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THE VIRAL WORLD

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Editors' Note

This series of articles and essays paint a wide, anthropological canvas that delves into the impact of the novel coronavirus on geopolitics, world trade, public health and policy, and socio-economic interactions. In fact, it shines a light on human behaviour, and our lives and livelihoods in broad strokes. The pandemic has overshadowed every global crisis—whether terrorism or hot wars, energy security or climate change—and will have lasting impacts on the attainability of sustainable development. The impact is international and domestic, global and local, on communities as well as on the individual.

Historically, health epidemics have marked significant shifts in political, social and economic behaviour, and COVID-19 is no different. It has not only challenged humanity and its habits at an existential level but promises (or threatens) to change everything that was once familiar. World over, nations suffered deeply as a result of the Influenza epidemic in 1918, right after the end of First World War. As our writers point out, there are apparent similarities with the interventions that took place then and the ones that are taking place now to tackle COVID-19—identifying cluster outbreaks; containing hotspots; and focusing on sanitation, contact tracing and quarantining. A century later, under the cruel weight of another deadly contagion, the healthcare systems and economies of even the most developed nations have crumbled, exposing significant gaps that are exacerbated, in several cases, by disparities in the social contract where the older, the weaker and the marginalised have fallen victim either to the disease or to the hardship it has unleashed.

Italians, known for their consuming embraces in tight-knit family structures where generations divided by age interact closely every day, saw their elderly die in large numbers. Emerging from nearly two months of a complete lockdown, a grieving public is coming to terms with a new way of re-engagement—where human touch is absent and staying apart is considered the only way to stay together for the foreseeable future. Italy's story of overwhelmed hospitals, doctors and nurses being forced to choose which patients had a better chance of survival—to decide how to optimise its ICU facilities—has been echoed across the Atlantic. In the US, New York City emerged as the global COVID-19 epicentre. Its doctors and nurses shattered any illusion that the world's greatest superpower was ready to withstand the charge of the novel coronavirus. Protective gear was unavailable across the city's inundated hospitals, the contagion was high, and it was clearly a mistake to assume—based on the casualties from Europe's ageing populations—that it was only the old and the sick who were more at risk. Data from across New York hospitals also

revealed that mortality figures indicated huge racial, ethnic and economic disparities. To 'flatten the curve'—even though the city never went into the kind of lockdown that India saw—New York state governor Andrew Cuomo held daily briefings, issued guidelines for the public on what "shelter in place" meant, and displayed the kind of leadership in a crisis that was lacking in the White House.

Given what we have seen emerge from the world's mightiest nations, it is easy to make the case, even if mistakenly, that the Global South has fared somewhat better. While India has made great strides since Independence in the eradication of epidemics like small-pox and polio, improved administrative responses to frequent viral illnesses, and made a name for itself in the manufacture of generic drugs, COVID-19 has felled much of this complacent confidence. Those making the case that a complete lockdown and the imposition of a punitive colonial-era Disease and Epidemic Act has helped India control its COVID-19 positive caseload can only do so hypothetically. The gradual lifting of a draconian lockdown, which was intended to buy time to ramp up testing and enhance medical preparedness, has revealed that little has been achieved on both fronts. Worse still, it has exposed and deepened fault-lines of class in Indian society, leading to further marginalisation, powerfully driven home by daily images of the exodus of migrant labourers from Indian cities. This has ended up causing unwarranted stigmatisation, particularly of minorities and the poor, who might have contracted the novel coronavirus.

In its fight against both—the pandemic and the economic hardship caused by sudden lockdowns in India—our writers argue that the Indian government is attempting to use existing financial inclusion programmes under Aadhaar and the Jan Dhan Yojana scheme to provide food and economic relief directly to those who need it the most. As images of despair, destitution, and hardship flood our TV screens with the march of 'rurban' labour, it is being argued that the development and use of mobile technology via the Arogya Setu app will allow people to be on the move by improving contact tracing and helping isolate positive cases. This is all, however, clearly dependent on ramping up testing capacity to much greater levels per capita than currently available.

Inspired by South Korea's model, while the use of such apps might help States respond to a healthcare crisis, privacy rights advocates argue against their 'big brother' capabilities. In societies where technology can often be manipulated based on intent, it is important to ensure that in attempts to protect communities from a deadly pandemic, governments also ensure privacy and that the protection of individual freedoms. When autocrats and populist strongmen around the world use the fight against COVID-19 to suspend civil liberties, gag the media, or rule by decree, such concerns will only grow.

The fight against COVID-19 has been a wake-up call. If global conversations last year converged on real or perceived dangers to democratic systems fueled by populist leaders appealing to xenophobic, protectionist public emotions, the ability of COVID-19 to provide the '*brahmastra*' to push their political agendas is, perhaps, unparalleled. World over, citizens fearful of the spread of a deadly virus have surrendered individual freedoms willingly and entrusted the State to provide healthcare, relief and economic stimulus as we follow safety advice. But major questions remain. Even as we mask up, maintain six feet of distance in public, life as we knew it has come to a grinding halt. With major cities across the world locking down businesses and workplaces, the magnitude of COVID-19's

impact on the world's greatest economies is both shattering, and long-term. Disruptions in manufacturing and services have led to rising unemployment everywhere. In India, as migrant labourers walked home from cities to villages, individual stories of hardship merged into a collective humanitarian and economic crisis. Construction, manufacturing, retail, hospitality, tourism, aviation—not a single sector or industry has been spared. The smaller the business, the greater the hardship. But even big businesses are reeling. With global travel virtually non-existent, families divided by continents and time-zones do not know when they will meet each other next. As leaders appeal to their publics for economic self-reliance, interdependent industries are wondering whether the global citizens of the previous decade will return to their tribal, nativist identities out of fear. An international chorus seeking to hold China accountable for delays and lapses in communicating the magnitude of COVID-19's impact could lead to major disruptions in manufacturing, as Chinese-led global supply chains stall. Will this mean a rise in domestic production around the world or a greater reliance on multilateralism between like-minded nations?

Most importantly, perhaps, we have to ask ourselves what lessons we the people are learning from the strangeness of our times. Our vocabularies have expanded—medical terminology has now become everyday speech. Administrators and public health practitioners hope this means that professions regarded as 'ordinary' will be valued and compensated in ways that they haven't thus far; that we will have greater awareness and appreciation of what 'essential services' really mean. As epidemiologists, public health experts, doctors and economists analyse the spread of the virus across latitudes and longitudes, it is tempting to convince oneself of reasons for drastically different national responses and caseloads based on individual leadership. And if countries like South Korea, Germany, Norway and New Zealand are any indication, women leaders have been seen to prioritise healthcare as a national security challenge. While one of our authors admits that "typecasting gender is a fraught exercise," nations with female leaders have evidently done much better at "flattening the curve" of COVID-19 than their strongman male counterparts in countries like the US, UK and Brazil.

As we await both a vaccine and a clinically tested treatment protocol, and as we hope to build herd immunity without losing more of our loved ones than we already have, perhaps the real learning for us will be to understand that when we emerge from this, we would have all lived through a pathogen that doesn't recognise any distinction—of nationality, faith, gender or class. If the lack of face to face contact helps us appreciate its value more keenly, the over-arching lesson from this time of global crisis must be a public and administrative instinct towards greater empathy and understanding across societies and nations.

Maya Mirchandani, Shoba Suri and Laetitia Bruce Warjri

Pandemics Strike, Communities Respond

1

What Ghana Can Learn from Sierra Leone About Crisis Leadership

Casely Ato Coleman

On 12 March, Ghana confirmed its first COVID-19 case. Over three months later, Ghana has 7303 confirmed cases and 34 deaths, as at 29 May 2020(1).

Sierra Leone was hit by the Ebola virus from 2014 to 2016, with 14,124 cases—the highest recorded in the outbreak in any country. This included 3,589 confirmed deaths, 208 probable deaths, and 158 suspected deaths.

Using frontline experiences from handling the Ebola virus, it is important to examine how leadership is the critical enabler in managing complex humanitarian crises. Lessons learnt from Sierra Leone’s experience with Ebola will show how leadership and engagement, accountability, depth of theory of change, execution and rigour can mitigate crises.

Definitions

Leadership is the art of motivating a group of people to act towards achieving a common goal. This definition of leadership captures the essentials of being able to inspire others and being prepared to do (2). A *crisis* is any event that is going (or is expected) to lead to an unstable and dangerous situation affecting an individual, group, community, or the whole society. *Crises* are deemed to be negative changes in security, economic, political, societal, or environmental affairs, especially when they occur abruptly, with little or no warning. It is a period of adversity. The Business Dictionary defines it as a “Critical event or point of decision which, if not handled in an appropriate and timely manner (or if not handled at all), may turn into a disaster or catastrophe” (3).

Context

Over the 2014-16 period, Sierra Leone had the highest number of Ebola cases ever, with each of its 14 districts affected. The first case was declared on 25 May 2014 in a region bordering Guinea, and its final case was recorded in the last week of January in 2016. By

17 March 2016, when Sierra Leone was declared free of Ebola transmission for the second time, a total of 14,124 confirmed, probable and suspected cases (nearly half the regional total) and 3,956 deaths had been reported to the World Health Organization (WHO). It was an epidemic that was defined by the UN as a threat to international security (4).

The initial response to the outbreak was characterised by confusion, chaos and denial. Sierra Leone's health system was already weak, and the government was unable to mount a robust response. WHO did not mobilise the level of assistance and expertise expected—a failure for which it has been widely criticised. The rest of the international community was slow to react to the alert sounded by Médecins Sans Frontières, which recognised the severity of the threat early on (5).

Leadership

Managing a complex humanitarian crisis requires values-driven leadership. The successful Ebola response strategy had an overarching aim of building trust, confidence and support between the general public and the leadership, which was facilitated by faith-based, traditional and secret society leaders. Their integrated response effort helped to bring the epidemic to a quick end. Leadership during times of crises require courage, political will, and the commitment to take risks. For instance, the strategy by Plan International Sierra Leone to engage with Secret Societies, with the support of the former First Lady Sia Nyamaa Koroma, greatly facilitated the social mobilisation and community engagement aspect of the fight to defeat EBOLA (6).

Leadership also requires firmness. Former President Ernest Bai Koroma's decisions to impose a stay-at-home policy and to ban public gatherings, coupled with the decision of the presidents of Ghana and Senegal to create a humanitarian corridor to facilitate and coordinate the mobilisation of support and resources from the UN and other development agencies are examples of leaders making strong, if unpopular, decisions to manage the crisis. Sub-Saharan Africa needs leaders who will be resilient enough to take the risk of innovating during a complex humanitarian crisis (7).

Another key aspect of leadership during the Ebola epidemic was the opposition's support of the government. Koroma reached out to two opposition leaders, Julius Maada Bio (Sierra Leone's current president and the leader of the Sierra Leone Peoples Party at that time) and Kande Yumkella. Bio and Yumkella provided visible support to the government. Their parties also worked with the government in parliament to address key issues around the Ebola response. During emergency situations, such as Ebola, political leaders ought to work together to confront a common foe, and that is exactly what the political leaders in Sierra Leone did.

Multi-Layered Engagement

Culture plays a key role in determining the success or failure of the management of a humanitarian crisis. Culture refers to core values, artefacts, symbols, processes, systems, and stories that collectively influence the "way things are done" over some time (8). Sierra Leone's experience with Ebola shows that a recognition of culture and customs helps to

frame the level of engagement at the community, national, and global levels to effectively manage crises.

In Sierra Leone, at the community level, secret society, faith-based and traditional leaders facilitated and supported ownership for community care centres, social mobilisation and community engagement. At the national level, the government actively engaged with development partners, the youth, media and political and business elites to assess the quality of the response to ensure accountability, speed and rigour. Youth groups played a key role in developing a feedback mechanism using information technology to report on real-time issues and challenges. At the regional/global level, there was active engagement with several agencies, such as the Economic Community of West African States, the African Union, the United Nations and the WHO. The EU Brussels Conference (2015) also adopted resolutions committing to mobilise resources to address the Ebola crisis (9).

Accountability and Structure

Leadership during crises requires clarity on decision space and decision mandate, backed by transparency in the communication of indicators of success to ensure that everyone involved in the response is held accountable for their actions before, during and after the emergency is over.

Sierra Leone set up a National Ebola Response Centre (NERC), which supervised the District Ebola Response Centres (DERC). The NERC was led by a CEO who reported directly to the president (10). The command and control structure during the crisis brought discipline to the response. Civil society groups and non-state actors, such as youth groups that used feedback mechanism to evaluate the response and the press that highlighted suspected cases of fraud, were also actively engaged in the process.

During the Ebola epidemic, the feedback mechanisms provided the space to hold people accountable. It is important to have a network of informants who will provide alerts and intelligence to support surveillance, isolation, contact tracing and testing strategies. Youth reporters, information focal points and community reference groups were in action to gather data on sick people in the community to alert the DERC, whose workers would then visit and confirm and be able to provide food and other basic supplies to the quarantined households.

Governments can now leverage technology and social media to ensure the availability of real-time data to guide decision-making.

Depth and Breadth of Theory of Change to Tackle Crises

Managing a complex humanitarian crisis requires conceptual clarity in a theory of change to frame the overall goals, strategic objectives and results in a framework with a focus on intermediate outcomes, outputs, indicators, and measurable activities. Sierra Leone's Ebola response was framed around the following thematic areas: surveillance, case management, testing (of the living and dead), isolation and treatment, social mobilisation, burials and psychosocial support. This conceptual clarity helped to develop sub-themes

around child protection, education, social mobilisation, community engagement, health and livelihood. In effect, the theory of change was multi-disciplinary in nature and combined biological and social science as well as preventive and curative solutions. It was not only a health issue but a socio-cultural issue, with faith and culturally based undertones. This created space for many development and social actors to support the response.

Execution and Rigour

The core humanitarian standards, launched in Copenhagen in 2014, describe the essential elements of principled, accountable and high-quality humanitarian action. Humanitarian organisations may use it as a voluntary code with which to align their internal procedures. It can also be used as a basis for verification of performance (11). They include the following nine commitments that response is appropriate and relevant; effective and timely; strengthens local capacities and avoids negative effects; based on communication, participation and feedback; complaints are welcomed and addressed; response is coordinated and complementary; actors continuously learn and improve; staff are supported to do the job effectively and are treated fairly and equitably; and resources are managed and used responsibly for the intended purpose.

Effective leadership during a crisis requires effective talent management driven by a total rewards strategy that covers compensation, benefits, performance, recognition and continuous professional development of key frontline staff and responders who design, manage and evaluate the crisis response program in alignment with the core humanitarian standards.

Execution and rigour must be backed by reliable data. Management, coordination and logistics are critical towards responding effectively to an emergency. In the case of Sierra Leone's Ebola response, there was a clear definition of the organisational model for leadership, management, professionals, specialists, administrative roles, and the skills and expertise needed. This was backed by a clear structure with emphasis on clarity of decision space and decision mandate by key state and non-state actors. This drove execution and rigour. Also, the structured coordination of the efforts of other stakeholders via technical subject matter pillars or thematic areas was important to ensure synergy of efforts during this period. Logistics—defined as roles that facilitate disaster risk response operations and include estimating equipment needs, procurement and distribution of supplies, transport of patients and samples and other response execution resources—is very critical during a complex humanitarian crisis and must be well-planned and consistently monitored and evaluated in that regard.

Lessons for Ghana's COVID-19 Response

The Ebola epidemic in Sierra Leone has shown that managing a complex humanitarian crisis that poses an existential threat to a country requires strong leadership at the national level, which engages broadly with key actors, and is guided by a coherent theory of change with clear strategic objectives and intended outcomes. This is reinforced by

accountability for the utilisation of funds, which helps to ensure execution and rigour in the delivery of humanitarian services to the affected population.

COVID-19 has exposed Ghana's weak health delivery system, just like Ebola did in Sierra Leone. However, the adversity caused by COVID-19 has also brought positive developments. The Ghanaian president has launched an ambitious plan to expand the number of hospitals and laboratory testing centres across the country. COVID-19 has also triggered one of the most innovative models of private-public partnerships in healthcare delivery, as the Private Sector COVID-19 Fund (put together by business and industry actors) and the military combine efforts to construct a modern Infectious Disease and Isolation Centre in Ghana (12).

The Ghanaian government has approved a stimulus package for small and medium scale enterprises to help them bounce back to business. This is undoubtedly a positive leadership step towards building resilience to kickstart the country's economy. On the downside, the level of engagement with traditional authorities, faith-based leaders and community leaders to drive social mobilisation and community engagement around behaviour change to fight COVID-19 has been weak and needs to be strengthened. Besides, on many occasions, the execution and rigour underlining the delivery of relief items to affected communities during the lockdown period have been chaotic as social distancing protocols were not respected. Ghana's COVID-19 response will be enhanced if there is a renewed focus on strengthening the engagement of all political leaders, so the response is devoid of partisan considerations.

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2

Corona-Immunity as a Resource and Opportunity for Emerging Markets

David Stadelmann, Reiner Eichenberger, Rainer Hegselmann,
David A. Savage and Benno Torgler

The COVID-19 pandemic has put the world in uncharted territory. Not only is it a biological crisis, but it is also an economic disaster. It is thus imperative to analyse the broad societal and economic impacts (1), taking into account the underlying characteristics of individual countries. Implementing a policy that is successful in industrial countries may not be ideal in emerging or developing countries. This is a classic economic resource problem—scarcity requires that all opportunity costs be considered, as any decision involves trade-offs (2).

Causes of the Crisis

The coronavirus crisis was caused by the virus' severity profile, a combination of serious symptoms affecting people with comorbidities and the virus' high reproduction rate. If the virus had encountered health systems equipped with the necessary resources, there would have been no crisis. The coronavirus would have resembled a severe influenza pandemic, which could still be the case since COVID-19 has a lower mortality rate than the SARS virus (3). Even in countries with generally good health systems, hospitals have been overwhelmed by the number of critical cases. In a bid to contain the virus, many countries declared a state of emergency and imposed unprecedented travel restrictions and lockdowns to avoid triage situations. But minimising the number of cases is not the same as minimising deaths or maximising the overall life-years saved.

Lockdown measures lead to lasting economic and social devastation and have significant impacts on general health as there is a strong correlation between economic strength (for instance, GDP per capita) and health indicators (for example, life expectancy) (4). This also includes psychological damage due to quarantine, more deaths due to economic deprivation (for instance, malnutrition or starvation in emerging countries) and many lost years of life.

Immunity Certificates a Robust Strategy to Return to Normality

While most resources become scarcer during crises, one crucial resource for overcoming the ongoing crisis is growing—the number of people with immunity to the severe acute respiratory syndrome coronavirus 2 (or SARS-CoV-2).

Although the number of confirmed cases is comparatively low in many emerging economies, unreported cases will likely be high as the test capacity per capita is low. For instance, by mid-May, India, with a 1.3-billion population, had less than half of the number of reported cases in Spain, with about 47 million inhabitants (5). As many people may have been asymptomatic, they remain unaware that they now have some degree of immunity. Even partial immunity will allow them to return to regular economic employment and social activity.

People with immunity may be the most crucial resource in the fight against the social, economic and health impacts of the coronavirus disease. They are vital resources as they could volunteer to work to support health infrastructure and return to their full economic potential. As such, they must be *sought, found, certified, and effectively employed* (6).

Immune people must be sure of their immunity status and be distinguishable from non-immune. This would require reliable and official documentation (for instance, an immunity certificate). Like any valuable resource, coronavirus immunity must be searched for through comprehensive testing for the virus and antibodies. Antibody tests (to identify those who are immune) are cheaper and easier to administer than tests for infection. Reliable antibody tests with high specificity and sensitivity were released at the start of May (7). People are likely to come forward to be tested as there are significant incentives, such as returning to a relatively regular way of life and helping the country return to normal economic and social activities.

Although the process of testing and certifying may seem complicated, it is a relatively common task that requires management. Incorporating and mobilising public and private organisations will allow the testing process to be successfully rolled out on a large scale. Additionally, the costs of significantly increasing testing for antibodies is substantially lower than the economic damages caused by lockdowns. Moreover, not allowing immune people free movement represents a legal and moral problem, and it prevents them from helping to reduce the crisis burden. It is thus vital that immunity is seen as a health, social and economic resource, as pandemics (and our reactions to them) exacerbate the preexisting issue of scarcity, which hits the poor and vulnerable the hardest.

While the duration and the strength of ‘natural’ immunity is uncertain, it is likely that a COVID-19 vaccine will not offer 100 percent protection against (re)infection (8). Thus, immunity is about reducing the probability of becoming ill or spreading the virus and not offering absolute protection. Even partial immunity is more advantageous than none, especially to at-risk groups such as the elderly (9).

What immunity certificates offer is a guaranteed level of information. Like official warranties or guarantees on most products and services, certificates indicate that a product or service meet specific safety requirements. Different standards of immunity certificates will be required for various activities—higher standards for the care of the elderly versus lower standards for young and healthy people to travel abroad. Governments should not

be the sole issuer of immunity certificates; doctors, laboratories, specialised firms and NGOs should also be allowed to issue the certificates, as competition between certificate providers would diminish the costs to borne by citizens over time.

Naysayers may argue that immunity certificates will increase inequality as the holder will have an advantage over those without immunity or without credibly certified immunity. But given the virus's propensity of hitting the most disadvantaged communities, immunity certificates could provide a potential monetary boost to these people. Any advantage of immunity will be short-lived, as a vaccine or an effective drug for treatment will render the initial gain of immunity virtually worthless. Moreover, the potential monetary benefits associated with immunity certificates could be partially redistributed by charging a fee for the certification, but we strongly advocate against such a fee as the non-immune population benefit from an increase in the number of immune people—directly through their work in the economy and indirectly through the regular taxation of their income. Furthermore, the larger society will benefit from the fact that each additional immune person contributes to slowing the spread of the disease.

Immunity may be actively produced as individuals may seek immunity (preferably under medical supervision) through self-infection, particularly in groups with lower risks of a severe consequence. Even if no certificates exist, some individuals will seek immunity through self-infection, but it may be better to assist this action choice with medical supervision and provide certification as a social benefit.

