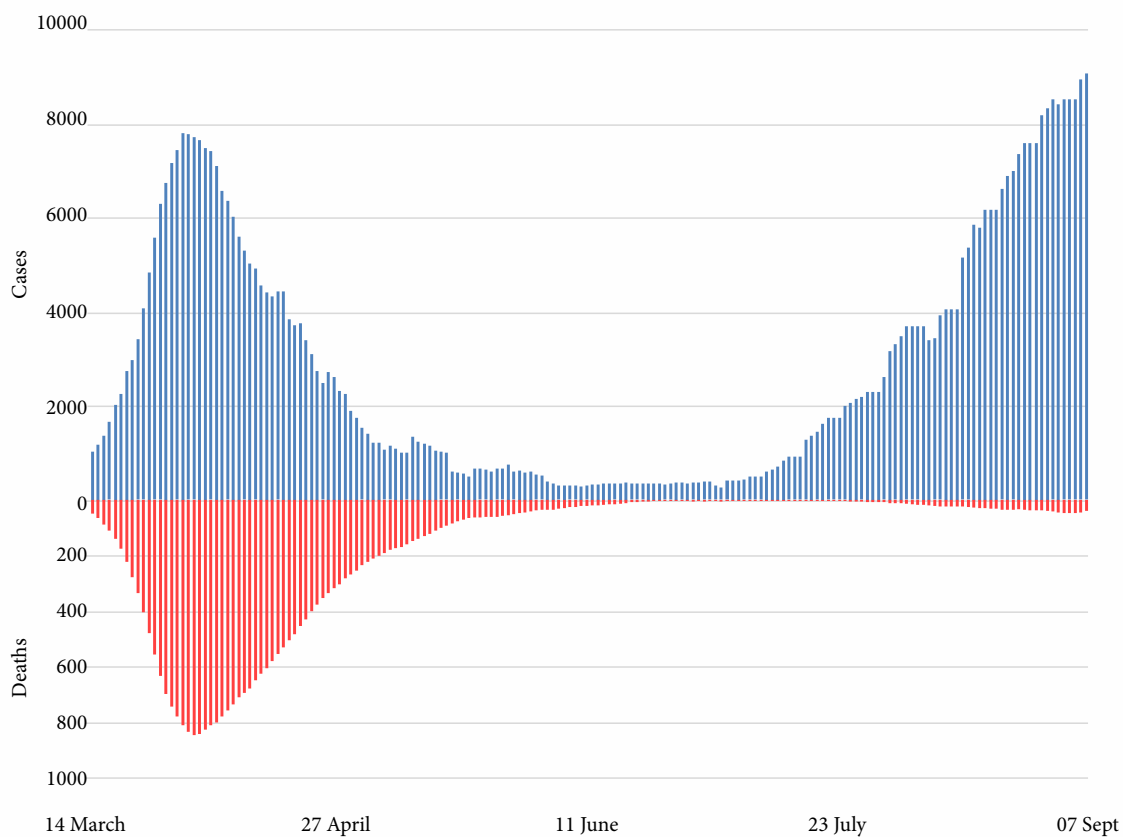
This second wave of contagion during the summer months does not mean that the Spanish population will not be able to maintain social distancing again after the holidays are over. About 97 percent of the Spanish public surveyed in April, when the lockdown was at its strictest, viewed the measures taken to combat the pandemic as “necessary” or “very necessary”, while 91 percent stated they were experiencing a “very good” or “reasonably good” lockdown, partly thanks to the excellent high-speed internet connectivity that the country has.¹⁵ This attitude is important for maintaining social distancing measures and even, if the epidemiological situation requires it, returning to lockdown.

Despite the stressful situations that have been endured and the manner in which some hospitals were overwhelmed in Madrid and Barcelona, where half of Spain’s deaths occurred, the health system and other public services did not break down in other parts of the country. In general, there has been medical staff and other public employees have shown exemplary professionalism, proving capable of adapting their work , with a certain degree of improvisation, to the state of alarm applied for the first time in a general and prolonged way. The Spanish state has also been able to fund a massive short-term work programme for workers and guarantee a loans programme for enterprises to cushion the severity of the economic crisis.

What to do next

The impact of COVID-19 has shown that Spain, like many other countries, must work hard on improving its internal capability to manage pandemics. Apart from

Figure 6: Covid-19 cases (blue) and deaths (red) in Spain



Source: El Confidencial with data from Government of Spain <https://www.elconfidencial.com/>

the specific mistakes, which are subject to the healthy accountability that is the hallmark of a democracy, the errors of forecasting and reaction, which for some have constituted a failure and for others are understandable given that we are facing the greatest pandemic of the last 100 years, are not really the fault of an individual government at a particular moment in time. Instead, the lack of preparation of the State itself has been revealed, including not only public authorities (which naturally bear the brunt of responsibility) but also members of the public themselves. Learning the lessons of this crisis for the future should, therefore, involve paying attention to the following issues:

- Prevention, involving difficult cultural shifts relating to social distancing in the social, work and school settings, personal protection and handwashing
- Detection and the broadening of tracing instruments, both traditional and modern (with the inclusion of apps and big data tools). The Spanish government has just launched a COVID-19 tracing app¹⁶
- Isolation protocols for diagnosed cases and possible, geographically selective, lockdowns if they give rise to community infection
- The protection of vulnerable groups, with special emphasis on the elderly, but also on the children of less advantaged families (who have suffered considerably with the lockdown) and immigrants lacking decent housing
- The healthcare response, strengthening primary care and hospitals, but also the public health system, which is at the frontline in containing epidemics
- Strategic production and stocks of health and pharmacological supplies,¹⁷ including research into vaccines and treatments
- The improvement of (visual) communication formats with the public, incorporating clear messages and the use of control panels, maps and graphic information
- Better joint governance between the central government and the autonomous communities
- Effective use of EU macroeconomic tools (fiscal and monetary)¹⁸ to cushion the economic impact as much as possible, especially for the most vulnerable, without falling into the mistake of the past crisis of starting austerity policies too soon
- Assure that schooling is resumed with COVID-19 safety protocols so that the knowledge and opportunities gap between children from rich and poor households is not widened further
- Using this crisis as an opportunity to transform into a more digitised, greener, more inclusive and knowledge economy¹⁹

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A Very British Disaster (and Collective Denial)

Sridhar Venkatapuram

To be ranked among the top 20 countries in the world is usually a cause for celebration, but not when it is a ranking of the 20 countries worst affected by the COVID-19 pandemic. As of early September, the United Kingdom—made up of the four nations of England, Scotland, Wales, and Northern Ireland—has 347,152 identified cases, with 41,552 confirmed COVID-19 related deaths.¹ About 89 percent of these deaths have occurred in England.²

That the UK, and the US, are among the worst-hit countries is shocking to their citizens and global health experts. The UK was ranked second (with a score of 77.9 out of 100), after the US (83.5 out of 100), in the 2019 Global Health Security Index jointly developed by the Nuclear Threat Initiative, Johns Hopkins Center for Health Security and the Economist Intelligence Unit.³ In light of the catastrophic experience of both countries, the makers of the index clarified in mid-April that all countries were low performers across all their indicators, so even the highest-ranked countries were actually poorly prepared.⁴ It remains unclear why the three institutions proceeded with the index and to rank countries if the highest score of 83.5 out of 100 still meant that the country was not adequately prepared for a globally catastrophic biological risk. Clearly, the metrics and aims for index need a re-think.

The numbers

In contrast to the metrics of pandemic preparedness plans and other health security indexes, there are some numbers that reveal truths that are not

fungible, such as deaths. According to UK government sources, the official number of deaths due to COVID-19 is 41,552, which only includes those who died within 28 days of testing positive. The greatest number of deaths in a single day (peak) occurred on 8 April 2020, when 1,445 people died.⁵ However, another calculation is that about 65,700 excess deaths (deaths that are above what was average from previous years) occurred since the start of the UK epidemic.⁶ Based on death records, this number also includes deaths that have occurred outside hospitals, with or without tests, and directly or indirectly due to COVID-19. Whether directly or indirectly caused, and whichever kinds of death statistics one chooses to use, what is clear is that the UK is among countries with the highest death tolls in the world.⁷ There will likely be other waves of infections in the months ahead. And, importantly, there will also be deaths and other illnesses from the economic and social consequences of the pandemic and the policies that are being implemented—mortality and morbidity from the ‘social determinants of health.’⁸

The politics

This pandemic has provided a real education for people residing in the UK about the diverse institutions at the federal and other levels. To some, Brexit was about wrenching free from the European Union (EU) headquartered in Brussels, or what seemed like an external and foreign government structure pushing down from above on the central government in London. Yet, just when Prime Minister Boris Johnson and other Brexiters planned to celebrate the withdrawal from the EU, the epidemic arrived in the UK. Some have stated that Johnson disregarded initial warnings about the imminent threat as he was more focused on Brexit celebrations and meetings. Nevertheless, despite formally withdrawing from the EU, people in the UK have learned that their health and wellbeing will still be significantly affected by what happens in European countries as well as in countries far away and inside international organisations.

The pandemic has also taught ordinary citizens much about the governance structures in the UK at the centre and from the devolved governments in Northern Ireland, Scotland and Wales to local and city government authorities. This is because different organisations and the authorities did not work together smoothly and seamlessly, with frictions between them all too visible. For instance, as initial pandemic policies

were announced, there was no transparency about the membership of the Scientific Advisory Group for Emergencies (SAGE). This group of experts is meant to evaluate the latest data and recommend policies to the chief scientific advisor and the chief medical officer for England, who in turn recommend policies to the prime minister. Johnson and his advisors were initially keen to pursue a policy of achieving ‘herd immunity,’ immediately raising questions over whether there was any or sufficient public health expertise on SAGE. When the group’s membership was revealed through a leak to the *Guardian* newspaper, two things became clear—first, there was indeed a lack of sufficient public health expertise; and second, the group included political advisors to the prime minister, meaning that discussions were likely influenced by political considerations instead of only by science.⁹ This raised public questions over whether SAGE was fit for its purpose, and the capacities of the chief medical and scientific officers to carry out their roles.¹⁰

In response to the SAGE membership issue, the policies being pursued and the unclear leadership during Johnson’s hospitalisation and recovery from COVID-19, Sir David King, a former chief scientific advisor to former prime ministers Tony Blair and Gordon Brown, set up an group called Independent SAGE, an independent group of scientists working together to “provide advice to the UK government and public on how to minimise deaths and support Britain’s recovery from the COVID-19 crisis.”¹¹ One of the issues that the group initially highlighted was the disproportionate number of COVID-19 related deaths among Black and minority ethnic population groups.¹² While this source of experts and expertise outside of government has been welcomed, there is also a view that the group is mostly made up people aligned with the main opposition party (Labour).¹³

Since recovering from COVID-19 and returning to work, Johnson has been facing regular crises, almost a new one every week—his political advisor not following stay-at-home orders while self-isolating, poor planning and roll-out of testing,¹⁵ high mortality rates in care homes,¹⁶ physical distancing guidelines,¹⁷ and return to school plans.¹⁸

The money

The UK’s first COVID-19 death was confirmed on 5 March, with a full lockdown going into action over 20

days later (on 26 March) initially for a period of three weeks. The stay-at-home orders aimed to reduce transmission of the disease. People could leave their homes only for activities such as essential shopping, limited exercise, to seek medical care, to take care of vulnerable people, and to and from essential work. While this intervention aimed to protect public health, other aspects of social functioning also came to a halt, most notably economic activity. For businesses and activities that could not have employees work from home—such as manufacturing, education and sports—the implication was to stop functioning entirely and, consequently, suffer heavy losses. Any sector that involved physical human contact suffered enormously, including tourism, hospitality, arts and entertainment. It is estimated that by the end of June, GDP had plunged by 20 percent and 275,000 jobs had been lost.¹⁹

Hopes for a revival of businesses, small and big, and the UK economy lie in the hands of Rishi Sunak, who became the chancellor of the exchequer on 13 February. Overall, the UK has committed to spending over £175 billion as immediate fiscal stimulus as part of its COVID-19 response.²⁰ Sunak's first economic intervention was the announcement on 11 March of a £30 billion package, £12 billion of which was to counter the economic impact of the pandemic. Soon after, he announced a further £330 billion in support for businesses and wage subsidies for people currently out of work. In July, a further £30 billion programme was announced, including a pause on property sales below £500,000, cuts to VAT, and bonuses to businesses that retained employees. The amount of government spending since March is the greatest since World War II, and very atypical of the Conservative Party.

Moreover, COVID-19 fiscal spending has pushed the UK government debt above £2 trillion for the first time.²¹ Sunak has already indicated that he is planning for a second wave of infections in the autumn.²² A return to normal is unlikely any time soon, and the government will be expected to continue to step in as and when needed.

The people

By mapping the pandemic journey—along with the phases of discovery/denial, panic, response, adaptation, recovery and renewal—guided by a framework based

on established academic theory, one can look across the world to see how people have been reacting to COVID-19.²³ In the UK, people initially were unable to understand the severity of the threat. But Italy's experience, particularly the shocking images of crowded hospitals and lorries full of coffins, brought the message home. Soon, grocery stores ran out of dry goods, and the only sound in the streets was from ambulances. People quickly understood the health crisis and were quick to show their public and collective appreciation for healthcare workers who were on the frontlines of the pandemic.