Behavioural Infection and Behavioural Contagion

The coronavirus has also created a “contagion of the minds,” which has “infected” many people, including political decision-makers. The economic and social world in which we live is not just an abstract construct but is an amorphous organic type of structure that can grow, shrink and die, depending on the prevailing conditions. The 2008 financial crisis started a financial contagion that began with bankruptcies infecting banks, then spreading from one bank to another, leading to a worldwide economic crash that ultimately resulted in substantial losses for society (10).

Now, virus fixation has become a behavioural contagion, infecting the collective consciousness and the political reaction to the health crisis. Hastily implemented policies and sudden regulations have been spreading from country to country. These ad hoc policy decisions could lead to immense resources losses and government crises related to debts and loss of trust. There are also several consequences of relying on false information and non-evidence-based measures (11). Many political decision-makers fail to see that the regulations they impose could directly or indirectly cause far more harm to the health system, the economy and the lives they are trying to protect. The secondary effect, caused by the overreaction to the pandemic, may be far worse than the health crisis itself, as economic crises cost many lives too.

Notably, there will be a substantial number of “statistical lives lost” given that other facilities, infrastructure and public goods may be neglected once resources are reallocated (or misallocated). Hospitals and health services require a functioning economy; a failing economy results in lower funding to the health care system. Besides, such crises allow for

insidious side effects such as the vast overreach or extension of state power into aspects of human life that will be exceedingly difficult to reverse and could end up taking a further toll on economies.

An Opportunity for Emerging Economies

People with preexisting medical conditions are more susceptible to suffer and die from COVID-19(12), and several preexisting medical conditions are associated with age. The pandemic could offer emerging economies a chance to close the gap with wealthier nations, as the population of emerging economies are, on average, younger. Thus, decision-makers in emerging markets should be cautious in copying and adopting severe lockdown measures. In contrast to Western countries, populations in emerging economies are likely to have a lower probability of severe or lethal consequences due to their age.

Lockdowns have long-term impacts on more fragile economies, where citizens are prevented from working and cannot earn an income and often have no substantial savings. They face high risks of losing their jobs, consumption opportunities, health, families, and the stability of their society. Shutting down public markets threatens food security, which could create a nutrition crisis and starvation, with high longer-term human costs. Furthermore, the closure of public sanitation facilities encourages open defecation and represents a rollback of the gains that have been made towards becoming open-defecation free, and raises risks of another health crisis.

Thus, the primary problem facing emerging economies may not be the coronavirus, but the unintended consequences of lockdowns. Rational policy decisions require an evaluation of all advantages and disadvantages. Unfortunately, it is debatable if sound decisions were made in some emerging economies. Reported figures indicate that the number of traffic-related deaths in India each year are estimated to be 100 times higher than the fatalities related to COVID-19 (as of May 2020) (13). This does not mean that COVID-19 deaths should be trivialised, but given the scarcity of resources available in a developing country, trade-offs should be considered wisely. Finally, the virus may have already spread unnoticed in many emerging economies, highlighting the potential existence of many immune people, and making lockdowns irrelevant.

Conclusion

It might seem logical to fight a pandemic by going into lockdown, and while some may be happy to suffer the short-term inconveniences of isolation, doing so will impose high economic and social costs. To reduce these costs, immunity must be recognised as a growing resource that should be certified with immunity certificates. Focusing on rational policy responses is particularly relevant for emerging economies as they have a unique advantage due to their relatively young populations. Such an opportunity should not be squandered.

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3

Economic Vulnerabilities and Power Shifts in a Post-COVID-19 World

Dhruva Jaishankar

It is by now clear that the COVID-19 pandemic will have a wide-ranging impact on the world. While it is impossible to predict with any certainty the scale and spread of the coronavirus, let alone its impact on international economics, politics, and society, it is possible to systematically identify areas of potential vulnerability for the world's major economies.

The unpredictability of the effects of the virus on international politics is in part due to the multiple stages required in any reasonable analysis. The first level of analysis is the virus itself, its effects on global public health, and immediate countermeasures taken by various national and subnational governments to stem its spread and lethality. The second is the economic effects, particularly for major economies such as the US, China, and the European Union, but also for major developing economies (such as India) and vulnerable smaller economies. The third is what effects the coronavirus will have on domestic politics, including the consolidation or weakening of political leaderships, possible leadership transitions, and social cohesion. The fourth is what results will shape international security dynamics, whether accelerating pre-existing trends or reversing others.

Assessing Future Power Trends

International political power derives in no small degree from economic power, and the last three decades have witnessed a considerable shift in this regard, reflected in **Table 1** below. As the power differential has narrowed between India on the one hand, and the US, Europe, and Japan on the other, it has widened relative to China. With Russia, it has swung back and forth, as a consequence of Russia's susceptibility to energy price swings and Western sanctions imposed from 2014 onwards.

The coronavirus pandemic will affect future trends in several ways, although the effects will vary widely from country to country. First, transnational exchanges (globalisation) will be disrupted, including trade, travel, and foreign investment. Second,

PROPORTIONAL COMPARISON OF NOMINAL GDP	India	China	USA	E3 (GERMANY + FRANCE + UK)	JAPAN	RUSSIA
1990	1	1	18	12.5	10	n/a
2000	1	2.5	21.5	10.5	10	0.5
2010	1	3.5	9	5	3	1
2019	1	5	7	3	1.5	0.5

(Notes: All figures from IMF World E Economic Outlook, with proportions rounded to the nearest 0.5.)

financial markets will take a hit as investor confidence suffers, resulting in the tightening of capital flows around the world. Third, consumer spending will fall, due in large part to countermeasures (such as lockdowns and travel restrictions) imposed by governments. Fourth, manufacturing output will suffer as a consequence of the previous three factors, although there will be significant variation from sector to sector. Fifth, energy consumption will decline, initially temporarily and possibly on a longer-term basis.

Governments will have several tools to try to resuscitate their economies from these effects. These will include (a) fiscal stimulus packages, (b) monetary stimulus measures, and (c) changes to industrial policy. The US and Japan may rely primarily on the first two, as the US government has limited control over industrial policy, while Japan's attempts at industrial reform under the Shinzo Abe government have been frustrated. The European Union as a whole only has monetary stimulus as an option, although individual member states (particularly Germany) are capable of fiscal and industrial steps. Weaknesses in Italy and Spain, which have been particularly hard hit by the COVID-19 pandemic, could prove limiting. Among the major economies, only China has all three tools at its disposal, although excessive debt by state-owned enterprises will hamper these efforts (1).

The table below outlines in **bold** areas of potential vulnerability for each of the major economies; figures in *italics* indicate areas of relative comfort or resilience. As the table suggests, India is moderately placed on almost every criterion, with neither excessive vulnerabilities relative to others nor major causes for complacency. While Indian government spending appears low (suggesting room for fiscal stimulus measures), India's low tax base, considerable government debt, and low credit rating erode this apparent advantage. Another area of some promise is India's current account deficit; the pandemic offers an opportunity to redress this, both through the falling cost of commodities (especially energy) and the possibility of a manufacturing boost.

	CURRENT ACCOUNT BALANCE	INVESTMENT	CONSUMPTION	MANUFACTURING	GOVERNMENT EXPENDITURE	GOVERNMENT DEBT	FOREX RESERVES	COFER	NET ENERGY IMPORTS
China	0.01	0.43	0.53	0.29	0.35	0.56*	0.22	0.02	0.15
France	-0.01	0.23	0.77	0.10	0.56	0.99	0.07	0.15	0.44
Germany	0.07	0.22	0.72	0.20	0.45	0.59	0.06	0.15	0.61
India	-0.02	0.31	0.71	0.15	0.27	0.7	0.16	n/a	0.34
Japan	0.03	0.25	0.75	0.21	0.37	2.38	0.26	0.12	0.93
Russia	0.06	0.23	0.67	0.12	0.34	0.17	0.34	n/a	-0.84
UK	-0.03	0.16	0.84	0.09	0.38	0.86	0.06	0.19	0.35
USA	-0.03	0.21	0.82	0.11	0.36	1.06	0.01	0.31	0.07

(Notes: All figures based on latest available data from World Bank and IMF. All figures adjusted to GDP = 1, except net energy imports where total energy consumption = 1. COFER is composition of global foreign exchange reserves; figures for France and Germany adjusted to their weight in eurozone. Reserve holdings in rupee and ruble are negligible. China's government debt figures (*) are likely understated, as they do not include debts of state-owned-enterprises.)

Priority 1: A New Industrial Policy

What are the takeaways for India? The most important is the need for an industrial policy for the post-coronavirus world. The immediate aftermath of the COVID-19 pandemic presents a once-in-a-generation opportunity to implement an industrial policy on a national scale, akin to what the US did in the 1940s and 1950s, and what China accomplished in the 1980s and 1990s. This will only be possible through a series of far-reaching measures, given the significant disparity between India's states and limited room for fiscal manoeuvre. Identifying key manufacturing outputs as national security priorities; providing tax incentives, land acquisition potential, and single-window clearances to those planning to manufacture in these areas; improving the secondary debt market to enhance investment; boosting government spending on R&D in critical areas (for instance, health research); and incentivising STEM research at higher education institutions will be necessary. Critical physical infrastructure (highways, rail, ports, high-speed data) and the instruments of national security (defence, cyber, space) offer additional priorities for such a national industrial policy.

Priority 2: Managing China's Rise

A second priority will require observing China's recovery and response, given its economic and strategic weight. China's economy is particularly susceptible to declines in foreign investment, manufacturing, and export markets. Declines here could challenge the credibility of the Chinese Communist Party, which explains in large part Beijing's attempts to shift the narrative focus in its political messaging. Should Beijing implement a full range of measures to stimulate economic recovery, as appears likely, this would artificially inflate growth over the near-term future. At the same time, other countries' attempts to disincentivise investment into China and increase barriers to market access on national security grounds will negatively impact its medium-term growth prospects. There are already signs that several countries, such as Japan (2), are seeking to diversify manufacturing supply chains away from mainland China through tax incentives and external development assistance. The US and Europe are also considering (and in some cases implementing) measures to raise technological barriers, including in critical technologies such as 5G telecommunications and quantum computing (3).

In China, perhaps, more than other major economies, economic performance is tied closely to political sensitivities and security policy. Consequently, there will be inevitable concerns about diversionary tensions (4). India experienced this firsthand in 1962 in the wake of the disastrous Great Leap Forward. This is at a time when tactical cooperation between India and China is necessary to address the immediacy of the coronavirus pandemic. Managing these multiple challenges will require India to continue its positive engagement with China, as began in Wuhan in 2017 (5), while accelerating cooperation with balancing powers in the wider region to hedge against various possibilities. An acceleration of India's 'Act East' and 'Indo-Pacific' policies—within perhaps more limited means—is, therefore, an inevitable consequence of the coronavirus pandemic. This will involve (a) deepening physical, economic, and energy connectivity with South

and Southeast Asia through aid projects, non-reciprocal agreements, and regional cooperation, and (b) improving defence partnerships—information and intelligence exchanges, interoperability, and capacity building efforts—with the likes of the US, Japan and Australia, as well as ASEAN member states.

Priority 3: Bilateral Relations with the US

A third priority will necessitate tracking developments in the US. The US, which could end up with the largest number of COVID-19 infections and deaths, has ended the longest period of economic growth in its history. Its economic indicators—including unemployment and the stock market—have already faced severe downturns. But as the US has experienced shocks of this nature before, it can be expected to witness an eventual recovery, likely gradual, helped both by a massive stimulus and buttressed by the strength of the dollar. But the dip will present challenges for India, both in seeking investment from the US and possible complications resulting from a potentially restrictive immigration regime. Bilateral commercial consultations that can identify avenues of mutually beneficial post-COVID-19 economic cooperation will be urgently needed.

Moreover, COVID-19 will have uncertain effects on US politics. US President Donald Trump initially received a boost in approval ratings as the crisis hit, followed by a small slump. Joe Biden, who is the presumptive Democratic presidential nominee, leads Trump in national polls. However, the margin is, in fact, a lot closer than national surveys imply: polling in key swing states and the demographics of likely voters suggesting that Trump may enjoy an edge in the Electoral College (6). The pandemic will also disrupt important Congressional races. While India is unlikely to be adversely affected by either the presidential or congressional elections, it will be important to engage with key stakeholders across the political spectrum, including campaign advisors and legislative leaders, on the panoply of issues that are vital for Indian interests.

Priority 4: Energy Transformations

Finally, although there will be many other effects for India—major and minor, global and regional—that are harder to anticipate, a mixed blessing will involve the medium-term suppression of commodity prices, especially energy (7). On the positive side of the ledger, the fall in energy prices will significantly reduce India's current account deficit. It would also result in opportunities to streamline subsidies and, thereby, free up fiscal space for other vital investments, as occurred to some degree during a prior fall in energy prices in 2014-2015. Such investments could include capital expenditure in defence, which faced constraints in 2020-2021, as well as foreign assistance, which will be in high demand worldwide and if targeted strategically, could confer long-term benefits for India. Additionally, it would help keep inflation low, a small consolation to consumers and households. Overall, depressed fossil fuel prices could be used as an opportunity to accelerate India's energy transition to liquified natural gas, which ought to feature in bilateral discussions with major suppliers such as Qatar, the US, Russia, and Australia. At the same time, prioritising solar energy components—an area of supply chain

vulnerability for India—will be necessary for the future of the National Solar Mission, as part of long-term energy security plans.

But there are also various negatives associated with lower energy prices. Energy accounts for a large number of Indian excise duties, and this could contribute to further to existing fiscal pressures. Plans by the government for disinvestment or for assisting stressed public sector enterprises (such as energy distribution or fertilizer companies) will now be further complicated. Furthermore, many Indians working overseas, as in the Gulf, are dependent for employment (directly or indirectly) on the energy sector. A long-term collapse in oil and gas prices will therefore adversely affect Indian overseas jobs and the inflow of remittances, of which India is the largest recipient (8). Given the scale of Indian migrant employment in these regions, the consequences ought to constitute a strategic priority.

There is no question that the scale and spread of COVID-19 will mean economic setbacks across the board. But, as during the 2007-09 global financial crisis, some actors will emerge relatively better off than others. If India seeks to bounce back relatively strongly, while guarding against further adverse implications (including security), it will have to consider the wide range of possibilities along a few key dimensions.

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4

Doctors as Storytellers

Nikhila Natarajan

On 5 May, Dr Muge Cevik, a researcher at the University of St Andrews, began writing a 20-part thread on Twitter, about the “transmission dynamics” of COVID-19 (1). The 21st and 22nd tweets are an “addendum” and “conclusion,” certainly not the irreverent lingo that is often a signature ingredient for virality. Even weeks after Cevik’s post, applause for her thread continued to ring loudly—with thousands of likes and retweets and hundreds of replies. A medical microbiologist even hailed Cevik’s dispatch as the “best thing” he “read on Twitter during the entire outbreak” (2).

The disastrous interplay of information lags, air travel and business as usual, which unchained the pandemic, was soon followed by a social media outpouring of iterative medical knowledge and clinicians’ anecdotal findings, creating a virtual water cooler space for more than just the medical community. This is a striking reversal of what doctors are trained to do, yet precious because it functions as a fluorescent sign on a stormy night—the electronic notes of millions of doctors flashing brightly for the world to see, new ones stacking up seamlessly on top of the old, helping us all make sense of the new reality. Wisdom from doctor-led tweetstorms has quickly become part of official recommendations, Zoom-powered seminars and research papers.

Since late February, 7,000 research papers on the coronavirus pandemic are either in the pre-print or peer review stage of publishing. *The Economist* reports that a fifth of these papers has come out in the first week of May alone (3).

In the US, the COVID-19 communications war room is not inside the White House. It is on medical Facebook, Twitter, Instagram and YouTube.

With zero planning, doctors have somehow aligned with the gold standards of crisis communication as they take on the role of the US’s unofficial spokespersons. Their messages address underlying concerns, not merely the ‘gotcha’ questions that preoccupy beat reporters at the White House’s chaotic briefings. Clinicians on Twitter have at least three messages for each concern, and their words are almost always backed by proof, not just a headline-grabbing statement.

All this is happening even as doctors have raised concerns over navigating issues

with computer software at their workplaces (4). Doctors working with highly computerised medical systems have complained that it is often harder to piece together a patient's history on a computer than leafing through a paper trail.

Medical Twitter is sweet revenge.

"Doctor and patient are sharing a history-making experience, and just as there are allegedly no atheists in foxholes, there seem to be few strangers in catastrophes," said Dr Michael W Kahn (5).

Kahn was not referring to social media platforms but more to the peeling away of layers of formality because of a "shared vulnerability to the crisis."

"The story continues to unfold, but I think that among the many unknown — and potentially positive — outcomes of the pandemic, one may be the more widespread realisation that "acting like a doctor" ideally involves less acting and more authenticity," writes Kahn.

Talk about product-market fit. It is an awkward yet real moniker for the microcultures of loosely structured medical communication on social media that are filling a vacuum left by the state.

All crises create information voids. Filling that with silence or with speedy information is fraught with risks. Yet, silence is much worse than responding to crises (6).

According to W. Timothy Coombs, the larger the amount of ambiguity surrounding a crisis, the greater its uncertainty (7). "People are drawn to and have a need to reduce uncertainty," he said, speaking of fears that manifest as question marks. In the COVID-19 scenario, those questions envelop us all. When will the lockdown end? When can I travel? What do we know about asymptomatic cases? Should I wear a mask even if I am getting some fresh air out on the balcony? Where can I get tested?

Some governments, like in India, moved at lightning speed and cranked out mobile technology-led solutions to answer these questions. India's official COVID-19 WhatsApp chatbot was built in a record time of five days, launched in late March, and had over 30 million user engagements by mid-May. Around the same time, Aarogya Setu, India's contact tracing app launched in April, has been downloaded more than 107 million times in a country with a smartphone user base of about 500 million (8).

Meanwhile, in the US, contact tracing is still in the realm of whataboutery. Personal political leanings have become the deciding factor in whether to mask up or not.

"How can a country that has required you to take your shoes off at airport security for a 2001 foiled attempt without a single person hurt be the same one that has no systematic plan to address >73,000 Americans dead, >1.2 million confirmed cases?," asked Dr. Eric Topol on Twitter, spawning 3000 retweets in 12 hours (9).

As the White House's almost comedic routines spiral out of control, scientists have seized the reins of public communications from every corner of the world. What they throw into the ring has generally stayed true to what the US Centers For Disease Control and Prevention calls the single overriding health communication objective (10).

Long before US President Donald Trump's oddball comments on masks (11), medical Twitter had kicked in with calls for mandatory mask-wearing and stay-at-home orders. Thus, there were two storylines on American news television—the doctor's version, which played on loop until the sun went down, and then the White House briefings that often

dragged on for hours. The second storyline had freestyle advice on hydroxychloroquine, azithromycin (“Z-pack”) and other untested potions touted to make the coronavirus “disappear” so miraculously, it would be “beautiful” (12).

The American public has taken its cues from the cracks in between the flood of medical tips and the daily follies of political decision-making. The resulting decisions are becoming political statements in themselves—wearing a mask in the US is a sign of which side you’ve picked in the scientists versus naysayers culture war playing out across the country.

Equally, patients and caregivers are also letting it rip.

“My husband died on 1 May and his Dr called me less than 2 hours ago & said it was the coronavirus. He was an avid MAGA that believed in the conspiracies promoted by Fox News & others, refused to go to the hospital because he said “the flu is worse”, a Twitter user wrote (13).

This victim’s attitude towards COVID-19 tracked with the Trumpian method—no masks, a fascination for azithromycin and parroting the pet talking points of a leader utterly out of depth in a health emergency that has killed more than 95,000 people by 22 May.

Even within the White House policymaking corps, National Institute of Allergy and Infectious Diseases chief Anthony Fauci and US coronavirus task force coordinator Deborah Birx, two of the US’ foremost medical figures, have reined in Trump on the odd occasion with their brand of teaching moments in data-led storytelling.

Trump’s plan to open the US economy around mid-April was soon discarded after Fauci and Birx showed the president their charts. “Dr. Debbie Birx and I went into the Oval Office and leaned over the desk and said, ‘Here are the data, take a look.’ He just shook his head and said, ‘I guess we got to do it,’” Fauci explained (14). The Fauci-Birx charts refer to predictive models showing millions of deaths if there was zero mitigation in place.

Birx has found ways to warn Americans about the virus in deeply personal terms. As Americans grappled with social distancing norms, Birx shared the story of her grandmother Leah who “lived with a lifetime of guilt” because she caught the flu at school and brought it home to her mother who had just given birth. Leah’s mother died of the flu—one of an estimated 50 million worldwide who died in the 1918 influenza epidemic. “I can tell you, my grandmother lived with that for 88 years,” Birx said, adding, “This is not a theoretic. This is a reality” (15).

Fauci, who has advised every US president since Ronald Reagan, now has legions of fans as he rocks Instagram and YouTube and linear TV all at once. Fauci’s 30-minute Instagram conversation with basketball star Stephen Curry has become a yardstick for jargon-free public education (16). The image of the wealthy, infected celebrity is no longer the barometer for this transformational moment. In our altered universe, that frame belongs to stoic, sleepless, math-y kind of folks in scrubs.

Doctors, nurses, frontline healthcare workers, caregivers and patients are bubbling into our screens not merely in their work avatars but as surrogates for the anxious commoner, co-creators of medical gear and storytellers working on the cliff-edge of a pandemic.

Real-time research is all there is to COVID-19 literature. Doctors who are willing to get comfortable in an unusual space between hard evidence and chatter are emerging as our go-to resources in a tumultuous moment.

By 21 May, the US was still reporting 25,294 new confirmed cases and 1,263 deaths. “What flattening!,” asked Dr Krishan Kumar, speaking from Coney Island Hospital in Brooklyn where he works in the emergency room. “How can I be sure that I did not have COVID19?,” he asked, his voice tired from the grind. He explained how the COVID-19 virus can easily slip through the N-95 and how tough it is to work with masks and visors on. “It’s hard! You don’t get enough oxygen!” (17).

Shaken by their high-risk exposure to the virus, the lack of personal protective gear and incredible physical strain, the medical community is bringing us information from where cameras cannot go and where people are saying their final goodbyes in utter isolation. Doctors and nurses are showing us a mirror to our interconnected vulnerabilities; they have shattered the illusion that the US was ready for the outbreak.