Most UK citizens and residents have understood that containing the spread of the infection requires behavioural adjustments, whether it is staying indoors, protecting the vulnerable at home, or wearing masks. However, like in most other countries, there are groups of people who still deny that there is a pandemic, and believe and propagate various conspiracy theories about its multiple aspects. Some groups of people have also said they are against using a COVID-19 vaccine, which will become a bigger problem when a vaccine does, hopefully, become available.

It is by looking at how average UK residents have responded, rather than at politicians and experts, that it becomes clear that this is not just a health crisis. It is also equal parts a political, economic and psychological crisis. For every individual and family, the situation has made it necessary to reflect on their relationship with the government—is the government trustworthy?²⁴ Is it doing what it is supposed to? Am I, my family and friends being treated fairly and justly during this crisis? How people are answering these questions will undoubtedly affect and transform UK politics in the years to come. The lack of jobs and recession will profoundly affect the economic and psychological wellbeing of the UK's youth, and consequently also their politics. Those who have been working at home or those that have lost their jobs and have had to rely on government assistance have primarily adapted. The problem is that the government wants them to adapt again by going back into the world to work and spend money to restart the economy. As from the start of the pandemic, those with little choice about their work have to take the risk. While others who can stay at home, continue to shop online and wait for safer times to prevail. However, across the social spectrum, there is still heightened fear of becoming infected with COVID, and suffering its many consequences.²⁵

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Public Policy Lessons from Pakistan's Experience with COVID-19

Saba Shahid

The first case of COVID-19 in Pakistan was announced on 26 February, and an initial lockdown was imposed around a month later on 24 March. The pandemic 'arrived' relatively later in Pakistan compared to countries like China, Italy and the US, giving the Pakistani leadership time to prepare and develop a plan to manage the public health crisis. However, because COVID-19 is a new disease and much about which is yet unknown, the policy decisions associated with managing the pandemic are characterised by uncertainty. From the genetic and chemical make-up of the virus, to the treatment drugs and isolation requirements of the disease, a plethora of public policy challenges have emerged.

Many governments responded to the crisis by imposing strict economic lockdowns, forcing many sectors to 'work from home'. However, for developing countries like Pakistan, curbing the spread of the disease by locking down certain sectors has come at the huge cost of people's welfare. Around 71 percent of the country's non-agriculture employment is in the informal sector, where the workforce is largely un-documented, depends on daily wages and has low levels of social security coverage. The leadership faced a difficult trade-off—imposing economic lockdowns to reduce the disease burden associated with COVID-19, or keeping the economy open to avoid 'death by poverty' but risking an already strained health sector. Consequently, Pakistani decision-makers faced an overly complex and interconnected web of economic and social welfare policy challenges. Several public policy lessons have emerged over the past six months, which can be summarised into five main observations:

Lesson 1: The learning curve for COVID-19 is steep; relying on data and evidence-based policy making is paramount to saving lives

Following the World Health Organization's announcement in March that COVID-19 was a pandemic,¹ hysteria and panic spread like wildfire across the world. In Pakistan too, decision-makers struggled to assuage public confusion over strategies such as social distancing and working from home, and to dissuade people from turning to quick-fix herbal remedies to treat the disease (which was largely a result of misinformation and myths associated with the infection). By 14 June, Pakistan's COVID-19 curve peaked at over 6,800 cases a day. By early July, the country's COVID-19 curve began to decline, with many terming it a "mystery" or "secret"². Yet, officials claim that relying on data—and data alone—led to a decline in numbers. Doctors paid attention to how the disease was managed in countries where the pandemic hit first, administrators imposed 'smart' lockdowns in neighbourhoods marked as infection hotspots, and effective (although somewhat delayed) centre-provincial coordination helped in implementing informed policies based on localised data.³

Although the decline in numbers could only be a temporary relief, given the unpredictable nature of the disease, it shows that evidence-based decision-making must be at the core of any public policy framework. Public health policies require dependable statistical databases that are up-to-date and can predict demographic trajectories. Moreover, data for public health must be understood beyond the limited scope of clinical medicine. This calls for a broader and more holistic form of public health management needs to be acknowledged where sustained investments in data from interrelated development sectors is included in the analytical process—water and sanitation conditions, urban development, housing and environmental conditions all impact a country's public health situation.

Lesson 2: Decisions must be based on an 'integrated framework' of top-down and bottom-up policymaking

Pakistan's experience with decentralisation has been impulsive, correlated closely to the country's political landscape. The country's political leadership has found

it difficult to divorce the administrative make-up of its governance structure to that of its political climate, which led to public policies that did not reflect development demands at the 'local level.' These setbacks became even more pronounced with the onset of COVID-19, where a highly diverse population, differentiated by factors such as geography, language, ethnicity, income and education level, resulted in very varied experiences for COVID-19. For one, disease hotspots emerged in large metropolitan areas, making it an extensively 'urban phenomenon.' Similarly, public responses varied with wealthier communities voluntarily staying home and following government standardised operating procedures such as wearing facemasks and self-isolating in case of infection. On the other hand, communities associated with daily-wagers and located in crowded housing conditions were unable to follow physical distancing and quarantine guidelines. Moreover, a culture of disbelief in the government coupled with little exposure to scientific data encouraged many to even deny the presence of the pandemic.

Governance for a federal state like Pakistan demands constant coordination between the different tiers of government, which allows for a differentiated response at the local level. Effective policymaking demands an "integrated" approach that merges top-down and bottom up policies. Such an approach allows for a "cross fertilization" of macro, meso and local level theories, whereby "a more accurate picture of the local economy for locally suited remedies" can be understood.⁴ Such a process can also help establish political consensus, which has been a challenge for the management of COVID-19 in Pakistan. Vertical cooperation between the state authorities could have, for instance, avoided the initial tension that resulted between the Centre and the Sindh province over its independent public health strategy. Similarly, horizontal cooperation across government departments strengthens the enforcement process of public policies.

These socio-cultural conditions necessitate that local-level stakeholders are included in the design phase of policymaking as they possess unique insight and knowledge about the communities they inhabit. Furthermore, to facilitate the process of behavioural change that COVID-19 requires, the government must invest in the skills development of local community leaders such as teachers, religious clerics, village elders and primary healthcare workers.

Lesson 3: Invest in the neglected public health sector through sustainable programmes

The COVID-19 pandemic has presented leaders with a unique opportunity to conduct radical policy reforms that were previously inhibited by unproductive governance inertia. Political leaders in middle-income countries like Pakistan often find that short-term, 'visible' development projects have higher political outcomes. On the other hand, investing in human capital development through public spending on the health and education sectors yield long-term results beyond their electoral term. Yet, because of COVID-19, there is greater awareness about the necessity of robust healthcare systems. Analysts insist that leaders could become "health heroes" by increasing public spending on healthcare and, as a result, leave behind a legacy of great political value.⁵ Included in this endeavour is Prime Minister Imran Khan who has also repeatedly highlighted the need "to focus on building our medical infrastructure"^{3a} and who has rigorously promoted his 'Sehat Sahulat' (health facilitation) programme that aims to alleviate the financial burden of healthcare services.⁶ Furthermore, Pakistan was one of the first countries in the world to adopt the UN's sustainable development goals through a resolution passed by the National Assembly in February 2015,⁷ including the commitment to uphold goal 3 (good health and wellbeing), which advocates universal health coverage in an equitable manner.

The COVID-19 pandemic has reinforced that health security is a fundamental prerequisite to any socio-cultural, economic and political advancement. Therefore, Pakistan must proceed beyond providing immediate relief to its people by investing in programmes that reduce vulnerability and lead to sustained improvements in livelihoods.

Lesson 4: Public engagement through effective government messaging is instrumental

As the number of COVID-19 cases increased in Pakistan, public sentiment grew weary of government authorities and their ability to manage the spread of the pandemic. By May, many news headlines labelled the leadership's approach as "confused" or "indecisive",⁸ and the absence of a unified response to the public health crisis became apparent. The decision to keep the Taftan border with Iran open and allow religious pilgrims to enter the country further fuelled controversy over public health management. However, just as Pakistan was being considered one of the worst hit countries by the pandemic, the charts began to indicate a gradual decline and the number of cases fell exponentially. Although various factors are being considered to explain this decline, government representatives insist that a focused and evidence-based approach had a significant role to play. One of the first responses the government employed was to launch informational campaigns about prevention through automated ringtone recordings, text messages, radio and TV advertisements and newspaper infographics.

Nonetheless, for a health emergency like COVID-19, which requires visible behavioural changes and mass adherence to public policies, an important lesson has been the importance of effective public messaging. The leadership's inability to deliver a unified response, across the federating units and at various government tiers, gave space to chaotic public debates and allowed misinformation to spread uncontrollably. Low public trust in the government is not unique to the current ruling party; studies indicate little public trust in key national institutions has been a recent pattern.^{b,9} Therefore, political parties need to engage with communities and develop programmes that act as corrective measures to the chronic distrust and low confidence in public authorities.

^a At a meeting of the Standing Committee on Scientific and Technological Cooperation in Islamabad, Prime Minister Imran Khan has also gone on record to say, "The pandemic has exposed the need of a much-needed revamp in the medical sector. "We have to focus on building our medical infrastructure so that we are prepared for any such emergency situation in the future."

^b A 2011 study by Gallup indicated low public confidence levels in key national institutions such as the national government, the judiciary or the police. Likewise a 2015 study on citizen's confidence in public institutions found that "lack of coordination between Federal & Provincial Government, awareness among people, unstable political environment in country, Political pressure, race for best ratings among channels and Lack of public confidence are the most crucial issues faced by these institutions".

Moreover, government informational campaigns on best practices with respect to COVID-19 have heavily relied on access to digital resources and information and communication technologies. Given the existing inequalities in terms of internet penetration and access to electricity, coupled with informational asymmetries, the government must deliver innovative information campaigns that engage digitally isolated localities by working with civil society organisations, community leaders and elected local officials. These must also be promoted in local languages to improve understanding and compliance.

Lesson 5: Adopt disaster preparedness and build resilience across the entire governance structure

Given the widespread socioeconomic, environmental and humanitarian impact of the COVID-19 pandemic, a crucial lesson has been to inculcate a culture of preparedness and of building resilience across all public authorities at various tiers of government. In Pakistan, the National Disaster Management Authority (NDMA), established in 2010, is a federal authority, mandated with promoting inter-provincial coordination, preparedness and resilience amongst all relevant stakeholders during a public crisis. Yet, duplication of efforts, such as the launch of the National Coordination Committee of COVID-19 (NCOC), technical limitations and lack of effective inter-departmental communication dilutes the

NDMA's efforts. Nonetheless, disaster preparedness is not limited to the national institution mandated with this objective. Efforts of the NDMA and NCOC must be complemented with capacity-building programmes in the government's social welfare department, health and education ministries, the environmental protection authorities and local administrative bodies in a continued manner. Additionally, preparedness requires predicting future scenarios and building response plans that depend on reliable and comprehensive data collection exercises. Therefore, Pakistan must expand investments in population and demographic surveys, and epidemiological and topographic research projects. While conclusive recommendations cannot be made at this stage, there is an urgency to recognise that the COVID-19 pandemic has led to a severe humanitarian crisis across the world, which is still evolving, is cross sectoral and has shaken the foundations of our existing knowledge of public policymaking. Yet, building on shared experiences, Pakistan's management of the public health crisis provides lessons that can be a learning opportunity for nations with similar socio-cultural, demographic and economic profiles. At the core of this learning process is the need to promote governance models that are participatory, inclusive and representative. In an interconnected world that is ever changing, this demands public policymaking that is adaptive, draws on evidence from diverse disciplines, builds resilience and achieves sustainable development outcomes.¹⁰

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10

Defying the Odds: Pakistan's Coronavirus Story

Amina Bajwa

In August 2019, I attended a session on 'crisis as the new normal' at the Bucerius Summer School in Germany, where the discussion was on the threat of new wars, on the battlefield and in cyberspace, without norms, treaties or frameworks. Who would have thought the a year later the world would be channeling its efforts, money and technology towards solving another crisis—the COVID-19 pandemic.

The journey of most countries' experience with COVID-19 can be compared to the five stages of grief. It started with questions on the existence of the virus and the denial of its threat. Next came anger, mostly towards government inaction and policy delays. This was followed by the aggressive spread of the virus and a collective human bargaining; governments regretted the decision of not controlling the virus at infancy, import orders of ventilators were being placed on an urgent basis and people started praying and asking God for mercy. Then came depression; hospitals were choked, people were dying in the hundreds and the feeling of helplessness grew. Finally, people have entered a stage of acceptance, realising that COVID-19 is here to stay, at least until a vaccine is developed and deployed.