Medical lingo is enjoying a breakout moment. When was the last time words like ‘comorbidities,’ ‘immunocompromised,’ ‘viral load factor,’ ‘attack rate,’ and ‘underlying conditions’ were the stuff of wildly popular social threads for days on end? The medical is now everyone’s personal, and mighty governments are bowing to the medical community’s collective wisdom.

For all the flak that social media platforms got after the 2016 US Presidential elections, the COVID-19 pandemic is showing that Twitter, Facebook, YouTube and others are journeying back to their original promise of helping communities organise. Twitter announced on 11 May that it would start alerting users when a tweet makes disputed or misleading claims about the coronavirus (18). The new rule is the latest in a wave of stricter policies that tech companies are rolling out to confront the outbreak of coronavirus-related misinformation on their sites. Facebook (19) and Google, which owns YouTube (20), have already put similar systems in place. Responsible voices are breaking through and helping the world shorten turnaround times on understanding a crisis in real-time.

Urgency oozes from a Stanford doctor’s tweet asking for best practices for “last resort” homemade masks. “Sewing patterns? Evidence? Filter pocket? Materials?,” she wrote (21). Stumbling out of red-eye shifts, medical residents are penning quick notes to the world. The US’s best and brightest medical professionals are pushing back on their president’s favourite platform. “If you don’t solve the medical crisis, you will not solve the economic crisis. #Buyustime,” Pulitzer Prize-winning oncologist-writer Dr Siddhartha Mukherjee tweeted (22). “The 15 day quarantine plan is a disaster,” he wrote, when Trump rage-tweeted on re-opening (23).

When governments said masks were not needed, practising physicians demanded everyone in the hospital, not just first-line staff, wear it. When schools stayed open, the community took over, driven to action by the numerous posts by doctors or nurses. The distance between doctors and the masses has rarely been smaller than it is now.

Doctors-turned-storytellers have taken their sophisticated writing to the masses, and we are all the better for it. Their questions tell us how much we do not know, and we, in turn, are filling those gaps with obsessive hand washing, mask-wearing and disinfecting—

actions that make us all safer. Can we quantify the increase in risk for higher exposure to the COVID-19 virus? What about the severity of the initial exposure? How much of a role does the first hit play in how ill the patient becomes? Is there data on how the virus moves through the body? How much of the Singapore-Hong Kong policy is essential to flatten the curve elsewhere? Even as we absorb the meaning of these unknowns and evaluate our options for the micro-moments of our lives, our social feeds turn surreal again with stories of death and violent illness.

As we turn inwards and find new rituals, our hands, more shrivelled each day from excessive washing, find new storytellers inside glowing rectangles.

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5

Bend it Like Kerala: How an Indian State is Holding its Own Against COVID-19

Oommen C. Kurien

It was around this time in 1985 when the Rockefeller Foundation organised a major conference in Bellagio, Italy, to explore how regions with low incomes could achieve health indicators like high-income countries. Called ‘Good Health at Low Cost,’ the conference was based on four case studies—China, Sri Lanka, Costa Rica, and Kerala from India. Experts concluded that good health could be accelerated by a political commitment to equity, high levels of education, especially among women, and robust primary health systems (1). About 35 years later, the coronavirus pandemic has seen history repeat itself, with Kerala being universally praised for fighting the virus with low-cost tools, but with stellar results, unlike most other parts of the world (2).

As late as mid-February, the Union health ministry had said the situation in the country was “under control,” and states were asked to remain alert and vigilant with efforts to generate community-level awareness taking centre stage. Passengers were being screened for COVID-19 symptoms in 21 airports, 12 major seaports and border crossings across the country. According to ministry communication, by 11 February 2148 flights and 232,613 passengers from China and other countries were screened (3). Despite China’s initial reluctance, on 1 February, India managed to evacuate, hundreds of its citizens who were stranded in Wuhan due to the outbreak. Throughout February, India had only three COVID-19 cases, all reported from Kerala.

Given this context of a general sense of confidence bordering on complacency, Kerala’s strong response to COVID-19 has been remarkable. The state has been publishing daily updates about quarantine, tests and hospitalisations (4). Given the close linkages between Kerala and Wuhan, even after two out of every three patients recovered from COVID-19, hospital-based and community-based quarantine efforts were actively continued in the state (5). Of the 11,500 individuals under community surveillance in 34 states and union territories across India by mid-February, around one-third were in Kerala alone (6). On 7 February, the Kerala government withdrew the ‘state calamity’ warning it had issued previously in the wake of three COVID-19 cases, as no new positive cases were detected despite active surveillance. Although the Centre suggested a 14-day quarantine period,

the Kerala government continued quarantining people for 28 days as a precautionary measure.

In early March, the alarm bells had not yet started ringing in the country. India had only six confirmed cases, three of them in Kerala. “Things have changed. We now need to be worried about community spread,” said a former health bureaucrat from Kerala while speaking at a public event hosted by the Observer Research Foundation and the Chinese Consulate in Mumbai. He was referring to the spread of the novel coronavirus in the Middle East and how it meant trouble for Kerala and India.

Until 10 March, travellers from no European country other than Italy were screened at Indian airports, and until 16 March, travellers from no Middle Eastern country other than Iran were screened.

Within a few weeks, the nationwide number had increased to 17,000, with several cities, including Mumbai, reporting thousands of cases and several hospitals shutting down in panic (7). Over the same time, Kerala—a relatively prosperous state—would start to “flatten the curve.” The “Kerala model” is already being held up around the world as a success story (8). How did it do it?

Kerala Model

First, Kerala started from a strong baseline. Its socio-economic development is an example of what investments in human capital can do for poverty reduction and prosperity. Compared to the rest of India, it has vastly higher literacy rates (9) and better health outcomes; its vibrant polity is often dominated by communist rhetoric, but the policies remain moderately social-democratic. Some of its strengths are also weaknesses: skilled workers are the state’s major export, and the state receives more remittances from abroad (10) than anywhere else in India, much of which comes from the Middle East. Kerala is also a large tourism hub. These are two factors that expose inhabitants to a greater risk of transmission.

The first three confirmed patients in Kerala were Indian students living in Wuhan who had returned home during the Chinese New Year (11). However, the following weeks saw a high number of infections in the state, and the confirmed number of cases increased to more than 100 by 24 March (12). Kerala, by then, had one-fifth of Indian cases, despite having only 2.5 percent of the country’s population. By 1 June, Kerala has under 0.7 percent of the Indian caseload.

The reason Kerala has managed to come out to the other side so quickly is because of its strong public health system, clear risk communication and community participation. What doesn’t get discussed often is that Kerala has one of the most privatised health systems in India. However, it has led to a healthy division of labour between the public and the private sectors. Public health functions are given a lot of government attention, and this very decentralised system has withstood the test of two serious floods and another viral outbreak in recent years, often making good use of the voluntary and active engagement of the public.

Kerala’s efforts to address the pandemic had started as early as January. Indeed, its experience in dealing with the Nipah outbreak in 2018, a virus that had neither treatment

nor vaccine available, came in handy (13). Learning from this episode, which saw a high proportion of hospital-acquired infections, the system had effective protocols in place and stuck to the time-tested strategy of case isolation and contact-tracing, combined with an alert community surveillance system. Tens of thousands of people were placed in home quarantine this time, with compliance made possible via a mix of phone-based monitoring and neighbourhood watch initiatives.

A severe lockdown was implemented before the national one. Schools were shut, gatherings were banned, a stricter and longer quarantine than the national norm was deployed, and a few pious people who still insisted on praying in groups were arrested. But it was not just a China-like iron fist that drove the actions of the Communist Party-led government. It was matched by socially valuable outreach policies. Supplies were home-delivered, midday meals from schools were sent to the children even when schools were shut, regular and clear communication channels were established to dispel fake news, migrant labourers from other states were well taken care of, and mental health helplines were established across the state. The “break the chain” campaign to limit the COVID-19 spread was particularly successful (14).

When unexpected events—like a family from Italy skipping airport screening in Pathanamthitta, or the many returnees from the infamous Nizamuddin incident—potentially exposed hundreds of people to infection, thousands of state-employed health workers and volunteers equipped with maps and flowcharts conducted aggressive contact-tracing and brought the situation under control. Kerala’s has been an all-of-government, all-of-society approach, with even students chipping in, building walk-in kiosks to take samples, inspired by the South Korean model. In addition to using the centrally procured real-time polymerase chain reaction testing kits, Kerala was the first state to procure rapid test kits from the Pune-based Mylab.

The Way Forward

For most people, COVID-19 is a mild infection that can go away without treatment and can, therefore, be missed easily. It is deadly for the same reason. As rich, muscular hospital systems across the world—which have opted for a spaghetti western-style standoff with the coronavirus—are quickly getting overrun, perhaps there are lessons to be learned from the nimble-footed, community-oriented, cautiously aggressive approach that Kerala opted for, with great initial results in terms of slowing the spread and limiting deaths.

Through the last few months, it was learnt that the real success of a health system is whether it is able to protect the old and the infirm, and the true indicator of the spread of the pandemic is the number of deaths. Kerala has done remarkably well on both counts, part chance but mostly hard work. For a state that had its first patient in January, the profile of patients (more than 90 percent of under 60 years old, thanks to social-distancing protecting the old) as well as the number of deaths (just 10), are nothing but impressive.

Two districts from Kerala, Pathanamthitta and Kasaragod, are now seen as models of containment. With India’s COVID-19 cases and deaths increasing substantially, thankfully, there have been other Indian districts that deployed innovative and aggressive strategies to contain the spread like Bhilwara in Rajasthan and Agra in Uttar Pradesh

(15). However, the situation remains dynamic, and some of the gains Agra made initially were lost in a surge later.

While the curve has been flattened for now and transmission limited, the fact remains that Kerala is also riding the tiger of a strict economic lockdown with the rest of the country, and deriving temporary benefits. Kerala, along with the rest of the country, has lifted many of these restrictions and more will follow. How it manages to climb down safely from the strict lockdown will depend on many factors. The summer monsoon rains, the floods that will follow, as well as returning migrants will add layers of complexity. But one thing is clear: when the next wave of the novel coronavirus hits, which it will, the state will be ready.

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6

Coexisting with COVID-19: Saving Lives and the Economy

Samir Saran

Note: India went into its first phase of a nation-wide lockdown from 25 March to 14 April. Since then, three more lockdowns have been imposed. From 8 June, India has officially started slowly 'unlocking' in phases.

Even before the end of lockdown 1.0 on 15 April (and the start of the second phase), the refrain 'test, test, test' was heard across the country as questions were beginning to be asked regarding the effectiveness of shutting down the entire economy when the spread of COVID-19 was unclear due to lack of robust testing. While the lockdown was slowing the spread of the novel coronavirus, the economic cost was being borne disproportionately by daily wagers and vulnerable groups. This essay, originally written on 12 April, details both the positives and negatives of the situation India was in at this juncture of the pandemic.

Experts at India's Ministry of Health and Family Welfare published a paper on 9 April looking at 41 sentinel sites across the country. It revealed that of the 5,911 severe acute respiratory illness (SARI) patients tested since 15 February, 1.8 percent have tested positive for COVID-19 (1). Of those who had tested positive, 39.2 percent did not report international travel or any history of contact with a known patient—clearly indicating that at least parts of India are likely in the stage of community transmission. By itself, this is neither unusual nor surprising—it is indeed the nature of pandemics to take root in communities over time.

A total of 179,374 samples from 164,773 individuals have been tested as of 11 April 2020 (2). Just around 7,703 individuals have been confirmed COVID-19 positive (3). India is testing just over 17,000 samples per day (4), which is inadequate given the vastness of the country and the current spread covering almost half the districts. This means that the true scale of the spread remains unknown and most areas remain potential breakout zones. The spurts that we are witnessing in cities like Mumbai, Delhi, Jaipur, Indore, and Ahmedabad are cause for deep concern (5).

Despite efforts over the past few weeks to give it a boost, India's healthcare delivery capacity remains limited. According to the government, an order for 49,000 ventilators

has been placed in view of the low numbers that exist within the system, but it is unclear by when they will arrive and be distributed among the special centres created for COVID-19 patients (6). The government has acknowledged the need for “rapidly ramping up” (7) the number of coronavirus-testing facilities, personal protective equipment, isolation beds, ICU beds, ventilators, and other essential equipment. This only serves to highlight the fact that the current levels of healthcare facilities will not stand a chance of coping with a sudden and huge surge. Hence, a national lockdown was, and remains, the only option since any widespread community breakout will overwhelm medical infrastructure.

If we go by what has been officially stated, more than half of India’s districts are yet to record a single case of COVID-19 (8). But the virus may have made its way to many of these districts. Whether or not this is true will only be known through increased testing, which has not happened and is something that needs to be rectified with alacrity.

India has no doubt responded strongly and decisively to the crisis by opting for a countrywide lockdown. According to the Oxford COVID-19 Government Response Tracker database’s Stringency Index, on 25 March, India was the sixth country to opt for a complete lockdown and achieve a stringency index score of 100 (9). Yet, the fact remains that the lockdown is a blunt instrument. A country like India cannot afford to indefinitely extend it across regions when a clear assessment of the risk of community spread is impossible for lack of information.

The lockdown, as we have it now, has virtually brought the national economy to a grinding halt. This hurts the informal workforce, micro-businesses, and unorganised labour the most and is bound to have long-lasting implications. The use of a nationwide lockdown, instead of a fine-grained approach, was a forced hand because of the impossibility of conducting local level assessments of the spread. The cost of not testing smartly or widely enough—whatever the reason—is, unfortunately, being borne disproportionately by daily wagers and vulnerable groups.

We can only hope that the experts the government is consulting have briefed the political leadership of the lessons learnt—nationally and globally—over the past months. And that in the next week or two, we will not be blinded by lack of information or intent, or be limited by tentativeness of action. One must make it clear that full marks need to be given for the stringent 21-day lockdown: It was the need of the hour.

However, as of now, we have failed to capitalise on the time advantage the lockdown has given us. We need to think on our feet, tap into every resource possible, and formulate an exit strategy rather than make the poor pay for an overburdened system’s lack of agility. We also need to prevent value destruction on account of unimaginative policy.

This is the moment to embrace talent from outside the confines of government and infuse economic policy with ideas to reignite the Indian economy and tell the world that the India Story is far from over. Prime Minister Narendra Modi must seize the moment.

Various assessments of the post-pandemic world suggest that there is a real threat of gains in poverty reduction being reversed on account of COVID-19’s impact on the global economy. India would not remain untouched if this were to happen. We need to act now to mitigate the impact of the blow even if we cannot avoid it entirely.

India is an outlier in terms of the scale and extent of the lockdown. Over the next fortnight, we should aggressively try and map the spread of the virus using methods

such as countrywide sample testing or pooled testing (10). It is encouraging that States like Maharashtra are currently considering such strategies. We need to come up with a blueprint for a staggered approach to get us out of the unsustainable country-level total lockdown.

India cannot be a country in suspended animation, waiting for a miracle to happen. For, a miracle will not happen, no matter how hard we pray for it. That is not how killer viruses run their course. That is not how the COVID-19 pandemic is playing out globally. A pragmatic and scientific approach is the only way out of this seemingly impossible maze; that's how you win a game of Chinese Checkers.

Three stark comparisons have emerged in the past two weeks. Statistically, despite its limited health infrastructure, India has done better than most others—especially advanced nations in Europe and America with fabled health services—in terms of infections, hospital admissions, ICU crowding, and fatalities.

Second, India has witnessed strong cooperation between the Union government and state governments (health is a State List subject, a fact often forgotten or unknown to commentators) and there has been bipartisan support for the measures initiated by the prime minister. In other democracies, bitter partisan politics over COVID-19 have been on display.

Third, India is the only large economy where a lockdown has been accompanied by the near shutting of the national economy, resulting in an unprecedented disruption in jobs, productivity, and revenue.

If prevention is the primary tool India has adopted, then a blanket lockdown cannot be the only instrument we use. Tech and data-driven mapping of senior citizens and those people suffering from non-communicable diseases has to be extensively conducted. Everything from Aadhaar and municipal data to digitised hospital records need to be scanned to figure out exactly who must stay home—and will need to be assisted in this regard—and who can be permitted to return to a less-restrictive, soft-lockdown work environment. Community health workers must be deployed for aggressive mapping of villages and urban settlements for the invisible elderly, and chronically ill-finding those who do not exist in any current electronic health record is key. Of course, this has to be a 'privacy-sensitive' exercise.

We have seen the skilful deployment of the lockdown by all, but this policy hammer has not been accompanied by a sharp economic respite. Experts from India and abroad seem to converge on the idea that spending is necessary, and that money deployed must reach its intended goal within a specified timeframe. These goals must include lifeline protections, support for supply chains and demand stimulation, and wealth protection. While the central government must focus on the macro instruments and agencies, its energy must now also be directed towards protecting capital. The state governments must partner with specialised institutions to respond to local challenges that are contextual and individual and, in such instances, community programmes must be implemented.

It could be argued, and correctly so, that human lives matter more than the economy which can be rebuilt. While this sentiment may sustain popular support for strong measures to control and rollback the pandemic, it will not obviate the need to address serious concerns linked to the economy which sustains livelihoods and, hence, life itself.

This is why a staggered exit from the lockdown, accompanied by stepped-up testing to cover every district, is necessary. A containment policy has been drafted and is already being implemented by several states after identifying 'hot spots'. There is across-the-board agreement on what must not be done—namely, resumption of inter-State travel by plane, train, or bus.

What we need now is an agreement on what can be done. This list must include the immediate resumption of agricultural activity (harvesting cannot wait for too long); restarting of certain micro, medium, and small enterprises so that the impact on jobs and income disruption is minimal; and resumption of basic economic activities like reviving stalled supply lines and retail services to ensure the looming crisis of essential goods is avoided while 'social distancing' remains in place. In the next stage, resumption of other activities like construction and reopening of some commercial and trading entities can be considered. Industries must then begin to operate under a special safety protocol which will ensure protection.

If the challenge of shutting down India was huge, the challenge of reopening India would be bigger. But India cannot, and must not, remain shut down for longer than what it takes to get its act together. Lives matter; so does the economy. Let's not force ourselves into a corner where we have to make a false choice.

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A Viral Paradigm Shift

7

Key Measures to Address and Mitigate COVID-19 in OECD and BRICS Countries

Antonina Levashenko, Kirill Chernovol and Alexandra Koval

No matter what approach is used to identify the potential impact of the COVID-19 pandemic on global and national economies, the prognoses are not optimistic. According to the OECD, with the temporary shutdown of companies and the various containment measures, the most adversely affected sectors seem to be travel, hospitality, non-essential construction work and, to a smaller extent, manufacturing (1). Together, the affected sectors account for between 30-40 percent of total output in most economies (2). Allowing for only partial shutdowns in some sectors and assuming a similar extent of shutdown in all countries, the overall direct initial hit to the GDP levels will likely be between 20-25 percent in many major advanced economies (3). For BRICS countries, the OECD predicts a GDP decline at constant prices of over 20 percent in Brazil and India, 23 percent in Russia, about 19 percent in China, and 17 percent in South Africa. These numbers represent the potential initial impact on activity from partial or complete shutdowns. However, in China, the peak adverse impact on output is already past, with some shutdown measures now eased (4). Still, such predictions call for governments to take measures to prevent the most adverse and long-lasting consequences on their economies caused by the current global epidemiologic circumstance.

Health Systems' Response

Arguably, health systems around the world are facing the most severe immediate challenges while containing and mitigating the spread and infection rate of the coronavirus. Beyond containment, there is an intense need to provide additional measures, including financial and research and development (R&D), to ensure proper treatment and efficiently reduce the pressure on healthcare systems.

Several countries, such as France and Russia, have mobilised their “sanitary reserves” to increase the number of healthcare workers by inviting retired health professionals and students in medical and other health programmes to volunteer (5). In India, an

emergency health fund of INR 150 billion (US\$2 billion) was announced to treat COVID-19 patients and strengthen the healthcare infrastructure, including rapidly ramping up testing facilities, and availability of personal protective equipment, isolation beds, ICU beds and ventilators (6). The Russian government has also adopted measures like paying bonuses to medical professionals for working with infected patients, allowing over-the-counter medicines to be purchased online, as well as boosting medical equipment and facilities (7).

Many countries have focused efforts on four key areas in response to the epidemic—ensuring their vulnerable have access to diagnostics and treatment; strengthening and optimising the capacity of the health system; leveraging digital solutions and data; and improving R&D to accelerate the development of diagnostics, medicines and vaccines (8).

Vaccines that enter phase 1 clinical trials have an estimated 12 percent to 33 percent probability of being approved, after about nine years of testing (9). Even if the COVID-19 virus were to disappear or become a seasonal infection, there would still be a need for continued efforts to develop vaccines in the future. A variety of technologies are being implemented to increase the speed and volume of testing. For instance, AI models produced in China learn from CT scans to support the faster interpretation of images (10). But given the pressing issues concerning the licensing process and counterfeit medicines in BRICS countries, there is a need to enhance patent systems regulation (11).

Tax Policy and Tax Administration Measures

The COVID-19 pandemic has put intense pressure on businesses, especially small and medium-sized enterprises (SMEs). Governments from the OECD and BRICS countries are looking for ways to protect their citizens and economies. It is essential to provide support to households and to improve cash-flow for businesses. To mitigate the impacts from the pandemic, governments must announce measures such as tax payment delays or temporary VAT reductions or deferrals.

The OECD, for instance, has prioritised work on several tax policy and tax administration measures that member countries could include as part of their COVID-19 response (12). Nearly three-quarters of all OECD and G20 countries have introduced tax payment deferrals (13). China has announced VAT exemptions for ‘lifestyle services,’ increasing loss carry-forward for severely affected businesses in specific sectors (transport, catering, accommodation and tourism) (14).

Russia has adopted a variety of tax measures, including a moratorium on SME tax audits, a deferral of tax payments, except VAT; a three-month delay in rental fees for SMEs that rent state and municipal premises; and a delay for micro-enterprises in insurance contributions to social funds (15). Reporting deadlines (VAT returns, logs of accounting of received and issued invoices) have been extended (16). Tax penalties were also suspended until May 1 for those operating in industries affected by the COVID-19 crisis. Since April 6, a moratorium on initiating bankruptcy cases against taxpayers from the affected sectors has been in effect (17).