The virus has affected over 25 million people across 213 countries.¹ Governments and citizens alike have had to adapt to the crisis. Pakistan's story is no different. The first case recorded was on 26 February of a Pakistani who had travelled from Iran. At that time, although Iran had a substantial number of cases, the Pakistan-Iran border remained open to travelers and pilgrims without any quarantine procedures or testing mechanism in place. Over the

next few weeks, as more pilgrims returned from Iran, the government set up camps along the border without adequate facilities to detain travelers for 14 days, which created plenty of bad press. While the government was struggling with improving facilities to control the spread of the virus from the border area, international passengers were free to enter the country through other land borders and airports. Travelers, including Pakistani migrant workers from the Middle East and Europe, returned to the country without restriction, triggering the spread of the virus in the provinces of Punjab and Khyber Pakhtunkhwa. Mismanagement and the inability to control the virus early on sparked harsh criticism of the federal government, which then decided to set up a dedicated office, the National Command and Operation Centre (NCOC), for the management of the virus and Pakistan's response.

The NCOC is headquartered in the capital city of Islamabad and is headed by Prime Minister Imran Khan, with representatives from all provincial chief ministers, health ministers, district administration, disaster management authorities and the army. Khan assigned a senior minister and an army general to preside over daily meetings and update him on a weekly basis. The NCOC served as a nerve-centre for all COVID-19 related data and as a secretariat for coordinating and following-up national policy decisions. It also divided tasks among various government departments to assist in its tasks. The first responsibility assigned was to map the existing healthcare infrastructure, staff and equipment available across the country. This province-wide information—which included details on personal protective equipment, and the number of beds, oxygen tanks and ventilators available at each healthcare facility—helped the government channel resources to enhance capacity, including by importing what was required. Next, the NCOC tasked the top three private sector data analytics companies to run daily projections of cases. After studying the case forecast, the government decided to impose a strict countrywide lockdown from 23 March, when it had already reported 892 cases and six deaths.²

A national lockdown meant that all educational institutions, private offices and public spaces such as malls, restaurants, parks and the transport were to remain shut. International flights were also halted, but the government arranged special flights to bring

stranded Pakistanis back home. Provinces were allowed flexibility in deciding whether to impose the lockdown for a limited or an indefinite period. Over the next few weeks, the government, citizens and businesses all adapted to the new normal.

People were scared and roads were empty. Families and friends stopped meeting each other and hand sanitiser supplies ran out. Retail sector workers faced uncertainty regarding employment while others struggled with setting up home offices. Borders were closed and wedding gatherings banned. Industries were shut and the traditional economy suffered. On the other hand, startups focusing on digital service delivery emerged. Grocery stores and corner shops in larger cities moved towards developing websites and apps as demand skyrocketed. Most private schools started online classes, but those living in remote and unconnected areas had no access. Mosques were locked and hospital out-patient departments were closed, causing some pushback from people. While some appreciated the blanket lockdown, many cursed the government for this strategy. Khan himself expressed scepticism over the policy but consoled people by saying '*ghabrana nahi hai*' (do not worry).³ Yet, he also voiced fears of unemployment amongst daily labourers causing a rise in poverty levels and instructed his office to enhance its cash-transfer 'Ehsaas' programme for those affected by COVID-19. The people of Pakistan donated privately and to the government in abundance for purchase and distribution of grocery packs for the needy, in keeping with the country's status as one of the most charitable nations in the world (contributing 1 percent of GDP annually⁴), with the government raising PKR 4 billion through a fund-raising drive.⁵

Even as the lockdown kept getting extended, the government enhanced its testing capacity and the NCOC coordinated the establishment of a central database for COVID-19 test results. The upgraded government and private labs started updating case results onto the single database. Each test conducted had the patient name, age, gender and address information, and with data pouring in, geographical clusters or case hotspots emerged.

As the month of Ramadan approached (May), religious scholars began pressurising the government to allow mosques to function, and the government caved.

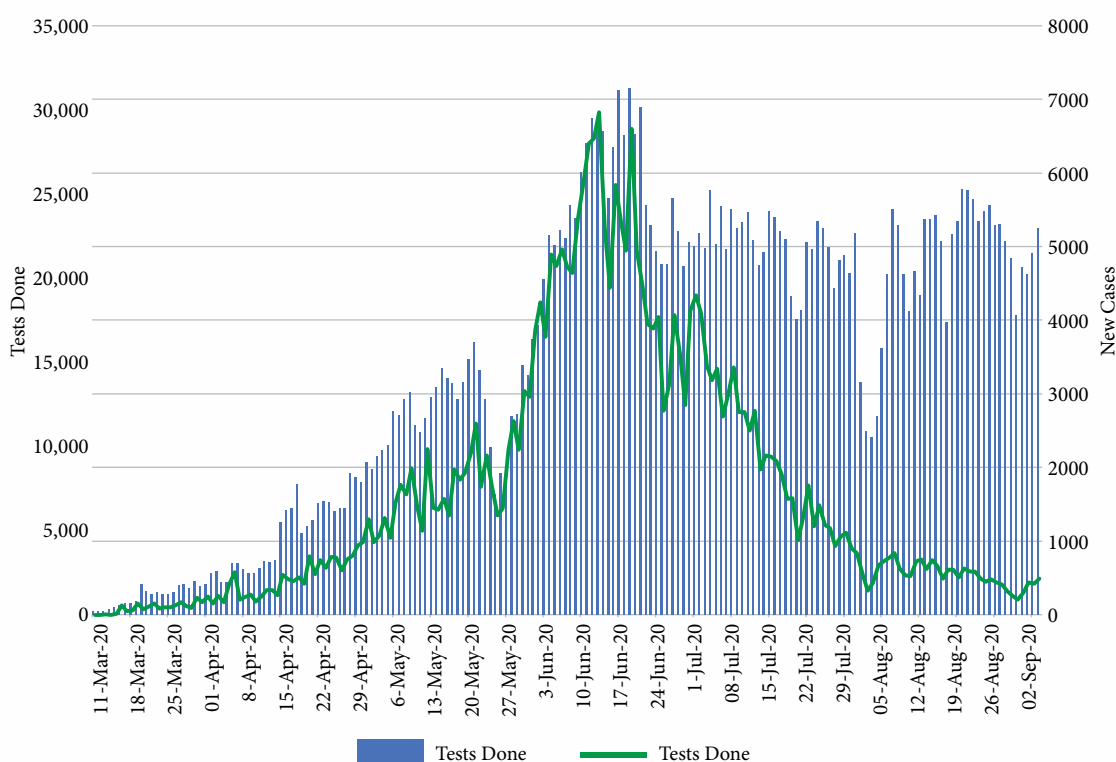
Soon after, industry and retail businesses demanded the lockdown be lifted and they too were allowed to open for limited hours each day by the end of May. However, schools and private offices remained shut. The government's strategy to relax the lockdown coupled with Eid celebrations meant people started flocking to markets and other crowded common spaces. This caused an explosion in COVID-19 cases. By June, Pakistan was reporting approximately 6800 new cases and 150 deaths a day, with the percentage of positives against tests conducted reaching a high of 24 percent. Soon hospitals reached their capacities, paramedics and doctors began to get infected, the plasma of COVID-19 survivors were being sold for exorbitant prices and the economy shrank. Despite the government working on developing new and strengthening existing systems to address the virus, Pakistan appeared to be losing the COVID-19 war.

During this time, a trace, test and quarantine (TTQ) strategy was devised and implemented across the country. This TTQ strategy, applied to both local and imported cases, used technology to track COVID-19 positive people through their cellular network location and phone text alerts were sent to people they had been

in close contact with. Contacts were advised to stay home while district administration arranged for home tests. Those who tested positive were placed under quarantine, either through home isolation or forced transfer to a government quarantine facility. The TTQ strategy was first tested by running a two-week pilot in the major cities of three provinces and the efficacy of controlling the spread of COVID-19 led to it being adopted across the country. The government faced criticism from citizens for monitoring their movement, but soon people accepted the move. However, the forced quarantine in government facilities meant people refused to get tested over fears of being sent to a government facility for two weeks. As a result, the NCOC decided to allow those infected to choose whether to isolate at home or at an official facility. Similarly, as flight operations partially reopened, all passengers were tested and transferred to hotels to isolate. This came at a high cost to the exchequer but prevented imported infection cases.

With technology providing data on virus clusters, the government moved to implement a smart lockdown in over 200 hotspots across 30 cities. Residents were informed in advance and advised to stock up on essentials as they would be barred from exiting the

Figure 1: COVID-19 Cases and Tests in Pakistan



neighbourhood for two weeks. This strategy proved to be effective as only those areas that emerged as virus epicenters were placed under strict lockdown. The result were visible immediately—the number of cases declined sharply, halving in the first week of July and continuing to fall to an average of 1200 a day by the end of the month. While some wondered if the numbers fell due to reduced testing, data revealed that testing figures remained the same. Others accused the government of underreporting cases to project its strategy as a success, but hospital data and anecdotal evidence suggests the opposite. COVID-19 wards began to empty, ventilators became available after months and government quarantine facilities began to shut down.

The number of new infections declined further in August, with daily cases and deaths reducing to an average of 650 and 12, respectively,⁶ and the positivity rate under one percent at the end of August.

The top three factors in the government's approach that has led to these the low numbers are setting up a dedicated

decision-making body with the right representation, using positive case location data efficiently to identify hotspots to enforce targeted lockdowns, and using its cash transfer programme to protect the economically vulnerable. Despite the government adopting the right policies to tackle the virus, mixed messages regarding the severity of COVID-19 and the poor enforcement of measures like wearing masks and maintaining social distancing remains a weakness. Pakistan no longer has lockdowns in any form and flights operate without passengers being tested. The virus has far from run its course, but Pakistanis' attitudes show otherwise. Weddings have resumed, cinemas and restaurants are full, Independence Day celebrations resembled a crowded rock concert and Eid ul Azha was observed with fervour.

As fears of a second wave loom with educational institutes resuming, one can only hope that Pakistan's lucky charm—hot and humid weather, BCG vaccinations, high immunity, a young population, or a combination of all—continues to work its magic.

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In Midstream: France and the Quest to Adjust to a New Normal

Nicolas Bauquet

In France, the COVID-19 pandemic erupted as one more shock, in a series of social and political disruptions, such as the Yellow Vest movement¹ and the protests against the government's proposed pension reform. The French public was in doubt over President Emmanuel Macron's agenda of bold reforms proposed during his 2017 electoral campaign. Will the Great Disruption created by the pandemic be a factor of change or push the country to a state of paralysis and distrust that could threaten its unity and its place in Europe? Six months after COVID-19 was declared a pandemic, its effect on the country is still unclear. The government, businesses and civil society must give up hopes of resuming 'normal life' and understand there is no turning back on some key transformations initiated during the pandemic. The question remains, will France embrace change, or will it continue to resist?

Big State or Big Society?

In a country where political distrust has been high for decades, the COVID-19 crisis has been more than just another opportunity for citizens to criticise the government. It has been a moment of collective disarray as the country was caught off guard for having believed too long it had the best healthcare system in the world. France is often tempted to compare itself with Germany, but it had to suffer a striking contrast with a neighbour that seemed to enjoy more strength and more agility thanks to a close collaboration with industrial giants and a flexible federal system.

It is precisely the inability of the government to collaborate with other partners (local actors, the private sector, NGOs) that has prompted most criticism and a new awareness of the necessity for the State to change its way of governing to be more inclusive. Macron stressed this change himself, by appointing a new prime minister. As a former mayor of a small town in Southern France, Jean Castex has promised more collaboration, more local autonomy and less top-down policymaking.² As the COVID-19 crisis is far from over and requires a broad collective effort from actors at every level, this could be a historic opportunity to redefine the role of the State, and establish a new relationship between the public sector and civil society. Will the crisis be the opportunity to develop a new agenda of Big Society, as was attempted by former Prime Minister David Cameron in the UK in 2010?

On the other hand, the crisis has given new strength to the nostalgia for a Gaullist state, able to provide security and prosperity. The disruptions in the supply chain of critical goods to fight the pandemic, chemical agents for testing and the use of facemasks have been a struggle for a country that was not aware of these weaknesses. All political parties are now competing to be the champions of new industrial sovereignty that would protect the country against such vulnerability. Will the crisis be an opportunity to now give responsibilities to the civil society and the local communities, or will it prompt a willingness to reassert the centralised and top-down French State as it once was? These will be the key questions in the years to come and for the next presidential election, scheduled to take place in 2022.

Digitisation: Forwards or backwards?

Another key feature of the COVID-19 crisis in France has been a new awareness of the digital divide, both within the country and with its competitors. Even as digital tools are instrumental in the way many East Asian countries controlled the pandemic,³ French officials mainly used pencil and paper, and the attempt to set up a functioning tracing app (StopCovid) was far from convincing. So far, less than three million users have downloaded the app, which is not enough to make it efficient. In the meantime, the digitisation of the private sector and parts of the public sector, have been a lifeline for the French economy during and after the lockdown, leaving many to wonder how such a crisis would have been overcome a few decades earlier.

As such, the pandemic has been a call for action to accelerate the digitalisation of key sectors of the country. The healthcare system, which fought the virus with very few digital tools, will be awarded €2 billion in a huge investment plan over the next three years,⁴ in a move that could prompt a much-awaited e-health revolution in France. The closing of schools and the lack of tools for remote teaching have also exposed the urgency to build a more agile and digital school system in a country struggling with an overly centralised education ministry and a reluctance to develop new education styles and tools. A national conference on digital education is scheduled for November and could accelerate that trend. In July, the government reshuffle led to the appointment of a new minister in charge of the transformation and the digitisation of the whole public sector, with the mandate to reach concrete and visible results before the next presidential election.