Digital solutions are playing a key role during the pandemic and can help reduce physical contact. Several OECD and BRICS countries have taken measures to improve the quality of services for taxpayers by expanding the use of digital communication channels, including exchanging messages via web chat, social networks and mobile applications (18).

The OECD has emphasised the need to ensure the progressiveness of tax systems in the aftermath of the COVID-19 crisis (19).

SME-Specific Measures

The COVID-19 crisis has severely impacted SMEs across the OECD and BRICS countries. In China, for instance, only one-third of all SMEs had enough cash to cover fixed expenses for a month and another one-third would run out of money in two months, putting millions of people at risk (20). Given their low levels of resilience and other vulnerabilities, SMEs may take a harder hit than large companies, and the government must provide special support packages, especially for SMEs in the tourism and services sectors. South Africa has already announced a package to give relief to SMEs on existing debts and repayments (21). Russia has introduced a six-month moratorium on SMEs filing creditors applications for bankruptcy and the collection of debts and fines (22). It has allowed credit organisations to give interest-free loans to SMEs for the payment of salaries, while the Bank of Russia has urged lenders to restructure loans granted to SMEs and self-employed citizens impacted by the COVID-19 crisis (23).

Employment and Social Policy

The COVID-19 crisis has also proved to be challenging for households. Countries are taking emergency measures to achieve two vital goals— reducing workers' exposure to the virus in the workplace and ensuring access to income support for sick and quarantined workers. To do so, countries must help companies, especially SMEs, quickly develop teleworking capacities through financial assistance to purchase equipment and by supporting the development of suitable teleworking policies (24).

South Africa has established a response task team to draft proposals on measures to protect workers and support enterprises (25). India has announced an INR 500 (US\$6.6) monthly cash transfer per month for the next three months to 200 million women through Jan Dhan bank accounts, and INR 1000 (US\$13.3) monthly cash transfer for the next three months to 30 million poor senior citizens, widows and disabled (26). India has also doubled the amount of collateral-free loans to women's self-help groups to INR 20 lakh (US\$26,422) (27). The government is also considering amending its pension regulations to allow workers to withdraw up to 75 percent of their contingency expenditure non-refundable advance or three months of wages, whichever is lower (28). India has also announced that all pending income tax will be released immediately to provide relief to the 1.4 million taxpayers (29).

Other Local Measures

In Brazil, informal workers and the unemployed receive a temporary new benefit of US\$120 per month (US\$240 for single mothers) over three months, provided they earn less than half the minimum wage and are not covered by other social benefits (30). Additional spending of 0.04 percent of GDP on the Bolsa Familia conditional cash transfer scheme aims at a rapid reduction in queues for programme enrolment, which could imply up to a million additional beneficiaries (31). Additionally, formal workers with salaries not exceeding two minimum wages who have suffered cuts in wages or working hours are eligible for supplementary income support for about 15 percent of their average monthly earnings (32).

In South Africa Western Cape province, the health department has employed surveillance systems to screen and monitor anyone with a travel history or contacts with infected people to identify and detect any COVID-19 cases (33).

The Russian government has established a procedure for compensation of losses suffered by tour operators over non-refundable air tariffs (34).

Conclusion

The OECD and BRICS countries have adopted a variety of measures to address the economic impact of the COVID-19 pandemic. These include steps to reduce tax burden; maintain cash flows and income of companies, households and individuals; control the spread of the virus and prevent future outbreaks; and prepare citizens to live a new normal with COVID-19. Nevertheless, it is crucial to recognise that these measures may not be enough as the pandemic and its economic impact are not restricted by geography. International cooperation is critical to address current and future epidemiological and economic issues.

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8

Germany in the COVID-19 Crisis: More Robust than Other European Countries?

Heribert Dieter

The COVID-19 virus has hit Germany as unexpectedly as other European countries. For a few weeks, Germans thought that COVID-19 was an issue for Asian states and not for their country. Although Germany continues to be affected by the coronavirus, the situation is nowhere as dire as it was in Britain, Italy or Spain. The race to lift restrictions in Germany began in May, and by early June, the country may be back to normal. Germany, with its enormous financial resources and a well-equipped medical sector, appears to be better placed than other economies to weather the storm.

Merkel Back in Power

One of the most striking effects of the crisis is that Chancellor Angela Merkel is experiencing a revival. The debate about her succession and the discussion on the next chairman of the Christian Democratic Party has become irrelevant, if only for now. Merkel is firmly in power, and her popularity is quite high. A poll published on 10 April put her in front of all other politicians. She scored 74 points out of 100, and some observers even asked for a fifth term for Merkel as German Chancellor (1).

But this popularity has not even lasted a month. In early May, Merkel's influence on crisis management waned in record time. She had to watch haplessly as the leaders of Germany's 16 states no longer followed her leadership to deal with the pandemic. She abandoned her usually cautious rhetoric and accused advocating for reduced restrictions of engaging in irresponsible discussion. But to no avail. Germany is returning to normal life, with just a few restrictions—no soccer matches with spectators and no Oktoberfest, but quite a few other activities have been permitted since 10 May.

Ironically, the current crisis has been falsifying the claim Merkel made in 2015 that the German borders cannot be protected. On 7 October 2015, she had argued in a rare television interview that “borders cannot be closed” (2). Since 16 March, the German government has implemented policies that were previously either considered impossible or inappropriate.

The German authorities are trying to regain control over the spread of the pandemic, and their blunt measures are a reflection of the previous complacency. If the German government had acted earlier, say in mid-February, the restrictions could, most probably, have been less severe. As of 1 June, one in every 452 people has been infected with the novel coronavirus in Germany. Although Germany recorded fewer victims than Italy or the UK, the situation does not look that favourable.

Nevertheless, the COVID-19 death toll (about 8,500 as of 1 June) is not representative of an above-average rate of death in Germany. The number of deaths has been higher than in some East Asian countries, but far lower than during the last severe flu season in 2017/2018, when about 25,100 people died in Germany alone (3). Of course, nothing happened then. There were no school and border closures, and business continued as usual. Consequently, one may ask whether COVID-19 has been a storm in a teacup? Probably not, but the medicine has certainly had severe side-effects, which will haunt the world for years to come. One commentator remarked that the lockdowns—and not the virus—have been the black swan (4).

The Ex-Post Approach in Germany

Germans were reluctant to embrace some precautionary measures. Even after outbreaks in China, other Asian countries and Italy, many Germans thought that the novel coronavirus might not severely affect their own lives. The German government was equally reluctant in implementing comprehensive measures to stop the spread of the virus. Instead, the German federal and state governments implemented what may be labelled as an ex-post approach. They waited until the crisis hit and only implemented harsh measures after the infections rates skyrocketed.

To be fair, that may have been the only avenue available in a democracy in general and in Germany in particular. Policies that severely curtail the freedom of individuals are always contested, but without evidence, it is incredibly complicated to convince citizens that they should alter their behaviour. In Germany, the use of emergency acts is currently accepted by a large majority of citizens, but, perhaps, would not have been tolerated at the end of February. As we know from other policy domains, democracies are not very good at implementing precautionary policies.

At the same time, policymakers in Germany continued to emphasise that the country is well-prepared for a health emergency. This is true for two areas in particular: hospital beds and laboratory capacity. The number of hospital beds available is, indeed, remarkable. The country boasts 500,000 regular hospital beds, about five times the British figure of 100,000. Germany currently has 28,000 intensive care beds, out of which 25,000 are equipped with ventilators. On 1 June, 39 percent of those intensive care beds were empty (5). France, for instance, has only 5,065 intensive-care beds with ventilators and another 7,364 without ventilators. Even when taking the larger German population into account, the contrast is stark.

In Berlin, a new clinic for COVID-19 patients was built in a month. Berlin's health senator, Dilek Kalayci, stated in early May that the ad-hoc hospital, called Corona

Treatment Center Jafféstraße, has over 500 beds, 100 of which are equipped with ventilators (6). The clinic is unused but shall provide an emergency facility if the situation deteriorates. Of course, Berliners were utterly surprised that their local government was able to complete a construction project in such a short period of time.

Furthermore, Germany continues to have more hospital beds than most other European countries. According to World Bank data, Germany has 8.3 beds per 1,000 inhabitants. In contrast, France has 6.5 beds, the Euro area 6.2, Italy 3.4, the UK 2.8, and the US, which has one of the most expensive healthcare sectors in the world, has only 2.9 beds per 1,000 inhabitants. Even affluent Switzerland, which is badly hit by the crisis, has a relatively low level of hospital beds (4.7 per 1,000 people). A remarkable outlier is Japan, with 13.4 hospital beds per 1,000 inhabitants (7).

Therefore, the approach of the German federal and state governments can partly be explained by the existing medical resources. Nevertheless, it is surprising that while Germany has many hospitals, sufficient medical equipment is lacking. Masks, for instance, are not as widely available as they should be.

Federal Government Measures

Like most other European governments, Germany has implemented unprecedented measures to stimulate the economy and to keep businesses afloat. What sets the country apart is its fiscal muscle. After years of economic boom, high levels of taxation, and restricted government expenditure, Germany can use its vast financial resources to avoid an economic collapse. In 2019, gross public debt was reduced to 59.2 percent of gross domestic product. Some commentators have now suggested that “saving has paid off.” (8).

By the end of March, the debate on a possible exit from the draconian measures to curb the spread of the virus was starting to be discussed. Whilst there appeared to be a consensus on the need to maintain strict rules until mid-April, it might be possible that Germany returns to an ‘East Asian Model’—some restrictions on public life, but a return to the workplace for a significant number of the workforce.

Indeed, the current estimations of some virologists appear bizarre. Lothar Wieler, head of the Robert-Koch-Institute that advises the German government, had suggested in mid-March that in an extreme scenario, Germany would have to remain in lockdown-mode for up to two years (9). Of course, the prolonged implementation of the current measures would risk the stability of many German companies and could lead to massive unemployment, widespread bankruptcies, and severe political instability.

Some commentators have already criticised the harsh measures. Hans-Juergen Papier, former president of the German Constitutional Court, has warned that emergency measures do not justify the suspension of civil liberties in favour of a state of authority and surveillance. He considers a curfew that has no limitation in space and time to, most probably, represent a violation of the German Constitution (10).

Following the Chinese Example

Policymakers in Germany and elsewhere must find a balance between protecting their societies and the economy. If COVID-19 is a severe health crisis, but not an unprecedented one, the question arises why governments all over the world, including in Germany, are outbidding each other. One reason might be the rivalry with China. The Communist Party has been trying to recover from the mistakes made in Wuhan in the early phase of the outbreak by implementing a draconian lockdown.

The Chinese government is now portraying itself as one of the few governments that can protect its population from the virus. Explicitly, the Chinese Communist Party has been suggesting that democratic governments are not well placed to combat a serious threat to their citizens. At the same time, policymakers in those societies want to demonstrate their ability to act forcefully and have used the COVID-19 crisis to do precisely that. Perhaps prematurely, they have simply copied the Chinese blueprint. The precedent set by China has probably had a negative effect on the ability of politicians in Europe and North America to develop their own strategies to combat the virus.

Ray of Hope

There are, however, some optimistic observers in Germany that neither expect a permanent lockdown nor a severe effect on the German economy. The Council of Economic Advisors to the German government have suggested that Germany may suffer quite limited economic damage from the crisis. In a best-case scenario, they expect a drop of German GDP by five percent in 2020, which would be less severe than the contraction of the economy in 2009. Even if Germany were in lockdown for seven weeks, the reduction of GDP would be limited to six percent (11).

What will surely change is Germany's fiscal position. At the start of the COVID-19 crisis, the country's coffers were well filled. Federal, state and social security funds have liquid reserves of €200 billion (12). In times of crisis, this comes in handy. The German government has adopted a far-reaching package of measures to mitigate the consequences of the spread of the coronavirus. The cabinet initiated emergency aid for micro-enterprises and solo self-employed persons. Clinics and practices will be strengthened, and access to short-time work benefits simplified. And the federal government is helping large companies with an economic stabilisation fund.

That fund has three elements:

- a framework guarantee of €400 billion to help companies refinance themselves on the capital market (bridging liquidity bottlenecks)
- a credit authorisation for €100 billion to strengthen the capital of companies (recapitalisation)
- a further €100 billion credit authorisation to refinance the special programmes of the state-owned 'Kreditanstalt fuer Wiederaufbau' (13)

Given the uncertainty over both the duration of the crisis and the severity of the economic decline, the German government has had one major objective—to stabilise the

expectation of its citizens. At the time of writing this, the goal may have been achieved, but a significant deterioration of the situation may alter the equation quickly.

A Challenge for European and German Solidarity

In 2020, Europe is experiencing a challenge of historic dimensions. There is some solidarity between member states, but, by and large, each country is fighting the crisis with its own tools and approaches. It is unrealistic to envisage that Europe will emerge strengthened from the COVID-19 crisis. The nation-state has been the primary source of protection and help, and European citizens will remember that supranationalism, let alone multilateralism, did not provide convincing answers during the pandemic.

Of course, there have been nasty episodes during the crisis, and it would be easy to point fingers at the mistakes of others. In an existential crisis, it may be at least temporarily unavoidable to permit policymakers to act in the national interest. Germany is no exception. The ban on exports of medical equipment was implemented after the German government realised that the country did not have sufficient basic equipment (sanitiser and masks) for its own medical personnel.

Germany is contributing significantly to the stabilisation of the European economies. The solid fiscal position of the country, which is the result of policies that were heavily criticised in the past, today enables Europe's largest economy to act as a big provider of demand. Put differently, if Germany were not able to stabilise the purchasing power of its citizens and the capacity of its companies to survive the crisis, Europe's prospects after the crisis would be much bleaker.

Surprisingly, the crisis may have some positive effects on the perception of existing economic and political structures by German citizens. In the current crisis, the German government is mobilising resources for its own citizens, who, for years, have been funding the state and the social security system with both high taxes and high social security contributions. Today, German citizens see the benefit of previous frugality more positively than before the crisis. While the COVID-19 crisis will take its toll, the long-term effects may not be as bleak for Germany as many commentators expect.

Policymakers in Germany and elsewhere must swiftly find a balance between protecting their societies as well as protecting the economy. To place the safeguarding of citizens' health above all other considerations is a risky strategy. Without a return to economic activity in the foreseeable future, Germany and other European countries may rapidly be exposed to an increase in severe socio-economic problems that are currently not yet on the horizon. Germany has fared well in the crisis and will have the fiscal capacity to iron out the biggest problems in 2020. It has not been a poster child, but the above-average performance of the country has not been sheer luck either. If the reduction in production and consumption do not last long, the crisis will have been an event with limited structural effects. However, at the time of writing, the long-term effects for European integration continue to be hard to estimate. The crisis may contribute to further erosion of the support for supranational integration and might be another shot-in-the-arm for the renaissance of the European nation-state.

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9

The Future of International Cooperation in Times of Existential Crises

Jaimal Anand

On 25 May, South Africa, the chair of the African Union, celebrated Africa Day under lockdown amid the COVID-19 pandemic. But in true African spirit, it was a celebration of life.

On 4 May, Moussa Faki Mahamat, chairperson of the African Union Commission, made a profound statement at the Virtual Summit of the Non-Aligned Movement (1):

“On this ground of the fight against the virus where politics and ideologies have no sway, solidarity must be active, concrete and unwavering. Only by acting in this way, that it will be possible to break the chain of transmission of the virus from one country to another, from one region to another.

However, this necessary condition is not sufficient. We must organise another chain, the chain of solidarity to help, with equipment and pharmaceutical products, the poorest.”

Over the approximately 200,000 years of human existence, humankind has faced crises upon crises. We have confronted the wild beasts who wanted to consume us, we confronted repeated changes in climate and geographical topography that has forced migration, we have also faced plagues, viruses and diseases that have vanished but are yet to be rediscovered (2), (3).

Humans have a unique ability to fight in strategic and tactical ways with weapons that are not nature’s endowments through evolution. Of all the species on earth, it is the human species that has mastered the art of combat; we have developed weapons for offence and defence. We have harnessed, fire, bronze, steel, electricity, the atom, and diseases as a means to wage war and respond to our most primal kill-or-be-killed instinct.

Despite our great feats and abilities, COVID-19 has reminded us that we cannot and will not defeat nature, and if we do, it cannot be without a less destructive strategic defence, our innate desire for human solidarity. For millennia humans have convened around the campfire, the family and friendships circle, the community and later the nation. Our ability to cooperate and work with, as opposed to against each other has always served us well as a strategic defence. Simply put, we enjoy safety in numbers.

The nature of this virus forces us to separate and, at the same time, it has taught us the infinite value of solidarity and cooperation.

As the virus emerged, and the first reports out of China started to paint a picture of something disturbing, countries around the world were not immediately gripped by the fear that we have now come to associate with COVID-19. Millions, myself included, were secure in the knowledge that science has advanced to a point where the potential crisis would be staved off, and a new treatment would be developed. There was little doubt that our civilizational achievements will not abandon us, and we will fight to win this battle.

A new reality soon settled in. As the COVID-19 virus continued its spread globally, news and social media were flooded with the horrors that the deadly pandemic has caused. We have seen mass graves in Europe, China containing over 50 million people in a single province, India putting 1.3 billion people and South Africa 58 million people under lockdown. With all the technology and predictive gadgets at our disposal, something as medieval as a virus, with symptoms resembling the common cold or seasonal influenza, has ravaged the world and forced humanity to its knees.

There was early praise for the exceptional Chinese system of governance at the outset of the lockdown, and there were suggestions that only authoritarian states would survive the pandemic. Interestingly, what we have learned is that liberal, constitutional democracies like India and South Africa can effectively muster their populations to voluntarily surrender individual freedoms and liberties, without compromising their rights. The leadership of governments has been phenomenal in most cases. South African President Cyril Ramaphosa and his cabinet prioritising human life over everything else was a bold and courageous move that may well prove fruitful.

World leaders and leading scientists are grappling with the realities that we confront. Now is a bad time, where we may be tempted to question the severity of the virus or assume that the worst is over. The truth is that we still do not know the full extent of the threat that COVID-19 will present. It preys on the natural human instinct of social proximity, and this invariably turns strength into humankind's greatest weakness.

A New Type of Geopolitics

For the first time in decades, our interrelated and interdependent planet is experiencing a threat from a virus that we do not entirely understand. Ironically, the risk itself is simple, if you showed symptoms, these symptoms were flu-like, and we deal with these almost daily. If you did show symptoms, you could be carrying the virus for some days, and in that process, you are infecting people in your proximity *en masse*. When you are tested and confirmed (only in symptomatic cases) you will be isolated, and any person that you interacted with would be contacted and tested.

We soon realised that we are dealing with something deceptive and scary; this virus was easily camouflaged until it travelled through dozens and hundreds of other people. For the first time in decades, the global economy was in a near shutdown. There is no greater testament to the viciousness of COVID-19 than it having forced the world into prioritising human life over economic gain, and treat the disease as a threat to our existence and a national security crisis.

With these realities emerging daily, our global public health system has evolved in many ways. The World Health Organization (WHO) has done exceptionally well in the past to ensure effective public health policy globally, and the results of its work are seen and appreciated among the poorest nations, and in particular the member states of the African Union (4).

Despite these achievements, the world continues to be confronted by daunting, emerging and remerging infectious diseases that pose meaningful threats. The question that must be asked is if the global public health system is capable of providing effective protection against such infectious diseases and the risks they may pose.

In recent years, while confronting critical issues of antimicrobial resistance, humanity has simultaneously endured deadly outbreaks, such as Ebola, Zika, dengue, MERS and SARS. Africa, Asia and Latin America continue to wage a battle against tuberculosis, malaria and lifestyle diseases such as diabetes, hypertension and heart disease.

Population growth has coincided with migration, urbanisation, climate change, and outbreaks of conflict and war. These are among the most vexing issues that confront us in the 21st century. COVID-19 has posed a threat significant enough for humanity to revisit all of our realities.

The WHO has become another axis of geopolitical and geostrategic contestation. Countries in the Global South are obliged to ensure that coordinated, global responses to pandemics and epidemics are not left to bilateral treaties and agreements. The poorest nations will not survive such crises, but in a world of migration and human mobility, the more affluent nations will not be immune either. Solidarity is central, and the global multilateral infrastructure—the UN and the WHO—must be supported. Instead of breaking these institutions, we should drive agendas that build, reinforce, reform, and strengthen them.

Diplomacy, Front and Centre

In the diplomatic arena, consular officers and experts in migration are auditing and exchanging notes on the impact of COVID-19 on their work (5). The nexus between public health and national (and international) security has never come so frighteningly close, at least in the last century. While all of this was going on, countries started to repatriate their citizens. These realities have since become the most glaring example of the centrality of a professional, crisis-ready consular corps for any foreign service in the 21st century. The consular officer is required to function in a global environment where people travel more frequently, in higher numbers, and with more risk across the globe.

In South Africa, the repatriation is being managed at the highest levels, where an inter-ministerial 'Command Council' chaired by the president was convened to take charge of the decision-making process on the plight of South Africans abroad, among other things. This tells us that this area of diplomacy will be given more considerable attention and prominence in South Africa and many parts of the world.

Consular and political officers are increasingly expected to forge broader and more relevant networks to manage crises, but they are also expected to maximise opportunities. Traditional diplomacy is increasingly embracing non-traditional, non-state actors as part

of its broader network of engagement. Large multinational corporations, enterprises involved in niche areas, civil society actors in different parts of the world, international fund managers, banks, and mega-foundations have significant amounts of global influence and reach. This may well be the ideal infrastructure that is incorporated into long term consular operations.

However, the darker side cannot be ignored. Threats to the state are also incubated among other kinds of non-traditional actors. These are often sinister, opaque and include, but are not limited to, transnational crime, violent extremism and organisations representing radical anarchic ideologies.

These realities propel the consular official to the centre of multilateral and multinational operations dealing with refugees, stranded citizens, conflict areas and victims of transnational crime. It is at this level that the solidarity that we expect in international relations and interstate communication becomes part of our existence. The foreign ministry becomes the space where cooperation and solidarity are needed to protect the state and advance its interests. This is the only, non-comparative way to organise the chaos of disruption in the global terrain.