Is this the advent of a fundamental cultural change, starting with the working culture? France has been characterised by an emphasis on hierarchy and control in the workplace, and a reluctance to allow more flexibility, including remote working through digital tools. The pandemic crises fostered huge change, with almost 30 percent of employees working from home during the lockdown. This figure is now back to 15 percent,⁵ even though the government is urging businesses to keep their employees from taking the public transportation system and allow them to work from home whenever possible. Before the summer, many companies tried to go back to normal and required employees to show up to the workplace. In the meantime, a large part of the workforce is keen to keep a more digital and flexible way of collaboration. The issue of trust, particularly crucial for the political system, is also a key element for the future of businesses, and the opportunity to transition from a hierarchical to more horizontal team management in the working place.

Even as digitisation appears more important than ever, it is also facing distrust from a growing part of the country. As the Yellow Vest movement revealed, a large part of the lower middle class feels increasingly threatened by the digitisation of the economy, and the pandemic enhanced the level of resistance, using legitimate concern over privacy to raise doubts on every new government initiative in that regard. The development of an effective e-health platform will probably face such reluctance, just as the tracing app did. How the country will be able to move forward with the next digital revolutions,

including AI, will be key to its economic and political competitiveness, in Europe and elsewhere, and the long term effects of the virus are, again, still unknown.

France in Europe: Triumph or isolation?

The pandemic is also changing the relationship between France and the European Union (EU), a key element for a country that seems less passionate about the European project over the years, even though it elected a president with a passionately pro-Europe platform. In that regard, the response to the COVID-19 crisis has led to Macron's most significant victory on the European stage—the decision to launch a huge recovery plan at the European level based on joint borrowing by all EU member states, an unprecedented step toward a more integrated EU, long-awaited by Macron since his vibrant speech at La Sorbonne in September 2017. The writer of the speech, Clément Beaune, Macron's longtime adviser for European affairs, has just been appointed a junior minister, and can at last take credit for the patient diplomatic work behind the scene. This European loan will pay almost half of the huge stimulus package that has been announced by the French government. More importantly, Macron and German Chancellor Angela Merkel have worked closely to achieve this deal, in a coordinated approach that would have seemed impossible before the outbreak of the pandemic.

If this new political romance is to last, it could mean a huge boost for the European project and the competitiveness of the continent at one condition—that the pandemic does not further weaken the Eurozone's

most vulnerable economies, Italy, Spain and France included. The economic shock on the French economy has been such that it now appears as a member of the club of Southern countries with a huge amount of debt and a big question mark over its ability to withstand competition from Northern countries, especially Germany.

For all these reasons, the success of the much-awaited recovery plan, officially announced by the French government on 3 September, will be key. These €100 billion will be more than an injection of cash in the economic engine. It will be the opportunity to accelerate the ecological transition (with investments up to €30 billion), the training of the workforce (another €30 billion) and the digitalisation of the economy. But this plan should also be an opportunity to demonstrate the ability of the government to deliver quick and concrete results in close cooperation with local authorities and with the help of new digital tools to monitor the progress and the results of these huge investments.

In a way, the still-unfolding pandemic crisis is a moment of truth for the ability of the Macron presidency to deliver on its promises—reforming the public sector to be more agile, accelerating digitalisation at all levels and revitalising the European project in the eyes of the French public. But each of these transformations is fragile and could lead to a backlash. The success of the French recovery plan and the ability to stabilise the level of the virus spread in the country will be two key elements in this complex economic and political equation.

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Rebooting Multilateralism? Lessons Still to be Learnt

Amrita Narlikar

Multilateral institutions were no different from their member states in that the COVID-19 pandemic caught them completely off guard. But compare the initial responses of most international organisations to those of some well-functioning states,¹ and history—if written with due diligence—will not judge multilateralism kindly.

When the pandemic struck, most multilateral institutions failed to rise to the existential challenge that the disease posed to people across the world. There are several lessons of the pandemic that are yet to be learnt if multilateralism is to be reformed and made fit for purpose.

First response: Stories of dismal failure

Supporters of multilateralism have a standard justification for the existence of international organisations: in a globalised, interconnected world, there are just too many problems that cannot be solved by any one country alone. Multilateral institutions are supposed to facilitate collective action towards the provision of global public goods (such as free trade and global public health) and limit the ill-effects of public bads. Prevention of the spread of a highly contagious disease—one with high fatality rates, and many unknowns about potentially long-term damage to survivors—is exactly the kind of problem that multilateral organisations should be able to address. If prevention fails and pandemics nonetheless develop, it is reasonable to expect that the relevant multilateral organisations are able to curtail the hoarding of medicines

and essential equipment, and limit the exploitation of scarcities and vulnerabilities by countries for geostrategic gain. On these fronts, the nodal multilateral organisations failed in their initial responses.

The most glaring failures came from the organisation that was directly mandated to address health issues—the World Health Organization (WHO). These early failures came at a time that was particularly critical to curtailing the spread of COVID-19, and thereby contributed to the transformation of the outbreak in Wuhan, China, into a global crisis. Anne Applebaum summarises the sins of omission and commission from the WHO in the following words:

“...the WHO failed the world in some important ways during the early days of the crisis. Certainly the organization adhered far too closely to the narrative of a Chinese government that initially sought to conceal the nature and spread of the coronavirus. As late as January 14, the organization’s leadership ignored evidence from Taiwan—which is not, thanks to Chinese pressure, a WHO member—that the novel coronavirus could be transmitted from person to person. ... Other mistakes followed: the WHO’s strange insistence that face masks were not necessary, for example, even as mounting evidence has shown that they can cut the transmission of the virus quite effectively, and the WHO’s decision to wait until March 11 to declare the existence of a pandemic, even though the disease had already spread. The WHO’s determination to compliment China in its public statements, and ignore Chinese mistakes, was equally strange...”²

The WHO had failed to contain the rapid and global spread of the disease, with dire cost to human life (at the

time of writing this, almost 880,000 lives have been lost to COVID-19).

As the death count mounted, many countries began to turn inward, hoarding key medicines and personal protective equipment for their own people or agreeing to trade these only with key allies. Even the European Union (EU), which prides itself on its soft power and commitment to values, such as human rights, labour standards, and environmental standards, decided to put up emergency export restrictions on hospital supplies for non-EU members. This move threatened devastating consequences for many third countries, besides potential supply chain disruptions for medical equipment for the EU itself.³ Discord also erupted with neighbours of the EU. Recall, for instance, the Serbian president’s bitter reaction to the declaration of export restraints from the EU; he said, “European solidarity does not exist. It was a fairy tale on paper” and announced that Serbia would turn to China instead.⁴ Polling data further revealed high levels of disappointment with the EU even amongst its own members.⁵

Amidst this disruption that was taking place in global supply chains, the organisation that should have been able to step in and limit the damage was the World Trade Organization (WTO). But the WTO, already beleaguered in its negotiation, monitoring and dispute settlement functions, was not in much of a position to act.⁶ And even if the organisation had not been beset with these multiple problems, there was little in its rules to put a stop to the export restraints that were being put in place, or indeed the different ways in which trade was being used for geostrategic gain. So, it stood by helplessly and watched the crisis deepen.