Human Solidarity

History is crucial to navigate safely into the future. But the current situation is without precedent, and so we do not have the privilege of hindsight. We have experienced mass pandemics through the centuries, but COVID-19 has emerged in a global scenario that is already challenged by new realities, fractured institutions, multiple disruptions, and unpredictability. The ongoing human solidarity initiatives being led by our governments, civil society and citizens in general, is critical to protect the most vulnerable in our communities from the virus, hunger and grinding poverty, and contain its potential to damage.

The COVID-19 pandemic reminds us that we are incredibly vulnerable as a species. The relatively sudden disruption of travel, communication and individual lifestyles have brought to the fore the challenges that humanity has grappled with since the end of the Second World War. The need for reform in the global governance architecture has never been so clear, while the global balance of forces has become more dynamic and increasingly unstable and unpredictable. For the last decade, our multilateral and global governance institutions have been under considerable strain; the US's decision to withdraw funding to the WHO has demonstrated the vulnerability of our international institutions.

South Africa's response to the COVID-19 pandemic—declaring a disaster, enforcing a strict lockdown, stopping all domestic and international travel, halting all non-essential commercial activity, and mass testing and screening—is in line with WHO guidelines. The WHO has done well to coordinate and guide South Africa and other countries on the science-backed do's and don'ts to deal with the crisis. This capacity must be strengthened and protected for now and in the future.

On 16 April, members of the Alliance for Multilateralism, convened in September 2019, South Africa's Minister of International Relations Dr Naledi Pandor joined a statement that called for "enhanced international cooperation and worldwide solidarity"

while stressing that COVID-19 was a wakeup call for multilateralism. The Alliance highlighted five challenges that the pandemic poses for the international community: health, information (including misinformation and fake news), financial, economic, and prevention (6).

The increasing shift in favour of 'network diplomacy' within the UN system may prove to be a necessary method to reignite cooperation, solidarity and multilateralism to ensure its relevance in the 21st century.

Cooperation is Crucial

It is at times like this that our need for multilateral and international cooperation becomes critical to our survival. Some might argue that the advance of the COVID-19 virus might negatively impact globalisation, but recent acts demonstrate the inherent will among most states to cooperate and collaborate.

Solidarity and cooperation, when confronting an existentialist threat is crucial to the survival of humankind. How foreign ministries organise their departments will be central to shaping the international agenda. The COVID-19 pandemic is teaching us that the narrow corridor between self-interest and altruism lies in our will to work together. We can define that work either in terms of solidarity or cooperation, or our narrow self-interest. Either way, our very survival and existence may well depend on our approach to reform and protect global architecture.

On 4 May, at same the Virtual Summit of the Non-Aligned Movement, Ramaphosa stated

"This is a health emergency of truly global proportions, yet developing countries are particularly vulnerable to its impact. We require coordinated and consistent international action so that all countries are sufficiently capacitated. We call on all countries to make tangible commitments to bolster the global effort, but in particular to support countries that bear the brunt of poverty, inequality and underdevelopment." (7), (8)

This statement sums up the reality that we now confront. The consistent theme from developing nations is the need for ongoing cooperation and solidarity while protecting our global institutions. The WHO and other institutions were formed and charged with the unenviable task of international public health policy coordination. There is no other way except cooperation and solidarity to confront COVID-19, and future threats that we know will emerge.

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10

Great Power Blame Game: The Ongoing War of Words Over COVID-19

Melissa Conley Tyler and Tiffany Liu

Over recent weeks, the US and China have used increasingly strong rhetoric around the COVID-19 pandemic. The relationship between the US and China was already bad before the crisis, and distrust and animosity have only grown with the war on words over who is responsible for the global pandemic. This had real-life consequences in late March when a meeting of the G7 failed to agree on a joint statement following the US State Department's insistence on referring to the coronavirus as the "Wuhan Virus" (1).

How have the two countries been constructing the other as the enemy and what effect has this had on diplomacy in the region?

US Rhetoric: A Crisis Made in China

From the US side, there is a concerted attempt to make sure that any lasting blame should fall squarely on Beijing (2). This focuses both on the origin of the virus and China's response.

On 17 March, US President Donald Trump tweeted about COVID-19 as the "Chinese Virus" (3). On 18 March, a CBS News journalist quoted a White House official referring to the virus as "Kung Flu" (4). On 19 March, Trump's briefing notes were amended to replace the word "corona" with "Chinese" (5).

In the early stages of the outbreak in January, the Chinese state media referred to the "Wuhan Virus," but since then, the use of geographic terms has become highly politicised (6).

World Health Organization (WHO) officials have warned against the use of such terms due to the potential for racial profiling and named the virus COVID-19 to avoid stigmatising one geographical location or group of people (7), (8). In response to criticisms of his use of "Chinese virus," Trump tweeted on the importance of protecting the Asian-American community (9).

The other area of US criticism is the Chinese government's response to COVID-19,

particularly Beijing's delayed response and lack of transparency. The rhetoric paints China as secretive and untrustworthy, often focusing on China's history of withholding information, such as in its response to Severe Acute Respiratory Syndrome (SARS) in 2003 (10), and the suppression of early warnings of the outbreak in Wuhan, including by Dr Li Wenliang (11). The revision of COVID-19 numbers in Wuhan prompted further scrutiny of China's official figures, which many suspect remain conservative.

US Secretary of State Mike Pompeo has been increasingly critical of China's lack of transparency around early details of the outbreak and "the disinformation campaign that the Chinese Communist Party is engaged in to try and deflect from what has really taken place here (12)." Trump re-tweeted a claim by high-profile commentator Andrew McCarthy that China lied about their COVID-19 numbers (13). Meanwhile, US intelligence released a report to the White House that China is underreporting both total cases and deaths in the country (14).

On 3 May, Pompeo tweeted that "China has a history of infecting the world," blaming the pandemic on failures in a Chinese lab (15). He went further to claim that there was "enormous evidence" to support the theory that COVID-19 originated in the Wuhan Institute of Virology and not a wet market, a claim supported by Trump (16). While Pompeo has since pulled back somewhat, he tweeted on 8 May accusing Beijing of failing to prevent the "deaths of thousands of people worldwide". China has responded promptly by calling out the US's top politicians for their "preposterous allegations" and attempting to defeat American claims by casting further doubt on the origins of the virus (17). In a lengthy 30-page rebuttal, China claimed that the "origin is still not been identified" (18).

Overall, it seems the US strategy is to paint COVID-19 as a "local problem in Wuhan turned into a global pandemic"—as described by a Republican senator—shifting the blame squarely and solely to Beijing (19). Until the pandemic is contained globally, there is space for the war of words to escalate further, with a bill sponsored by a US Republican senator proposing that citizens and states be able to sue China for COVID-19 related damages.

Chinese Rhetoric: Deflect Blame, Show Leadership

China has used two strategies in its recent communications: muddying the waters around where the virus originated and showing what it regards as its success in handling the outbreak.

There have been claims from China that COVID-19 could have originated in the US. On 12 March, foreign ministry spokesman Zhao Lijian tweeted "It might be US army who brought the epidemic to Wuhan," linking this with the Military World Games in October (20). His claim was backed by fellow foreign ministry spokesman Geng Shuang, who said there were "varied opinions" on the origin of the virus (21). This was disavowed by China's ambassador to the US, Cui Tiankai (22).

By even temporarily injecting doubt on the origins of the coronavirus through this discussion, Beijing hopes to escape blame (23). The fact that conspiracy theories regarding the virus origin appear to be gaining traction at home is a relative win (24),

(25). It shows a shift in the willingness of China's foreign policy establishment to use "wolf warrior" diplomacy to push back against the US (26), with Chinese President Xi Jinping reportedly ordering diplomats to show "more fighting spirit" (27). An example is the recent suspension of China's embassy in Sri Lanka from Twitter for its posts (28).

As the epidemic slows in China, officials are presenting it as a victory for the nation. This narrative of war and battle can be seen in Xi's declaration that "Wuhan must win, Hubei must win, and the whole of China must win" and his statement to UN Secretary-General Antonio Guterres that China will win its battle against COVID-19 (29), (30).

Domestic Public is Primary Audience

As the virus runs rampant in the US, Washington is fearful of domestic repercussions. For the US, 2020 is an election year and a time when Trump does not want to be seen as responsible for COVID-19. A reason for Trump's initial insistence on terming it the "Chinese virus" may be his confidence in the effect of travel restrictions on China, one of the few early actions his administration took against the virus, which he believes saved tens of thousands of lives (31), (32).

For China, domestic survival is its priority: preserving the legitimacy and upholding the authority of the Chinese Communist Party (33). Efforts to cast the party and country in a favourable light as emerging victorious from the pandemic is meant primarily for its domestic audience.

In this context, WHO Director-General Tedros Adhanom Ghebreyesus's praise for the Chinese government's response to COVID-19 as "setting a new standard for outbreak response" is precious (34). If the US is seen to mishandle the crisis, this can be presented as showing the superiority of China's political and governance system. Hervé Lemahieu, director of the Lowy Institute's Asian Power and Diplomacy Program, describes the "symmetry between the United States and China using the coronavirus as a political football" (35).

For Global Public Opinion, Who Will be Blamed is Important

China has grasped the opportunity to position itself not as the source of the virus, but a country that helps others: a responsible and humanitarian global power (36). Zhang Jun, China's ambassador to the UN, has said: "We'll do whatever we can to help other countries in fighting the COVID-19" (37). By offering aid to partners through its "mask diplomacy," (38) China hopes to position itself as a leader, in what the EU's High Representative Josep Borrell has described as the "politics of generosity" (39). The most striking example is Chinese billionaire Jack Ma donating one million masks and hundreds of thousands of testing kits to the US (40).

It is not clear yet how effective China's "mask diplomacy" will be. There have been cases in the Netherlands, Spain and Turkey of faulty supplies from China (41). At the same time, Serbia has warmly welcomed the delivery of Chinese products, calling Xi "a brother and friend" (42). There are questions as to whether China's "mask diplomacy" will divert the world's attention. Either way, COVID-19 is a clear opportunity for China to use

its economic clout and dominance in global medical supplies for diplomatic ends (43).

China has also not missed the opportunity to promote the superiority of its own system. On 28 March, the Chinese ambassador to France tweeted that Asian countries, including China, have been particularly successful in the fight against COVID-19 due to a sense of community and good citizenship lacking in Western democracies (44). He is just one of a growing number of Chinese ambassadors leveraging Twitter—a Western social media platform—to expand Beijing’s influence and shape the global information environment (45). COVID-19 has allowed China to tout its authoritarian system as more successful than the West.

By contrast, the US has yet to show leadership—domestically or internationally—in the same way it did during the Ebola outbreak in East Africa, for instance. While the US dealt with Ebola, SARS and Zika with its unparalleled medical research capacity (46), the current pandemic is proving to be a “traumatic, overwhelming public health emergency” (47). How prepared Washington is to lead a global response will depend largely on the president, and under Trump, the instinct is to go it alone (48). Michael Fullilove from the Lowy Institute views Washington as failing in this current “stress test,” criticising the US for being “somewhat febrile and ineffective” under the Trump administration (49).

There is speculation that Washington’s failure to control the virus will result in China seizing a leadership position (50). Beijing understands that if it is seen as stepping up to the plate where Washington is unwilling or unable to do so (51), it has the chance to shift global politics fundamentally (52). As of 8 May, five out of eight human trials to find a COVID-19 vaccine involve Chinese companies or government research institutes (53). This is critical as Beijing seeks to move past global criticisms and its early reputational hit to emerge as the winner of the COVID-19 battle.

High Stakes

Australia is just one example of a country caught in the war of words between the US and China, particularly on the issue of the origin and spread of the virus.

Some Australian commentators have noted that the majority of cases in Australia have come from the US, Europe and cruise ships (54) (including Minister for Home Affairs Peter Dutton contracting the virus after a visit to the White House (55) and have argued that flights from the US should have been shut down earlier, if not for double standards (56).

But more prominent have been the voices that have focused on China’s role in covering-up the initial outbreak, such as *Nine News* political reporter Chris Ullman’s characterisation of the Chinese government as “a paranoid and increasingly aggressive totalitarian regime that reflexively lies, controls all media, persecutes and jails its domestic critics and threatens the few nations that challenge it with retribution”. The *Saturday Telegraph* published an expose on the Wuhan laboratory theory (57), reportedly to the surprise of Australian intelligence officials given the scientific evidence (58).

Australia has announced that it is seeking to establish an international investigation into the pandemic at the annual meeting of the World Health Assembly, as well as suggesting the introduction of health inspectors with the power to enter countries

quickly during a crisis.

In response, China's foreign ministry spokesman accused Australia of "dancing to the tune of a certain country to hype up the situation," suggesting that Australia is a proxy for the US (59). As Trump promises a conclusive report on the exact origins of COVID-19 (60), it is likely Australia's push for an independent inquiry will be further framed as Canberra trying to please Washington (61).

China's ambassador to Australia has warned of severe potential consequences for Australia, including potential consumer boycotts that will damage key Australian industries like agriculture, education and tourism (62).

As the epidemic continues, particularly in the US, so will the scapegoating and the narrative war (63), (64). There is the potential for US-China tension on COVID-19 to further fuel existing economic and security tensions across the region, such as their trade war. Increased tensions will make it harder for China and the US to communicate and cooperate effectively, as is essential on this transnational threat (65), (66).

Of great concern is the politicisation of the WHO (67). On 15 April, the US announced that it would halt funding to the WHO, which "willingly took China's assurances to face value... and defended the actions of the Chinese government" (68). US-China frictions over the WHO will only grow with a diplomatic push for Taiwan's return to the World Health Assembly. Beijing is already framing this as Washington "trying desperately to distract from its botched coronavirus response" (69). The US's COVID-19 death toll surged above China's official count on 1 April, and it currently has the most confirmed cases worldwide.

Which nation will emerge from COVID-19 least damaged (70)? National University of Singapore's Kishore Mahbubani imagines that the world after the pandemic will see "a hobbled West and a bolder China," (71) but former Australian Prime Minister Kevin Rudd imagines that both the US and China will be weakened and damaged at home and abroad after the crisis (72).

Will the US end up being seen as the victim of external forces or its own mismanagement? Will China end up being seen as the country that unleashed the virus or the one that showed the world how to overcome it? That's why the stakes in this war of words are so high.

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11

Smaller South Asia: Competition for Influence Amid COVID-19 Response

Nilanthi Samaranayake

As COVID-19 overwhelms healthcare systems and paralyses economies across Europe and the US, concern is growing about the potentially devastating impact of the virus in the developing world. Countries in South Asia are especially vulnerable because of their high population density and insufficient government resources.

South Asia has a population of nearly two billion people. India and Pakistan have long dominated attention as the largest countries in the region and as nuclear weapons states. Both instituted stringent measures to attempt to limit the spread of the virus, including suspending air, road and train travel. But the countries have now relaxed these policies despite evidence that their outbreaks are not yet contained. India, for instance, eased restrictions on train travel even as it witnessed its highest daily increase in infections. Similarly, Pakistan too has taken steps to end its lockdown, despite its confirmed cases only likely peaking at the end of May.

What impact is the COVID-19 pandemic having on the smaller South Asian countries, namely Bangladesh, Nepal, Sri Lanka, Bhutan and the Maldives? The official estimates of cases are still low in these countries; as of 7 June, Bangladesh had 63,026 cases, Sri Lanka had 1814, the Maldives had 1901, Nepal had 3235, and Bhutan had 48 (1). The economic costs, however, are already deep.

Four of the five smaller South Asian countries are middle-income economies, while Nepal is classified as low-income (2). Most have rising levels of domestic and external debt and generally low FDI levels, and their economies are thus highly dependent on external sources of income such as textile exports (3). Bangladesh's readymade garments industry, which accounts for over 80 percent of national exports, has been struck by cancelled or postponed orders from overseas (4). These countries have also experienced severe impacts on tourism, an industry that helps fuel the economies of the Maldives, Sri Lanka, Nepal, and Bhutan. Finally, they see losses in remittances from workers in the Middle East, which contribute to their national economies (5).

But why should the US and other major powers care about these countries? First, their emerging economies present opportunities to extend the benefits of economic

development and invest in supply chains and increased connectivity for goods and services. Second, these countries are now all democracies that have conducted national elections but are still susceptible, in varying degrees, to authoritarianism. Finally, major powers see them as increasingly contested areas for influence by China (6). As its national security strategy focuses on a new era of great-power competition with China, how the US will respond to non-traditional security challenges in the contested regions will have significant implications for traditional security concerns and regional stability.

Regional Strategic Implications

The early impact of COVID-19 on Bangladesh, Sri Lanka, Nepal, Bhutan and Maldives will have many implications on the region's strategic environment. India, as the dominant country in the area and a major defence partner of the US, is eager to play a leadership role in relief efforts toward its smaller neighbours. As part of his Neighbourhood First policy, Prime Minister Narendra Modi recently assembled his counterparts using the South Asian Association for Regional Cooperation (SAARC) forum, at which he proposed a SAARC emergency fund and offered US\$10 million in aid. Bangladesh, Sri Lanka, Nepal, Bhutan and the Maldives are also contributing to the fund, with collective donations nearly matching India's contribution (7). The SAARC Disaster Management Centre has also helped coordinate information sharing between members through a frequently updated COVID-19 website about efforts to combat the pandemic in South Asia.

Beyond this multilateral forum, India has offered crisis response assistance to its smaller neighbours. It has conducted operations to evacuate nationals overseas from Bangladesh, Maldives, Sri Lanka and Nepal, using a combination of commercial planes, Indian Air Force aircraft and Indian Navy ships (8). India's assistance to the Maldives has been the most significant, which is not surprising given the history of close bilateral military cooperation. The Indian Army set up a testing laboratory and deployed a medical team to the country (9). Meanwhile, the Indian Air Force has delivered critical medicine and hospital supplies (10), and the Indian Navy's ship *Kesari* has delivered 580 tonnes of food to the country (11). Commercial planes from India have given medicine to Sri Lanka through special charter flights (12). The Indian Air Force has positioned medical supplies near the border with Nepal (13), while New Delhi has promised Bhutan uninterrupted supplies of medicine, food and fuel, despite the lockdowns and closed borders (14).

This is not a new role for India. After the tsunami in December 2004, India delivered disaster relief to Sri Lanka and the Maldives, as well as Indonesia, even as it conducted domestic relief operations (15). But the geopolitical stakes are different now. The rise of China in the Indo-Pacific and beyond has elevated the threat perceptions of India and its strategic partners, including the US.

China's assistance to the smaller South Asian countries was not significant at the beginning of the pandemic, but it appears to have increased in May. Initially, relief had been limited to the delivery of small batches of testing kits, personal protective equipment (PPE) and other medical supplies by government agencies, state-owned enterprises and businesses, and foundations. Bangladesh has received testing kits, PPEs and thermometers (16), while Sri Lanka has received donations of surgical masks and testing

kits through the Chinese Embassy in Colombo (17). Moreover, the Chinese government transferred face masks, surgical gloves, safety overalls, safety glasses and thermometers to the Sri Lanka Navy (18). Chinese businesses like Huawei and the Jack Ma and Alibaba Foundations have worked to send supplies to Sri Lanka through charter flights (19). China has also given the Maldives ten ventilators, and some Chinese state-owned enterprises are building quarantine facilities for foreign workers (20). In Nepal, concerns have been raised about the quality of some Chinese medical supplies. The country chose not to use testing kits that were purchased (rather than donated) from China due to concerns about their accuracy (21). Still, in early May, Beijing dispatched both charter and military flights to its neighbour with donated PPE such as N95 masks, surgical masks and goggles (22), (23).

However, humanitarian assistance may not turn out to be China's most valuable response to the crisis in South Asia. The smaller South Asian countries were already facing financial problems that have now been exacerbated by the pandemic. Currently, Sri Lanka has signed a US\$500 million loan agreement with China, apparently to mitigate the economic effects of the COVID-19 crisis (24). The loan helps augment the country's low foreign exchange reserves, an ongoing issue in its graduation to middle-income status, and within this category from lower- to upper-middle-income state. The lease of the controversial Hambantota port to a Chinese-majority joint venture was primarily driven by Sri Lanka's need for foreign exchange reserves rather than being a debt-for-equity swap, as is widely believed (25).

While it is important not to read too much into this development, such a loan could represent a different type of crisis relief from China that would be as welcome to the smaller South Asian countries as the provision of medical supplies and services. The four middle-income countries are seeing their access to concessional lending dry up and have not yet successfully or sustainably updated their debt management strategies.

Sri Lanka is not the only country in the region seeking financial relief. The Maldives, another upper-middle-income country, won approval from the International Monetary Fund (IMF) for US\$29 million in assistance to help it address its balance-of-payments needs. With tourism accounting for roughly two-thirds of its GDP, the Maldives stands to lose up to US\$450 million from pandemic-related setbacks (26). Bangladesh is also seeking assistance from the IMF (about US\$700 million) to address its balance-of-payments pressures due to decreased remittances and earnings from the garment sector (27). Meanwhile, India is assisting Sri Lanka and Maldives with currency swaps of US\$400 million (28) and US\$150 million (29), respectively, to mitigate existing financial liquidity problems that have been exacerbated by the economic effects of the pandemic.

US Strategy Must Evolve

While India is a key strategic partner and proud donor of relief, the US has committed roughly US\$6 million in health assistance to India (30). Meanwhile, Pakistan is receiving US\$7 million in health assistance and US\$2.4 million to help refugees. The US has recently been proactive in its support, providing US\$3.4 million to Bangladesh, US\$1.8 million to Nepal and US\$1.3 million to Sri Lanka in March (31). In April, it increased its

total assistance to Bangladesh to nearly US\$10 million, with roughly half going to health assistance and the other half to support refugees (32). In May, it offered an additional US\$4.5 million to Sri Lanka to assist small businesses and support social services via the US Agency for International Development.

Yet the US will need to continue to modernise the development finance tools outlined in its national security strategy. An important outcome of this effort has been the creation of the US International Development Finance Corporation. But it remains to be seen how Washington will deploy this new agency as a tool for demonstrating its financial leadership to developing nations affected by the COVID-19 virus beyond what its State Department has already pledged in terms of health assistance.

Although the US will need to rely on its major partner in the region—India—to continue to assist the smaller South Asian countries, it should encourage extra-regional allies such as Japan, Australia, France and the UK to function as an additional source of aid. The smaller South Asian countries are highly sensitive to threats to their sovereignty and prefer not to depend on one country for external assistance, whether China or the US. Washington cannot expect to match the sheer size of Beijing’s financial aid. However, it can leverage its network of alliance and strategic partners, as well as its leading role in multilateral development banks, to catalyse an effective response to the pandemic.