Just when the world needed it most, multilateralism failed us at enormous human and economic cost.^b

^a It is worth noting that under the leadership of French President Emmanuel Macron and German Chancellor Angela Merkel, the EU came up with a package worth €750 billion in July 2020 to facilitate economic recovery, which many have hailed as a “Hamiltonian” moment for Europe. It is still too early, however, to see how lasting the effects will be, both for the economies of affected member countries as well as for the common European project.

^b A common line of defence that one hears against such critique is that multilateral institutions only work as well as their members allow them. There is some truth to this claim, but it is rather a trite truth. The reason why we choose to institutionalise multilateral cooperation in the first place is precisely because we believe that it affords all members greater certainty and predictability than bilateral arrangements.

Lessons to be learnt

There are two tough lessons that the pandemic has been teaching us, and it remains to be seen whether the guardians and supporters of multilateralism are willing to learn them. This includes well-intentioned world leaders, international civil servants, members of civil society, and others who believe that multilateral cooperation is still worth pursuing.

The first lesson comes from ‘weaponised interdependence.’⁷ And while the “weaponisation of interdependence” did not begin with COVID-19, the pandemic has reinforced the very real dangers that derive from this phenomenon. Our post-war multilateral order was founded on the assumption that peace and prosperity are inextricably and causally linked. A liberal economic order would contribute to increased trade, growth, development and thereby also peace. The end of the Cold War seemed to confirm the promise of a liberal peace, and to strengthen the expectation that former rivals could now be socialised into the system via greater economic integration. But this multilateralism was not built for a world where the very ties, that were supposed to bind nations together in peaceful harmony, could become “weaponised.” And while we have seen cases of weaponised interdependence in the last years, the coronavirus pandemic has revealed the extent to which countries can exploit global value chains to their own advantage, even when dealing with life-and-death matters. Against this background, calls by global leaders to not close one’s economies, preserve global value chains and reinforce multilateralism, ring desperately hollow, especially to those who have seen friends and families directly affected by the pandemic. If multilateralism is to have a chance, these concerns need to be addressed head on.

The second lesson is also not a new one, but once again, the pandemic has brought it into sharp focus. This lesson has to do with the importance of narratives and domestic politics. An important reason why we have seen such a strong backlash against multilateralism in the last years is the fact that some politicians (from both the Left and the Right) have successfully harnessed (and fanned) the disappointment and anger of those who believe that the gains of globalisation have passed them by. US President Donald Trump’s ‘America First’ narrative is an example of this, and it is one that appealed

to a good proportion of the American electorate in the 2016 presidential election because it claimed to take their pain seriously. In contrast, many narratives about the benefits of having a rules-based multilateral system have been solid but largely technocratic in content. As such, for some years now, pro-multilateralism narratives have been criticised for being too far removed from ordinary people and representing the interests only of a “global elite”. Today, amidst the death and destruction spread by the pandemic, calls to renew multilateralism are even more vulnerable to such charges. There is an urgent need for convincing narratives, backed by data and grounded in fact, that can show people why multilateralism is worth preserving. To do this well, we must be able to show how multilateral cooperation will help every individual within our societies. This needs to be done by engaging stakeholders within states at the local, regional and national levels, and also by working closely with like-minded states and transnationally. And while the importance of having convincing narratives would have been useful in previous years as well,⁸ it is especially important at a time when people across different parts of the world are fighting not only for their livelihoods, but also for their lives.

One of the very few organisations where there is evidence of recognition of both lessons—weaponised interdependence and narratives—is the North Atlantic Treaty Organization (NATO). In this case, we have seen rapid updating throughout the pandemic on both issues of weaponised interdependence and narratives. The NATO reacted relatively early to the pandemic, worked to ensure that “the health crisis does not become a security crisis,” and maintained its operational readiness. Its forces also provided support to civilian efforts to cope with the pandemic. NATO Secretary General Jens Stoltenberg called for a more “global approach” on three fronts—COVID-19 (including addressing the issue of disinformation, i.e. false narratives), terrorism, and, very interestingly, the rise of China. On the last point, while careful to state that China was not an adversary of the alliance, he went on to say the following:

“It is clear that China does not share our values. Democracy, freedom, and the rule of law... there is a clear pattern of authoritarian behaviour at home and increased assertiveness and bullying abroad.

The best way to face each of these global challenges, to keep our societies secure and our people safe, is for Europe and North America to continue to stand together. And for us to take a more global approach.

Working even more closely with our international partners to defend our values in a more competitive world. Partners near and far - like Finland and Sweden. But also Australia, Japan, New Zealand and South Korea.”⁹

One might ask why NATO represents the exception to the norm in learning the urgent lessons of the last few months. There are several explanations, including those of the specific workings of the different institutions, leadership and nature of membership. Moreover, NATO, by definition, is a non-universal organisation and its mandate on security matters perhaps allows it to take concerns of both geoeconomics and values more readily into account.

If these two lessons remain unheeded in other multilateral organisations, we risk further backlashes against globalisation. We risk the emergence of a world of shallow and meaningless multilateralism, but de facto autarkism, that will work to the detriment of almost all

countries, and especially the poor in both rich and poor countries.

To address these issues seriously requires a cold and hard look at the question of the purpose of multilateralism. For far too often, we still hear a repetition of the mantra that multilateralism matters. That multilateralism matters is true, but reiterating this does not get us very far in reforming it or rebuilding it. Ultimately, multilateralism is an instrument of international cooperation—no more, no less.¹⁰ It is up to us to decide on the values that multilateral instruments should uphold, and the goals that they should pursue. This requires re-examining, and probably re-defining, the purpose of multilateralism. This, in turn, requires much greater attention to values and like-mindedness than has been forthcoming thus far. It necessitates opening up to the possibility of a gradual and selective decoupling from strategic rivals, or at least being able to exercise such a threat credibly. Simply aggregating countries that actually stand for fundamentally different societal and political goals—for instance, liberalism and pluralism vs authoritarianism, or market-friendly rules vs rules that support high levels of state intervention—under one umbrella of universal multilateralism with a vague set of rules will no longer work. It will likely condemn our multilateral institutions to a state of ever deeper malaise and further breakdown.

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