As the COVID-19 crisis continues to wreak havoc on public health and the global economy, the US should maintain its commitment to South Asia as part of its broader Indo-Pacific strategy. Assistance to the smaller countries in this region will be necessary to show US interest in this increasingly contested bloc and attention to the broader strategic issue at stake—demonstrating the superiority of the US’ economic and governance model in a new era of great-power competition.

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12

COVID-19: Reading the Tea Leaves in China

Vijay Gokhale

“Beneath the rule of men entirely great, the pen is mightier than the sword,” wrote Edward Bulwer-Lytton in 1839. Many centuries before these words became immortal, the idea of aggrieved subjects penning their petitions directly to the Son of Heaven was a well-established practice since Chinese Imperial rule. Known as *xinfang*, it was the means to draw the Emperor’s attention to the wrongdoings of his officials and to seek justice, but occasionally it also became a means to question and topple the Son of Heaven.

Two extraordinary ‘petitions’ have emerged out of China in recent weeks—Ren Zhiqiang’s essay *My reading of February 23* and Xu Zhangrun’s essay *Viral Alarm: When Fury overcomes Fear*. Both were written by former members of the Establishment; Xu was a Professor at Qinghua University in Beijing, which is like the MIT of China; Ren was a *bonafide* Red Capitalist. Both have been subject to censorship. And both have disappeared from public view.

Their contents are broadly similar—the rapier is pointed at President Xi Jinping. They hold him personally responsible for the devastation caused inside and outside China as a result of the poor handling of the COVID-19 crisis. Labelled as the “Emperor” by Ren and “The Ultimate Arbiter” by Xu, the two essays are a searing critique of the Communist Party’s failure towards its own people in this crisis.

Ren is ruthless in his attack on Xi’s attempts, *post-facto*, to ante-date his personal leadership in the crisis. He derides Xi’s claims of having been on top of the situation in dealing with the pandemic since 7 January, and ridicules the Party’s unconditional endorsement of Xi’s successful leadership in a National Party Conference on 23 February, in these words: *“Standing there was not some Emperor showing us his new clothes, but a clown with no clothes on who is still determined to play Emperor.”*

Xu’s portrayal of a helpless leader in the face of the challenge is equally damning: *“Faced with this virus the Leader has flailed about seeking answers with ever greater urgency.....”*

Ren and Xu allege a ‘cover-up,’ and pose fundamental questions such as why there was no public announcement about the epidemic in the days after 7 January, if Xi had

chaired a Politburo meeting to give “directions” on handling it; why China permitted all manner of national events in the two weeks after 7 January; and why millions of Chinese were permitted to travel in the run-up to the annual Spring Festival Holiday as a result of which it became a global pandemic.

Both the ‘petitions’ delve beyond the immediate crisis to the very heart of the matter. “*The cause of all this,*” writes Xu, “*lies with The Axle* (a term he uses for Xi Jinping) *and the cabal that surrounds him.*” It is here that their pens begin to act as a knife by peeling away the layers of power that they see Xi as having accumulated in his quest to be the “core” of China—the systematic consolidation of all authority, civilian, military and Party, in his person; the removal of constitutional provisions that limit the term of any leader who desires to be the president; the re-merger of the functions of Party and State by arrogating authority that should vest in the Premier of the State Council especially on the economy; the control over all policy through self-appointed groups instead of Party Committees; the endless political purges in the name of an anti-corruption campaign that has silenced Xi’s political challengers; and the appointment of cronies as senior officials who live only to “protect the Emperor.”

After China was devastated by the Cultural Revolution because of Mao Zedong’s insane use of all means possible to remain as the sole leader of his billion people, a wise Deng Xiaoping instituted new “Guiding Principles for Inner-Party Political Life” in 1980. Deng himself was no democrat, a fact that the Tian An Men Incident would conclusively establish in 1989, but he understood that unless “rules” were laid down in an institutional way, another Mao could emerge. The essence of these rules was ‘collective leadership.’ Deng believed that when a group acted in equilibrium, the danger of arbitrary decision-making or a grab for power by one individual could be minimised. He introduced age limits for holders of Party and State offices; oversaw the separation of Party and State, which allowed for a balance between the General Secretary of the Communist Party and the Premier of the State Council; forbade the replacement of authorised Party Committees by any other *ad hoc* mechanism for policymaking; and curbed the privileges of the Red Aristocracy. Deng led by example. He demurred when offered the Party chairmanship that Mao had once held and demitted most State and Party positions by 1987. Collective leadership became the Chinese Communist Party’s *leitmotif* for the next the 30 years. It served the Party well, allowing it to ride out the political storm of 1989, and to keep the balance in the post-Deng period after 1997 between the factions of the two General Secretaries—Jiang Zemin and Hu Jintao. In this period, China’s GDP quadrupled, and its global stature grew proportionately.

Xi succeeded Hu as the ‘safer bet’ in 2012 when the prospects of the flamboyant Bo Xilai as the next leader caused trepidation within the Party. Their judgment, and that of the world in general, could not have been more misplaced. Xi has, since his elevation, proceeded to dismantle Deng’s legacy systematically. Xi Jinping Thought has been elevated to bring it on par with Mao’s philosophy. The president’s colleagues have been mute spectators to this concentration of all power and offices in his person, including the newly minted position of commander-in-chief of the People’s Liberation Army. His handling of the Hong Kong protests, of the re-election of a pro-independence ‘government’ in Taiwan and of the Sino-US trade war, have passed

without serious challenge. This time it might be different. As Ren points out: *“The Emperor can lie to himself about wearing clothes but even the children know when the Emperor’s bottom is bare, and those people who don’t dare to say the Emperor is naked, they still all know what it is to wear new clothes and what it is to go naked.”*

Petitions in China have a curious way of lighting a spark. The high-and-mighty find them useful to effect change, sometimes even dynastic change. This was the case with an anonymous poem pasted in Tian An Men Square on 4 April 1976 in memory of the late Premier Zhou Enlai:

*In my grief I hear demons shriek
I weep while wolves and jackals laugh
Though tears I shed to mourn a hero
With head raised high I draw my sword*

The poem became the battle-cry of a public exhausted by ten years of chaos and emboldened the leadership to act in October 1976 by toppling the Gang of Four led by Mao’s widow Jiang Qing, and ushering China into an era of stability and reform.

Whether the poem had official support from the shadows is unknown, although it likely did. Other ‘petitions’ had more obvious support from the shadows. In 1958, Marshal Peng Dehuai, one of Mao’s closest associates and defence minister, wrote to Mao about the ‘mistake’ of the Great Leap Forward, which everybody in the Party recognised as ill-conceived and disastrously executed. Millions of Chinese died. But it needed a ‘petition’ to embolden others to curb Mao’s authority and to rescue the Chinese economy and people from mass starvation. In 1986, prominent Chinese intellectual and Party member Wang Ruowang wrote “One Party Dictatorship Can only Lead to Tyranny”—an indictment of the Communist Party’s absolute grip on power. It was used to bring down Hu Yaobang, a general secretary who had grown uncomfortably powerful on 16 January 1987. And who can forget Fang Lizhi’s Open Letter to Deng Xiaoping on 6 January 1989 to release all political prisoners in China, including Wei Jingsheng who was known as the father of Chinese democracy, which was used to purge another general secretary, Zhao Ziyang, who was threatening to dilute the absolute dictatorship of the Communist Party.

Whether the essays of Ren and Xu embolden the silent to speak and act is a matter that bears watching. Xi may still ride out this storm, as he has others. But small indications of nervousness belie the sanguine image that all is well in the Empire. Suddenly, out of the blue, Wuhan revises the number of COVID-19 fatalities by 50 percent in a single day. Does this have anything to do with the fact that it is no longer possible to hide the truth because people can count the urns being delivered to families of their cremated relatives? Days after taking the official line that the origins of COVID-19 should be scientifically researched, the Chinese State-imposed restrictions on the publication of its own academic research on the origins without the approval of the central authority. Does this mean they fear their own people learning when the virus first manifested in China? Reading the tea leaves is always a challenge in China. The public mood is difficult to gauge, but if the internet is any indicator, the State censors are already having a challenging time. The Chinese president has put himself on public view by officially claiming to be on top of

things since at least 7 January. An Emperor in public had better be wearing clothes.

I conclude with two footnotes.

The first is this: the Chinese are superstitious people. They might not believe in religion, but they are steeped in tradition and culture. Since the dawn of imperial rule in China, the withdrawal of the Mandate of Heaven is believed to be signalled by natural catastrophes. In 1976, the great Tangshan Earthquake, which killed over a half-million Chinese, portending the death of Mao and the fall of the Gang of Four. COVID-19 is the greatest natural catastrophe that has befallen China since Tangshan.

The second is this: petitioners themselves in China have seldom fared well. Peng Dehuai lost his job and then his life during the Cultural Revolution. Wang Ruowang and Fang Lizhi were arrested and forced into exile. In all probability, Ren Zhiqiang and Xu Zhangrun will face a similar fate.

13

How to Fight a Common Battle Against COVID-19 in a Leaderless World

Xie Chao

In a letter to Chinese President Xi Jinping to mark the 70th anniversary of Sino-Indian diplomatic ties, Indian Prime Minister Narendra Modi stressed the “interconnected nature of our world today and the need therefore to adopt a truly global response to it”(1). This is not an easy call to heed, with the world facing dual crises—of international leadership, with the old order gone and a new order yet to come; and of COVID-19, a global pandemic with a rising death toll.

As the US’s interests in preserving an active international leadership decline, China appears to be aiming for the position of global hegemon. Such perceptions of international leadership focus on the terms of global power, with which the leading state(s) can give order and take whatever it wants in the system. However, this is not always the case, and a full discussion of current major power politics indicates complicated scenarios of international leadership.

The Decline of US Hegemony

Countries—and individuals—must have the capability and willingness to become international leaders, which comes with power and obligation. But this can easily deter leaders. US President Donald Trump, for instance, shows little interest in preserving international order pegged on US leadership and has emphasised an inward-looking sentiment. The Barrack Obama administration had initiated a policy of “leading from behind,” which Trump has taken further, viewing global leadership as a burden on the revival of American greatness (2). Trump believes that that the US’s position as a global leader is only for other states to take advantage of American interests, and that it offers the country far fewer gains than costs.

Leading states and those that follow it are always influencing each other, and the relationship is seldom a one-way street. Still, countries in leadership positions have certain responsibilities, including steering universal efforts for the common good, such as the fight against contagious diseases. The US’s moral gains in leading several global

battles, such as malaria, polio and Zika (3), have now been wasted with Trump choosing to go the other way in his flight plan, if there is any, against COVID-19.

With the outbreak of the COVID-19 disease, Trump administration has disappointed the world with its ill-preparedness (at home) and boldness in suspending orders for medical equipment and supplies to its allies and non-allies alike (4). Trump has spent more time ascribing the outbreak to external factors than fighting the virus. On the domestic front, his populist mindset has even prevented professionals from doing their work of saving American lives (5). While it may be convenient to evade responsibility by blaming another country in a bid to avoid any political punishment during a public health crisis like COVID-19, this should not get in the way of coordinating a national and global plan.

Trump—and the US—have failed in the responsibility of leading global efforts during the pandemic, giving rise to a leadership vacuum.

Great Power Battle or Imagined Competition?

Some observers believe there is an ongoing global leadership battle between the US and China, which is seeking to expand its influence worldwide. But a closer look at current power politics shows that the competition is not real, as neither the US nor China is willing or capable of undertaking the role. A better way to describe the current world order is that the US has an insufficient willingness and China insufficient capability to take on a leadership role. Both parameters matter and the lack of one impacts the other; while a capable state lacking desire will not undertake the leadership role, a willing state lacking capabilities will also not take the role.

Even as the international debate on whether China is a status quo power and trying to establish a sphere of influence persists (6) domestic scholars, such as Yan Xuetong and Shi Yinhong, have been discussing the moral dimensions (7) and costs of international leadership that risks strategic overstretching (8). Pu Xiaoyu sees China's reluctant approach to global leadership as its unwillingness and inability to take on greater responsibilities and risks due to various limitations (9).

In China, the US is seen as an overstretched superpower, and so its quest for international leadership remains a matter of domestic debate, revealing a reluctance that stems from insufficient capabilities. The American example implies that international leadership involves many costs, and even the superpower is now shirking from the tremendous costs and responsibility embodied in that role.

International leadership is not a one-time deal; it is a lasting and fast-changing position. It is naïve to think that China could usurp and hold the global leadership position only by manufacturing and exporting medical equipment and supplies to other countries.

History proves that leading states do not always stay on top. Until a country with sufficient capability and willingness to take the role emerges, the leadership vacuum will remain.

COVID-19: An Opportunity for Cooperation

Concerns over the impacts of a leadership transition are legitimate, and experts have begun to articulate what a post-COVID-19 world could look like (10),(11). But it is telling that there is now a lack of basic trust among the major powers, which has hit international cooperation. Without the essential spirit of international cooperation, it is pointless to assume countries will follow the leadership of another country, be it the US, China or any other. As confidence in international institutions wanes, it is safe to forecast that in the post-COVID-19 era, the world will be without a leading state and will have more demanding followers.

Globalisation will weaken, with many states enjoying lower profits but taking on fairly the same, if not larger, share of consequences (12). Under such circumstances, states will be more demanding on the next leader, if a leading state emerges. States will seek more guarantees for their loyalty. The costs of upholding the leadership role may mean meeting greater demands. At present, no state has the capability or willingness to do so.

Several scholars see COVID-19 as an extension of a country's safety and security, and its fallout is affecting states' political stability, economic welfare and cultural sense of national solidarity (13). All states have had to put domestic needs first while fighting the pandemic, but not all have the same capabilities to do so. But a leaderless world entails disorder and instability, and states have to help themselves in the anarchical system. With waning trust in the US and multilateral institutions, international collaboration is under test.

At the same time, the pandemic is not a traditional security issue. Where geography once forced states to compete, it is now forcing them to cooperate. No country and its people are safe unless all nations and all people are safe, and the world should confront the virus as one, not as different states (14). Smaller countries need help, and despite the domestic constraints, other states must come forward to assist, whether out of moral obligation or practicality.

China and India: A Prospect for Asian Century?

It is important to regain the spirit of international collaboration. China and India make up more than 40 percent of the world's population, and the pandemic can surely only be halted when both countries tide over the crisis. This gives both countries, and Asia, the opportunity to play a leading role in coordinating a global response to COVID-19.

So far, Asian countries have performed well in taking strong and coherent measures to control the contagion and raise public awareness to mitigate risks (15). China initiated tight measures and continues to maintain a high alert for a possible virus resurgence (16), and India enforced intensive rules, including a nationwide lockdown (17). Other Asian countries like Japan, South Korea and Singapore have also initiated strict actions to curb the spread of the virus (18).

Crucially, Asian countries do not have Trump-like leaders. Governments in Asia have shared data, medical resources, and best practices to boost each other's pandemic response. There are many lessons to learn from the experiences of Asian countries,

especially for smaller states that may be seeking guidance and assistance.

The quality of global governance will be measured by how fast we can contain the virus, how far we can limit casualties, and what we do to improve the world in the aftermath.

It is especially important for major states, such as China and India, to lead and set an example. India is a vital supplier of core medicines and China of protective equipment. In normal times, such products are not strategic. Given how widespread the pandemic is, no single state can meet all demands in a short time. No state can stand outside of the battlefield because it is a common fight. Even as some leaders choose to politicise the fight against COVID-19, it is up to others—politicians and citizens alike—to find back the spirit of solidarity and stand together as one.

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Looking Back, Looking Forward

14

The World After COVID-19

Amna Mirza

The world is going through an unpleasant historic period. Even as people pledge to fight the pandemic with social distancing and make a slow return to normal lives, they must heed warnings from scientists such as National Institute of Allergy and Infectious Diseases chief Anthony Fauci, who stated that one must be prepared for a second recurrence of the COVID-19 virus (1). The World Health Organization (WHO) has also said that countrywide lockdowns are not enough to deal with the overall cyclical impact of the virus (2). Daily official infection numbers reveal that testing and recovery rates are still low (3), proving that the global death toll is high because necessary measures were not taken early on. But the coronavirus crisis shows that we can emerge stronger and wiser with the right strategy.

Hoping for the virus to self-destruct (4) or putting social and economic life on hold until a vaccine is found are not viable options. There is a need to have extensive deliberations on the way forward now and after the pandemic. This is an arduous, but not impossible, task of putting on a brave front against a threat that cuts across all borders and is an equalizer in terms of harm caused.

Lockdowns around the world meant pollution levels dropped, and rivers and seas showed signs of recovery (5), which large sums of money spent over the years could not achieve. On the flip side, the lockdown also meant rising joblessness and pay cuts, and thousands of migrant workers being forced to make their way home on foot because they had no money or work (6). This forces us to ask—what matters more, lives or livelihood?

A New World Order

There are several debates on the rise of a new world order (7). Any country's rise in global power will be contingent on its post-lockdown management. As governments around the world grapple with ideas on opening their economies, they must heed the lesson from the pandemic—health and economy must be viewed in complementary terms, and that the calling citizens “warriors”(8) would only work in tandem with detailed plans.

Interdependence has given us collective gains and risks. In the post-pandemic age, the world needs global solutions—not because inter-connectedness is a good option but because of how our problems are now marked by commonality—in which security has moved from a relative to an absolute lens. Security puzzles cannot be conceptualized while ignoring dimensions of health and livelihoods, as these are the new threats that could let our differential capabilities be negated. Pandemics impact humans in terms of resolutions and innovations needed for public health (9).

Limiting efforts to reduce the vulnerability of human lives to a virus in the future to mere changes in medical policies would be a half-hearted measure. Health mechanisms do not exist in a vacuum. Multidimensional strategies are needed to cater to every variable of the health system architecture—such as placing medical experts at the forefront of intelligence, and advancements in the polity, industry, agriculture, rural domains, hygiene and education. The strategies must be based on sustainability and cutting-edge technology, which shall also provide the acceleration needed to increase economic productivity.

The timely detection of future biological threats is of utmost importance. Perhaps it is time to consider establishing a global science corps, the priority of which will be to make a globalised immune system a significant policy consideration in all countries. Further, existing global health institutions like the WHO must enforce the idea of periodic and decentralised antibody home testing (10) in all countries, placing health security as the main agenda in policy discourse. As ideas of world politics are being redrawn, countries must opt for a collective pact to reform global governance, wherein the abandoning of duty by any partner (11) or underfunding by donors (12) will not hamper the shared mission of managing intricate and interconnected global problems.

Supranational governance, with the aim to be ‘one world, safe health’, must be enshrined in letter and spirit at the global and domestic level. This is why nations must think about changes in their emergency provisions and must revisit disaster management and epidemics related legislation, with inputs from their international affairs, legal and information technology experts. Situating pandemics under the ambit of disaster management has, so far, failed to achieve any meaningful coordination amongst the various stakeholders (13).

Managing a humanitarian crisis is a complex process as diseases have not only a physiological impact but also a psychological one, which has a bearing on the overall health and wellbeing of a person (14). Leaders around the world must imbibe idealist doctrines to ease the anxieties of their people (15). The state of the economy, national interest and stability in development discourse will fall in place once ‘human connect’ is re-imagined.

The pandemic has an important future lesson for all—time and expertise matter. Prompt action and experts raising the alarm before the situation spins out of control can save many lives. There must, therefore, be due process for the medical fraternity to work in coordination with intelligence agencies to make the working of existing public health institutes more effective (16).

Fourth Industrial Revolution

The Fourth Industrial Revolution and Globalisation 4.0 has placed the foundations of a global village on new industrial technologies. COVID-19 has provided an opportunity for all nations to experiment with these tools via mobile tracking, diagnostics, screening, therapeutics and monitoring (17). Robotic caregivers in China proved useful in the country's coronavirus strategy, and many nations are exploring a bigger combat role for robots (18).

Amid the several attempts to advance avenues of digitization and human-robot interactions in various fields, the big question is whether humans are prepared with ethical, military and legal guidelines to deal with the 'robots revolution,' which will be the turning point in contemporary history. Nations must also regulate issues of usage, capacity, bandwidth and the growing digital divide, with apt rules, infrastructure, investment and policy support. This is crucial as leveraging the gains from Industry 4.0 will be important to define a country's global standing. It will also save on the costs that could potentially be incurred in managing a future viral outbreak.

Discussing Industry 4.0 without considering the need to use advanced digital technologies for 'Agriculture 4.0' (19) is insensitive to a major economic sector. Encouraging bioplastics, startups for hydroponics, vertical farming, and genome engineering can be useful in working towards data-driven, cost-effective farming methods as economies reboot after lockdown. Factoring in sustainability can help in devising a global strategy to correct the inequity in the distribution of resources and bring dietary changes to embrace conservation.

Cutting down on wastage, creating mechanisms for quality control, promoting accountability, validation of claims, mapping, and straight-jacketed supply chains with automated warehouses are measures that can be adopted on a large scale to push transformation in the global food supply chain (20). New technologies will be disruptive; field production, packaging, future inventory management and logistics will all be affected. This massive restructuring will force governments to have a new target-oriented approach, distinct from their previous roles as just promoters of different economic sectors.

Decades of economic inequality have left many alienated from the system. Now, after our earlier assumptions have been shattered, new perspectives are needed to manoeuvre our migrant workers towards new avenues like artificial intelligence, where trainers are required to help computers and machines understand the human world (21). Digital engagements need a human connect to absorb any stress in delivering desired outcomes, such as filtering in social safety nets, delinking insurance from jobs, and regulation of capitalism.

Smart cities of the future must be 'healthy cities' that employ Industry 4.0 techniques. For instance, surveillance mechanisms can help ensure social distancing, innovation in architecture can use automated sensors to factor in hygiene levels, personal digital health assistants on the lines of telehealth can assist individuals, and biometric numbers can be linked to government portals (22). Governments around the world must work towards leveraging technology to provide a cushion for people with limited abilities to absorb

income shocks. Every entity must consider different solutions and methods to reach the common goal—mitigating the devastating economic impact of the virus.

Universal Health Coverage

To indulge in any unmerited profiling of the invisible adversary is an immature blame game. Pragmatism demands that countries reshape their warfare and weapons legislations with clauses on information on outbreaks and compensation to aggrieved nations filing the lawsuits based on scientific evidence. Lessons from 1978 Alma Ata Declaration, competition for priority access (23) and the need to secure one's national interests amidst any international bargain, show how vaccine management and power games are linked (24). countries must have a meaningful plan of action to provide due support to their pharmaceutical industry while ensuring finance and infrastructure are available. Countries must also include their national cadets' corps in implementing mass vaccination programs that benefit all.

No warfare can be understood until one delves into the ideology guiding it. There are several conspiracy theories that the COVID-19 pandemic may be a lab-created bioweapon (25). However, there are also disagreements, and instead of a blame game, the global community counted on science for a cure and to boost the health systems (26). Further, with knowledge comes concerns of power and control in epistemology (27). There is a need for transparency in science, and vested interests must be avoided. The aftermaths of the Ebola and SARS epidemics highlighted the limitations and biases within public health science (28) and other related activities. Now is not the time to repeat the mistakes of the past.

Education models also need to be revamped to account for solution-oriented learning, which offers multi-dimensional advantages. If the isolation and quarantine measures have taught us anything as schools and work went online, it is that we must reorient the means-end style of educational, health and economic endeavours for future strategy. For instance, a robotics team in Afghanistan engineered cheap ventilators using spare parts (29) and the Botswana International University of Science and Technology has started producing soaps and sanitisers to help the country (30).

It is interesting that there is a huge dependency on digital infrastructure at a time when security is being redefined with military threats coexisting with health emergencies and an economic crisis. Cybersecurity must also be factored in. With data emerging as the new currency of power, there will be attempts to use malicious digital viruses to cause harm (31). Therefore, along with plans of using workplace monitoring or contact tracing apps (32), countries must also coordinate with their law and order, technology and legal experts and with other non-state actors to develop a supporting strategy that looks at digital hygiene, secure digital domains, an official taskforce for system updates, a malware tracker, and a fully scrutinized app to protect privacy, amongst others.

COVID-19 has made it clear that health and economic governance are complementary to each other. It has added a new and important element—the digital—to the essentials of human existence. The rampant use of technology has left no aspect of society untouched and has made the world go on—closed yet interconnected—amidst the lockdown. With

technology and science as the core pillars of our economic strength, we can strike back. However, in the endeavour to remake the world, ‘inclusivity with equity’ is essential in input and output for any meaningful change.

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15

Technology in the Times of a Global Pandemic: Lessons from India

Arvind Gupta and Nipun Jain

Since the beginning of 2020, countries around the world have been grappling with the impact of COVID-19. No country can claim that their healthcare system and technology infrastructure was prepared for this global pandemic, but they will be studied on their agility of governance, decision-making and ability to innovate by repurposing existing tools and technologies.

India, with its 1.3 billion population, has stayed relatively low on the infectivity ratio/mortality ratio per million population, which can be attributed to restricting air and rail travel, imposing a highly restrictive national lockdown, regular citizen communication, use of technology to support citizens in need, and the efforts of innovators who contributed with agile technology solutions.

While hard and bitter lessons in dealing with the previous disease outbreaks and natural disasters helped India quickly respond to the COVID-19 crisis, the country also owes its relative success to the timely and transparent implementation of technology-driven methods. Bill Gates, World Bank and many others have praised India's technology-driven interventions for combating COVID-19 at scale (1), (2).

This essay talks about the technology interventions that have helped India so far, in its quest to overcome the invisible enemy.

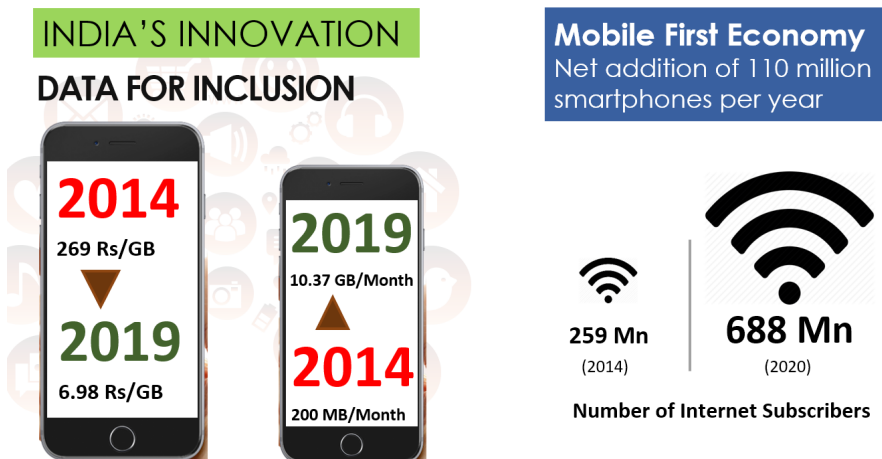
The Use of Technology to help India's Poor

Consider two newspaper headlines, one from 2011 (3) and the other from 2017 (4). One talks about the findings of a Parliamentary Standing Committee—the role of middlemen, and presence of fake and duplicate beneficiaries in one of the government's welfare scheme, causing huge loss to the government exchequer. The other headline talks about the role of technology in removing more than 31 million fake beneficiaries from the government welfare scheme. The technology-led intervention to remove fake, ghost and duplicate beneficiaries has increased government savings. This has enabled the government to use

the same limited budget to target more beneficiaries and simplify the process to devise and employ more welfare schemes in the same budget.



India’s digital infrastructure has been a multi-pronged approach, Digital Inclusion and Identity4All being the main pillars. The identity layer is based upon a biometrically verifiable identity is the base of India’s ‘AadhaarStack’ or ‘IndiaStack’. This is a presence-less layer, which when coupled with a verified-at-source paperless layer provides digitised document storage that forms the basis of applications such as digital onboarding and eKYC, amongst others. This unique interlinkage formed the basis of providing financial inclusion to over 380 million Indians, many of whom did not have a bank account before. Presently, India has an over 99-percent financial inclusion rate at the household level (5). The low-cost telecom revolution also owes some of its success to the IndiaStack, by helping bring down the costs of customer onboarding. In terms of Digital Inclusion, India has around 600 million unique smartphone users, with data costs lowest in the world.

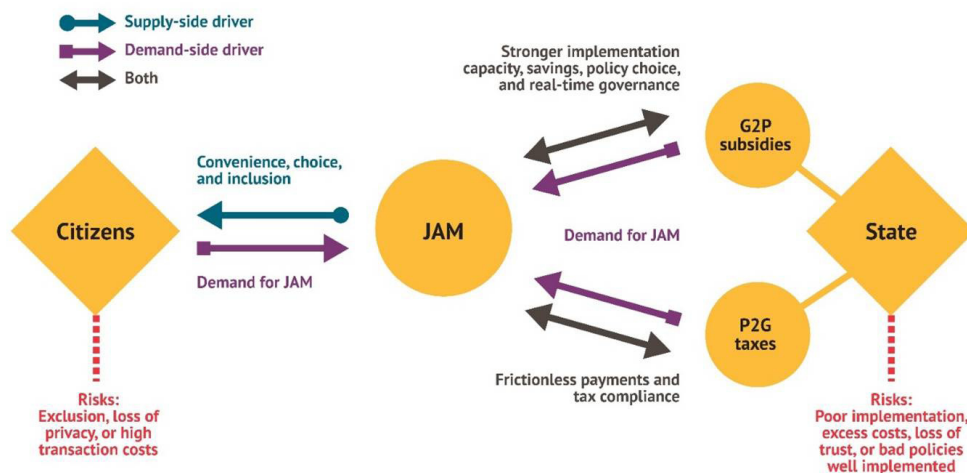


*Figures from TRAI Performance Report April-June 2014 and July-Sep 2019 respectively

Technology has become a game-changer, with the unique interlinkage of India’s universal digital identity with JanDhan bank accounts, citizen entitlement schemes and mobile phones, and creating the government’s direct benefits transfer (DBT) system. India’s social welfare programmes are complex systems with millions of participants and have evolved over the last few decades. Hundreds of millions of beneficiaries depend upon these programmes for basic sustenance. The DBT system’s mission is to transfer funds directly to the bank accounts of citizens, serving as a low-cost and hassle-free method to deliver benefits. Currently, the Indian government is ensuring a quick disbursal of funds to each beneficiary, with zero systemic leakage (6). The government has till now transferred over US\$146 billion (7) and has managed a savings of more than US\$23 billion (8) in the form of duplicates, fakes, ghosts and wrongful entitlements.

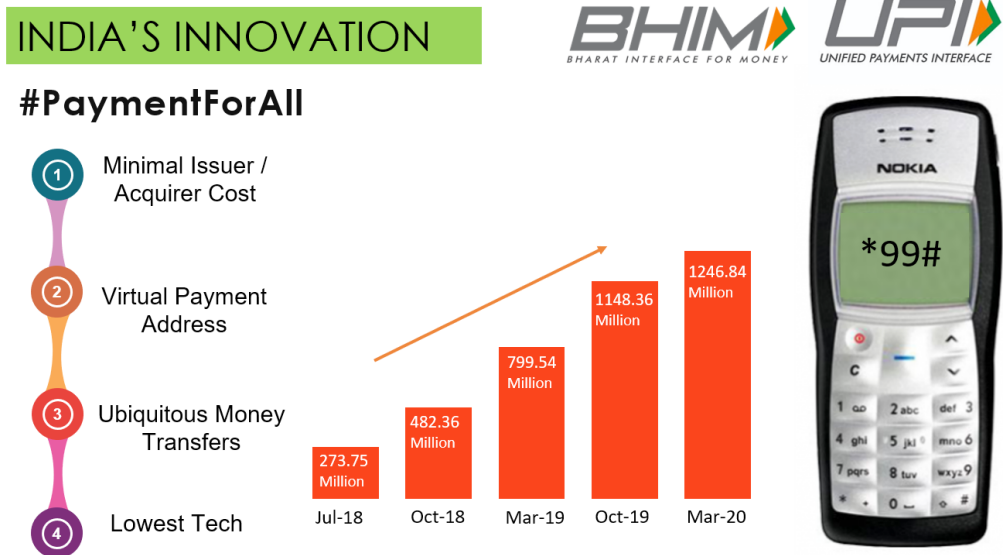
In the time of COVID-19, India is scaling its technology stack and finding innovative ways to deal with the pandemic. The Indian government announced a US\$23 billion (9) an economic stimulus that provides direct cash transfers and food security measures, offering relief to millions of poor people hit by the coronavirus pandemic. The targeted approach and timely receipt of support in their bank accounts have helped millions fight hunger in these troubling times, and all this has been achieved without standing in any queues or filling any forms.

The JanDhan-Aadhaar-Mobile trinity disrupted the way benefits were processed and paid to the citizens, and the Unified Payments Interface (UPI) has changed the way money is transferred in India. UPI, along with Aadhaar, and Digilocker as the paperless layer, form the core of IndiaStack. The payment rails of the natively-developed UPI worked in real-time with mostly zero transactional costs and did close to 1.3 billion transactions in February 2020 (10). At scale and virtually zero cost, UPI is saving India close to 10 bps of GDP.



While DBT and other systems transfer money into the accounts without human intervention, UPI and Aadhaar-enabled payment systems help the usage of that money, democratically and efficiently. Aadhaar-enabled payment systems are enabling citizen-to-merchant transactions to work in a contactless manner, and they are key in time of crisis, such as the current one. They are also key in enabling citizens to conduct formal banking transactions such as cash withdrawal and account-to-account transfer (11). The direct intervention from DBT platforms using UPI transferred support to over 390 million citizens in a matter of days (12), and will continue to do so during this period of crisis.

The Indian approach to building platforms as a public good (13) has disrupted the delivery of government services. It has leapfrogged the country into the fourth industrial revolution of data and digital economy, impacting and changing the lives of more than a billion Indians. Proactive and agile policy frameworks have played a key role in India’s rapid response, which is based on utilising its technological stack and innovation mindset.



Using Digital Communication for Accurate Public Information

One of the important parts of the national plan to tackle the coronavirus and the foundation for an efficient public health system is the flow of clear and accessible information in all languages. MyGov, a government-to-citizen communications platform, is ensuring that the policy decisions at the central level are available to citizens in all languages. Further, it proactively decodes the government advisories on the lockdown, playing the role of alternative source of information to fight rumours, half-truths and outright misinformation related to the crisis. As COVID-19 spreads around India, false and misleading information has also spread with it. In the current evolving context, specific social media platforms are being used to encash on users’ fears and lack of digital literacy.

To dispel rumours and misinformation about the spread of the virus, the Indian

government integrated its approach of updating citizens with reliable information related to the COVID-19 pandemic through 360-degree communication. It is doing so by building channels of communication through interactive social media platforms like Telegram and Facebook. These channels, along with MyGov India, are aiding in the government's effort to disseminate reliable information to the public. Beyond these, the government is also leveraging the power of Automated Messaging Engines to form a two-way communication channel with citizens.

This rise of fake news around the COVID-19 pandemic has been unprecedented, and fact-checkers and government functionaries have been working continuously to provide accurate information on the disease. Since the beginning of the outbreak, the government's Press Information Bureau Fact Check division has published more than 150 fact checks on misinformation/disinformation around the pandemic (14). Many other fact checks have been done by the media outlets, social media platforms and others as a collective fight against this 'infodemic'.

The brief lesson in fighting the infodemic has been that of using trusted outlets, building higher reach, 360-degree communication, quick fact checks and ensuring platforms restrict fake news.

Contact-Tracing for Timely Alerts, Cluster Identification

The big challenge facing any society during a contagion is the ability to recall significant physical exposure that could potentially make a person vulnerable. Contact tracing is the process of identifying those people who had come in close contact with an infected person over the incubation period. The other big use of contact tracing is for location-based alerts and crowdsourcing potential clusters. Contact tracing is used to break the chain of transmission by identifying people who could have been exposed to an infected person so that they can take necessary steps to isolate themselves, get tested and begin treatment. Most contact tracing platforms work on the principle of 'pooled data' for public good, and users do trade a little bit of privacy for their own benefit.

The Indian government launched the contact tracing app, 'Aarogya Setu,' on 2 April 2020 to educate citizens about the coronavirus, help them keep abreast with latest information and government advisories, and also do self-assessment. Aarogya Setu uses Bluetooth to keep a log of significant contacts when the device comes in contact with another Aarogya Setu user. It also geo-locates the users and uses no personally identifiable information to detect clusters and assist public health officials proactively detect communities that are at greatest risk.

Big data generated from the Aarogya Setu app is used to check compliance with quarantine, map the spread of the virus via movement of people and obtain a better risk profile of local districts. The app can be used for geofencing of quarantined cases and will also be used for access control at airports, train stations and office complexes.

Any contact tracing platform needs a minimum density of users for it to be effective and to make the algorithms work in the desired manner. The Aarogya Setu app had 100 million users within 40 days of its launch (15). Many suggestions around usage and privacy have been incorporated, and a formal data storage and usage policy have been

announced (16). With this pooled data, the government has alerted 130,000 users of being at risk, detected more than 13,000 positive cases and 300 potential clusters (17).

Bottom up frugal innovation, utilising the country's creative entrepreneurial energy and quick adoption has improved the lives of billions of Indians and is testament to the success of India's model of building a data-driven digital society. As India leapfrogs into fourth Industrial Revolution by creating an alternate model of digital platforms as public goods and leads the path for societal innovation for over a billion Indians, the India Model has lessons for developing nations housing the other 6 billion.

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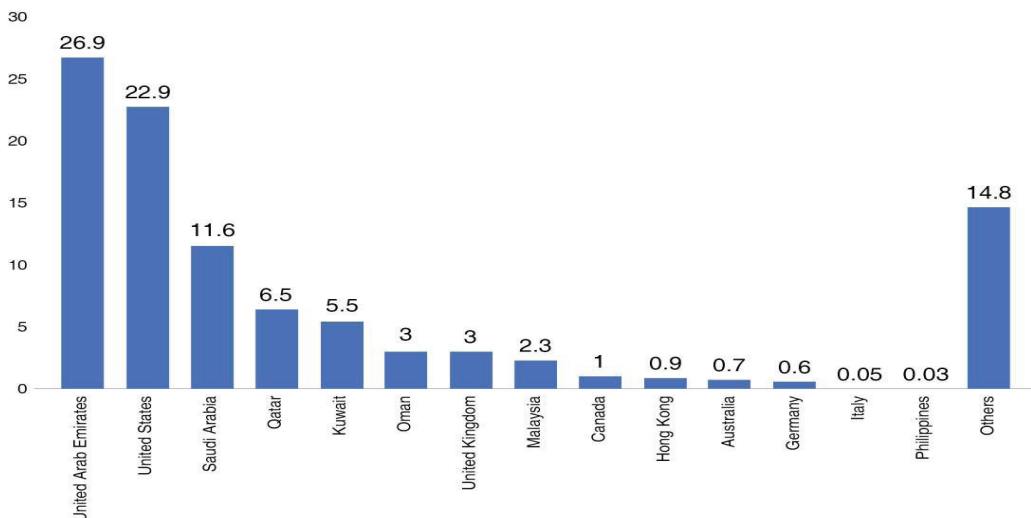
The Pandemic in the Gulf: What it Portends for NRIs in the Region

Isaac John

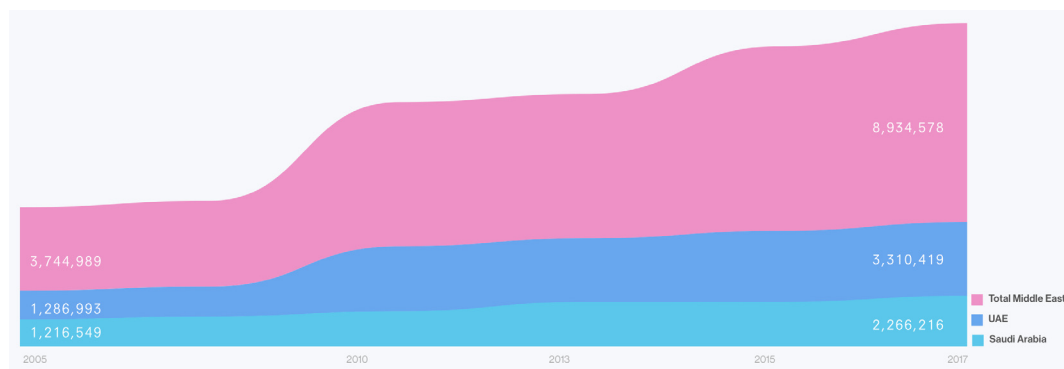
Battered by a triple whammy of the COVID-19 pandemic, a glut-driven oil-price plunge, and steep meltdown, Gulf countries are in a state of partial lockdown, with most economic activities at a standstill. For millions of expatriates, this sharp downturn portends a massive repatriation wave, ending a remarkable era of free-wheeling entrepreneurship, prosperity and livelihood. The COVID-19 pandemic is expected to be a key catalyst in a critical shift in the demographic landscape of the Gulf Cooperation Council (GCC).

Non-resident Indians (NRIs) constitute up to 35 percent of the GCC's foreign population. It is currently home to nearly eight million Indians, who collectively account for more than 55 percent of the annual US\$80 billion foreign remittances to India.

Country-wise Share in Inward Remittances - India



Source: RBI (1)



Source: Anubhav Gupta (2)

The UAE, with more than 3.3 million Indian expatriates, has traditionally been the largest source of remittances to India. According to the Reserve Bank of India, of the total remittance in 2018, the UAE's share was 26.9 percent, Saudi Arabia's 11.6 percent (NRI population: 1.56 million), Qatar's 6.5 percent (NRI population: 0.692 million) and Kuwait's 5.5 percent (NRI population: 0.825 million).

The Gulf region has been witnessing a slowdown over the last several years. Amidst an unprecedented global meltdown and regional political turmoil, it has now also been hit hard by plummeting oil revenues. Oil prices are at an 18-year low, having declined by almost 70 percent.

The International Monetary Fund chief Kristalina Georgieva has warned that the state of the global economy appears to be far worse than the recession of 2008. According to the Asian Development Bank, the COVID-19 pandemic could cost the global economy US\$4.1 trillion, the equivalent of nearly five percent of the worldwide output. Recovery is expected only in 2021.

American economist Nouriel Roubini has warned that failure to rein in the pandemic risks a worse global downturn than the Great Depression, and the best-case scenario would be a return to growth in the fourth quarter of 2020.

The Impact on Gulf Economies

The Gulf economies have been in fiscal deficit since 2014, with a predicted contraction of around 1.7 percent in 2020. Analysts believe that these countries appear to have finally reached the tipping point in terms of fiscal spending power, demographic composition, way of doing business and reliance on foreign labour.

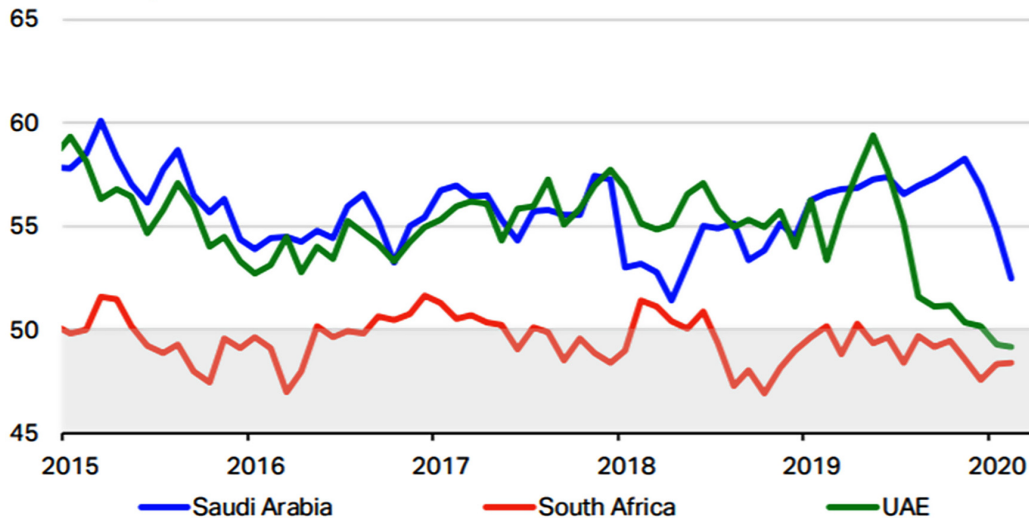
For more than five decades, NRIs have actively contributed to the buoyant economic growth of the six GCC states, but they now face the inevitable fallout of the meltdown, i.e. large-scale layoffs, widespread business shutdowns, bankruptcies and, finally, repatriation to an uncertain future in their homeland. Speaking to *Khaleej Times*, David Owen (Economist at IHS Markit) said, "New business volumes fell at a steep pace, driven by lower customer sales, reduced tourism, and weaker trade as countries across the world closed borders. Meanwhile, the closure of airports in the UAE and working-from-home

policies, as seen across the globe, are likely to extend the downturn into April, particularly as there is no end in sight to the pandemic.” (3).

The UAE has postponed the World Expo by one year, to October 2021, while also intensifying restrictions on movement by enforcing a 24-hour curfew and a two-week lockdown.

Business confidence - economy-wide PMIs

50=no change, seasonally adjusted



Source: IATA (4)

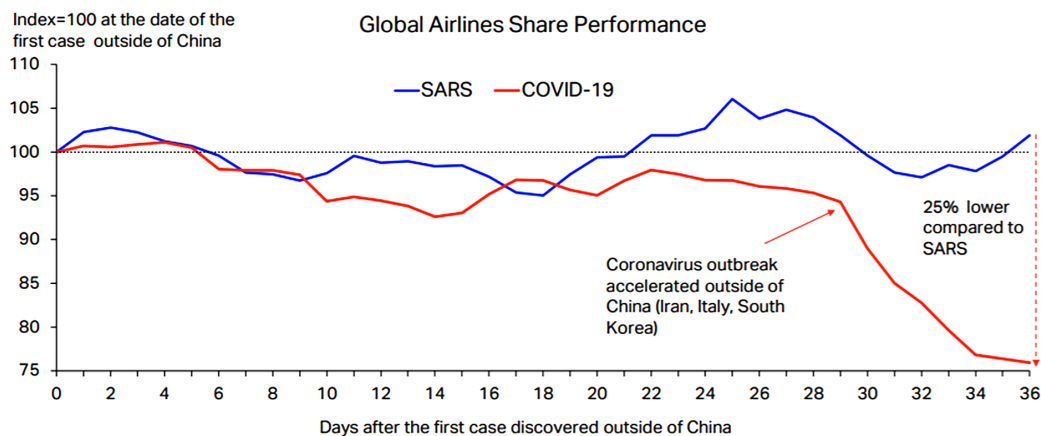
Saudi Arabia’s Purchasing Managers’ Index has hit a survey-record low amidst emergency public-health measures to prevent the spread of Covid-19.

The Central Bank of the UAE responded to the outbreak with a comprehensive DH256 billion stimulus package to help retail customers and corporates and is now closely monitoring job cuts in the financial sector.

To stay afloat, most employers in the private sector are resorting to salary deductions of up to 50 percent, leave-without-pay policies, and moderate to massive layoffs. Cash-strapped companies are reaching out to banks to address immediate liquidity problems to pay employees’ final settlements.

The Impact on the Aviation Sector

During the 2003 outbreak of SARS-CoV, the aviation industry was one of the worst affected, taking a US\$7 billion hit, as attested by the International Air Transport Association (IATA) (5). Considering the rapid spread of Covid-19 and the subsequent failure of the global community to respond with adequate urgency, financial markets have estimated that global airline profits will decrease dramatically, much more than in 2003.



Source: IATA (6)

According to Standard & Poor's, the pandemic could reduce global air passengers by up to 30 percent in 2020. The latest data from the IATA shows that COVID-19 will lead to an estimated loss of US\$252 billion in passenger revenues in 2020. According to their estimates, the UAE airlines will lose 23.8 million passengers, with a loss of US\$5.36 billion in revenue, 287,863 jobs, and US\$17.7 billion in contribution to the national economy; Saudi airlines will lose 26.7 million passengers, with a loss of US\$5.61 billion in revenue, 217,570 jobs, and US\$13.6 billion in contribution to the kingdom's economy; Qatar will lose 3.6 million passengers, with a loss of US\$1.32 billion in revenue, 53,640 jobs, and US\$2.1 billion in contribution to the state's economy. As of 2 April, IATA stated that Middle Eastern airlines have already lost US\$19 billion in revenue, with 800,000 jobs at risk (7). Most airlines and hotels in the GCC have announced layoffs, wage cuts and flight cancellations.

The travel, aviation, tourism and hospitality sectors—which constitute the mainstay of the UAE's private-sector economy—have been the worst-hit in the meltdown. Following the nationwide closure of all airports and the suspension of outbound and inbound flights in March, the UAE's once-vibrant aviation scene has come to a halt, forcing flagship carriers Emirates Airlines; Etihad Airways; Air Arabia; flydubai; and the new-born, low-cost carrier Air Arabia Abu Dhabi to tread water through cost-cutting measures, including sending their staff on leave. Emirates Airlines, Etihad Airways and flydubai have announced temporary salary cuts, by 50 percent on management wages and 25 percent on other staff salaries. Sheikh Ahmed bin Saeed Al Maktoum (Chairman and Chief Executive, Emirates Group) has assured employees that they will continue to be paid all other allowances during this time; moreover, junior-level employees will be exempt from basic salary reduction.

The Saudi Arabian Monetary Authority (SAMA) wants banks to immediately put in place a lending programme for at least six months to assist in maintaining employment levels. Further, in a circular released in March, SAMA directed banks to provide relief on debt repayments to any customers that have already been dismissed (8).

The United Nations has said in an appeal that six billion people living in developing

economies will urgently need a US\$2.5 trillion “rescue package” to mitigate the economic fallout of the COVID-19 pandemic. To this end, Gulf economies have been rolling out stupendous economic stimulus packages and quantitative easing measures. The UAE has unveiled a DH127 billion stimulus package, while Saudi Arabia has announced SAR120 billion in support.

The Impact on NRIs in the Gulf

According to analysts, the writing is on the wall. The era of boom and dream-like fortunes for expatriates is now coming to an end. In the wake of plunging oil prices amidst demand destruction and deepening global recession, their wealth is fast depleting and liquidity drying up. Consequently, the GCC nations have expedited the process of reducing their dependency on foreign labour, an unavoidable eventuality that will have far-reaching implications on the nine million NRIs across the oil-rich region.

Economists have warned that COVID-19’s social impact on the Gulf’s transnational labour will be exponential. As of early May, hundreds of thousands of migrants have registered for repatriation in the GCC countries. Pakistan and India have already evacuated a large number of their citizens from the Gulf. This followed a warning from the United Arab Emirates, which has the largest expatriate population, requesting the home countries of the labourers to take back their citizens. If not, the UAE has stated that it will consider imposing strict quotas on work visas issued to nationals of those states that did not repatriate their citizens (9).

Without any signs of relief and the extent of the pandemic’s fallout remaining uncertain, by July, job losses could snowball to 50 percent across all nationalities and various sectors, including travel, hospitality and tourism, retail, SMEs, construction, logistics and cargo, education, and healthcare.

For most SMEs and up to 80 percent of large businesses, it is a catch-22 scenario. The GCC is currently witnessing the worst downturn since the 1980s. Businesses are hard-pressed to survive, with little revenue and no option for a safe exit. Across the region, corporations and businesses—both small and medium enterprises as well as large companies—are increasingly reaching a point of no return, reeling under the knock-on effect of payment defaults, a liquidity crunch, bounced cheques, tightening credit squeeze by lenders, overdue salary payments, missed value-added tax (VAT) payment deadlines, rentals, and various government fees.

The Gulf’s business sector, dominated by NRIs, has been facing substantial headwinds over the last few years. In 2014, the oil economies—at the time steadily recovering from the fallout of the Global Financial Crisis—faced an oil-price plunge, which subsequently affected their fiscal revenues. In late-2016, the OPEC (with new partners such as Russia and Mexico) responded with production cuts that held prices steady in the range of US\$50–70 per barrel, until the agreement fell through on 5 March 2020 (10). Since then, oil prices have been in free fall, having now dropped to under US\$20 per barrel (11). During the sharp fall in oil revenues, the structural fundamentals were like what members of the OPEC+ (Organisation of the Petroleum Exporting Countries) observed in early March 2020: declining demand in China and a persistent supply from American

producers. However, what is different from the price volatility five years ago—and what the Saudis and Russians could not have fully foreseen—is the demand destruction caused by the Covid-19 pandemic, which has wreaked havoc on the largest economies in the world (12).

As COVID-19 cases continue to rise sharply in the Gulf, governments are taking drastic steps to enforce social distancing by announcing curfews, travel bans and the shutdown of large segments of their economies. Economists believe that these measures are already leading to severe economic disruption and will continue to do so over the coming weeks and months. The severity of the economic impact in the GCC will largely depend on two factors: a) the duration of restrictions on the movement of people and economic activities; and b) the size and efficacy of fiscal responses to the crisis. Since most governments have implemented well-designed fiscal stimulus packages and prioritised health spending to contain the spread of the virus, experts are hopeful that the likelihood of a deep economic recession can be minimised.

Due to the oil-price collapse and the COVID-19 outbreak, Moody's has changed its outlook from stable to negative for the banking systems of Saudi Arabia, the UAE, Kuwait, Qatar and Bahrain, and has maintained its negative outlook on the banking system of Oman. In most of the GCC states, banks have been instructed to waive loan repayments, and in some countries, firms have been exempted from tax and utility payments. However, the collapse in oil prices has put the Gulf governments in a bind. With Brent crude below US\$30 per barrel, budget and current accounts will fall into deficit across all six economies.

Measures that Affect NRIs

Economists argue that the signs of a sweeping shift across the Gulf's labour markets have never been as tangible as during the current crisis. The last oil market downturn spurred a series of policy shifts, such as the "nationalisation" of jobs in certain sectors, more flexible visas, new taxes and fees on the backs of foreign workers, and vast purges of low-wage workers in construction (13). However, the new nationalisation policies across the GCC are meant to encourage and safeguard certain jobs for citizens. Already, tens of thousands of Indian expatriates have been repatriated due to Saudisation, or Nitaqat. The kingdom has strictly reserved employment for nationals in several retail and hospitality sectors, from mobile phone shops to eyeglass stores (14). The decline in government contracting—cyclical normality for the GCC economies when oil revenues drop—was especially sharp between 2015 and 2018, when as many as 700,000 foreign low-wage workers were laid off in Saudi Arabia. Oman has now banned expatriates from working in more than 80 job categories. So far, the UAE, Kuwait, Qatar and Bahrain have restricted the job nationalisation drive to government jobs.

In the wake of the slowdown sparked by the oil-price plunge over the past few years, some governments have enacted taxes and fees to turn foreigners into new sources of revenue, e.g. introduction of road tolls; visa renewal fees (15); and excise taxes on alcohol, tobacco and sugary drinks. The UAE and Saudi Arabia have introduced a five-percent VAT, while scrapping subsidies on fuel as part of the economic diversification measures.

A key shift in residency laws has resulted in foreign workers across the Gulf being scrutinised by respective governments for their utility as consumers and sources of government revenue in taxes (16) and fees. The expatriates with investment potential as real-estate buyers or highly skilled experts (17) have received some privileged residency status opportunities.

Across the globe, governments are seeking policy measures to ease the burden on workers. However, as unemployment surges in the service and retail sectors, the GCC governments have little incentive to provide cash supplements to displaced workers, since most of them are foreigners. Saudi Arabia has ordered up to US\$2.4 billion to be disbursed for the partial payment of the wages of private-sector workers, to deter companies from laying off staff. The UAE has enacted a new regulation that lets employers make workers redundant but mandates them to provide housing and allow the employee to transfer their visa to a new employer if a new position is found (18). Further, employers can temporarily reduce salaries or force employees to take paid or unpaid annual leaves. Saudi Arabia has announced partial salary support for citizens working in the private sector who have been made redundant, but this does not extend to foreign residents (19).

To tide over the challenges, the GCC governments are responding with stimulus packages that provide liquidity to the banking sector and minimal support to small- and medium-sized businesses (20).

The UAE cabinet has approved the extension of residence permits expiring on 1 March 2020, for a renewable period of three months, without any additional fees upon renewal. Effective 24 March 2020, the UAE also made temporary amendments to the insolvency and corporation laws in response to the challenges that businesses are facing due to the COVID-19 crisis. According to legal experts, these amendments provide a safety net that enables businesses to survive once the crisis has passed. The government intends to reduce the risk of businesses being unnecessarily pushed into insolvency and of personal liability for insolvent trading because of debts incurred in the ordinary course of business. For the UAE bankruptcy regime, it is reasonable to assume that within the government's contemplation, these measures act as temporary relief for businesses.

The Abu Dhabi Executive Council has launched a new set of initiatives, including a series of stimulus packages to boost SMEs and to ease the availability of loans to local companies. Dubai has announced a DH1.5 billion economic stimulus package, including measures to protect businesses, especially in tourism, retail and external trade, and logistics services. Such measures include a freeze on the 2.5-percent market fee for all facilities operating in Dubai and a refund of 20 percent on the customs fees imposed on imported products sold locally in Dubai markets. Qatar, too, has announced several supporting measures and incentives for the local business community, amounting to QAR75 billion.

An online survey by the data analytics firm YouGov shows that 92 percent of working professionals in the UAE believe that the pandemic has had a large or moderate impact on their business. Further, 32 percent of the respondents feel that businesses will take a month or less to recover from the setbacks once the situation is resolved; 17 percent believe that it could take four to six months; and 13 percent think it could take more than six months (21).

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17

**Cohabiting with the Contagion:
Lessons from History**

Lakshmi Subramanian

I start with some caveats. I am no expert on epidemics, nor do I believe in the inevitable repetition of history's lessons. However, having had the opportunity to study social change amidst various kinds of crises—some less demoralising than others—and, in the process, to study a common lexicon of descriptions, I am tempted to reflect on whether the lessons from the past have something to offer to help us live with our present and dream of a new future. I stay with this question also because I have recently engaged with a thought-provoking article by historian Dipesh Chakravarty who studied climate change to make the argument that history needed an entirely new imagination to pursue and that the Anthropocene has made it impossible to come up with a coherent experience of the continuities between past, present and future of human experience (1).

It is important to reflect on India's historical experience with epidemics, especially the influenza epidemic that raged over 1918-19, their social consequences and whether lessons from the pandemic were remembered by independent India and its stakeholders. Beneath the apparent similarity of historical experience—as reflected in discourse and actual interventions structured around hot spots, cluster infections, community transmission, sanitation, quarantining and contact tracing—there are new realities that speak of a serious, even terminal, infection of the social body. It is with this contagion—the social virus—that we must draw intuitively from the experiences of the past, when the state, the community and disease worked mostly at odds, producing an ad hoc approach to public health infrastructure, and irrational impatience with the poor and the marginal, whose social behaviour was easy to pathologise. I am not suggesting that between the influenza of 1918, which carried away millions of Indians, and the current COVID-19 crisis, which has not decimated the Indian population in the same way, nothing has changed. A lot has changed. The post-independence India implemented polio and smallpox eradication campaigns with efficacy, undertook significant policy measures against malaria, coped with more recent epidemics like SARS and MERS, and even made a name in manufacturing generic drugs that have proved invaluable for countering the AIDS epidemic.

Notwithstanding cranks who occupy media space and an inflated AYUSH ministry, India has, in at least some of its states, built a reasonable health infrastructure and an overall commitment to a scientific approach to disease and eradication. However, these gains are considerably offset by a growing social malaise of utter indifference to the poor, of brutal apathy to the labouring community, best left invisible and yet available at all times to ramp up all kinds and levels of productive activity. This apathy persistently leaks into the emerging discourse on policies from government and private players and unsurprisingly registers a consolidation of older biases that distinguished the discourse that circulated at the height of the last century's epidemic.

If cholera was the classic disease of the 19th century in South Asia, then it was influenza that succeeded to that status in the 20th century. Influenza—wrongly designated as the Spanish flu—was an imperial disease transmitted along trenches and sea voyages, connecting huge swathes of the world and with very few areas escaping its malignant breath (2). It is instructive to identify some of the most marked features of the influenza epidemic as it was experienced, especially in colonial Bombay as they provide a useful template to compare our present predicament, mainly to track the ways in which public opinion is constructed around the disease and its spread, and how the efficacy of the intervention is distorted by a stubborn refusal to look at the fundamentals of the socio-economic problems that beleaguer the subcontinent.

In 1918, the Colonial Office was caught napping and responded in a laggardly fashion to even register influenza as a notified disease, while the city authorities did little to combat the rapid acceleration of the disease until the problem assumed serious proportions. It arrived in the island city sometime in June 1918, the epicentre being the docks. By the third week of the month, employee absenteeism became marked in government offices. Then as now, lack of coordination between government departments and sectors meant that absences were not reported and protocols were not followed. The disease came in waves, the second wave proving to be especially damaging with a spike in death rates. The administration was left with the mammoth task of providing relief, communicating to the public the importance of hygiene, and of enlisting the support of voluntary organisations (3). A key official at this time was Bombay's chief health officer, Dr John Andrew Turner, who not only tried to understand the disease and its transmission but also the social challenges that lay before the administration. As he put it, "Bombay during the month of June may be compared to a huge incubator, with suitable media already prepared for the insemination of germs of disease; the temperature, moisture, and material in suitable condition; an over-crowded city with a large working-class population living in conditions which lend themselves to the rapid spread of disease, either insect borne or from personal contact, should it be introduced." (4).

Turner was not suggesting that the disease was endogamous to India but that the conditions of overcrowding made its contagion inevitable. On the other hand, he knew the difficulties of communicating public health messages to the population and, therefore, insisted that it was necessary to work with local activists. Of course, this did not resolve the crisis; there were real issues of overcrowding and unsanitary conditions that predictably affected lower castes and classes. Thus, what frustrated government efforts was the extreme density of population settlement, in congested mill areas where, unsurprisingly,

mortality rates were high. Nor were the poor able to access private networks; as Mrunmayi Satam's work demonstrates, lower castes were unable to access many of the medical efforts that were sponsored by specific communities—Lohanas, Bohras, Prabhus and Parsis—and had to rely entirely on an inadequate health infrastructure (5).

British officials were happy to outsource the responsibility to civil society and were even vocal in their appreciation of the overwhelming civic response to the disaster. Some of them were convinced that the city had learned invaluable lessons that would show the way for the future. As E.S. Phipson, the assistant health officer in the Bombay Municipality who worked closely with Turner, observed with great optimism, "It has been said that there is a soul of good in things evil, and if the experiences of 1918 have brought home to those voluntary workers, especially educated Indians of all cases who rendered such splendid service in a time of unprecedented stress, the distressing conditions under which the poor of Bombay continue to exist, it may be that Bombay may have in store for her a brighter history in the future than she has known in the past. In whatever hands her future destinies may lie, let us hope that the lessons of 1918, so hardly learnt, will not be easily forgotten."(6).

Fast forward a century, and it is time to ask whether we have forgotten the lessons or if we have only chosen to remember our biases that find expression in the shocking images of the poor being sprayed with detergent and disinfectants in the most insensitive manner (7); in the labouring millions who are left clueless about the future and what to expect from either the absent government or the immediate employer; and in the invectives against the minority community that is seen as a major carrier of the contagion (8). Even if caste has not explicitly entered the discourse of relief and rehabilitation, class certainly has reared its ugly head, as the government has assembled a much-advertised stimulus package, camouflaging its gaps with elaborate rhetoric, quibbles with opposition to gain brownie points (9), and, worse still, try and communalise the virus.

The visuals that saturate our everyday lives now are hardly encouraging: cash-strapped state governments trying to do their best under the most difficult conditions; ineffective messaging by the government to the larger population that is at best clueless about what lies in store, and at worst intimidated by high-handed police action and irresponsible rumour-mongering; restive workers straining in the seams, hungry and scared; and incessant data dumping that is often contradictory and hard to decode.

There is the occasional silver lining of civil society and NGOs coming forward to distribute relief and take on some of the responsibility that the government is quite happy to outsource. But is this what independent India had aspired to be and promised to its citizens? Why is it that we still do not have a public cry for standard and affordable healthcare for all? Why is that the government baulks at spending on public services and is only interested in empty messaging? Why is it that the government dragged its feet on calibrating the first lockdown, and failed to put in place a basic package that would have given some confidence to the citizens and made them willing participants in what was an essential exercise? Admittedly, India has had fewer COVID-19 deaths than many other countries, but this does not guarantee that it will survive the economic catastrophe that is already upon us. Given the consistent spikes in infection, it is not even certain that the disease has not breached the community defence. Trust in information and in

the government's intentions have dissipated; trust has become one of the most severe casualties of the virus, but we do not even have the privilege of putting the blame on the colonial government and looking elsewhere for redress. As a social body, we seem to be groping in the dark for a solution to summon up the intellectual and moral resources to address collective responsibilities to ensure basic social rights and eradicate unreasoned hatred and prejudice, to assure the most hapless of our labouring citizens that they can still aspire for the right to dignity.

A few years from now, when history will speculate on the social anatomy of the COVID-19 pandemic and its virulence in India, it may well struggle to find a satisfactory frame of reference. An entirely new mode of reason may be necessary to grapple with the great uncertainty that COVID-19 has forced us to confront, thereby engaging with a new understanding of history—not as something that repeats itself but as something that still has the potential to reconnect with a deeper remembering. One can only hope that we come together to demand basic health services to all, go beyond the rhetoric of insurance for all and invest in healthcare and basic nutrition, and not get distracted by irrational prejudice and hate and avert our gaze from looking inwards to ask the question why something rotten stalks our land. There are no ready-made answers, but the question needs to be asked repeatedly and stridently in the hope that we have something to learn from the virus.

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18

Women Leaders are Doing Better in the COVID-19 Crisis

Ravi Velloor

Those who know anything of Chinese culture will recognise that the male guardian lions are always depicted with a ball underfoot and the female with a cub, in a nod to what is considered the priorities of each—the playfulness and impetuosity of the male and the more considered, caring, and nurturing instincts of the female.

It is foolish to rely on gender biases alone. But, as we approach the six-month mark since the COVID-19 pandemic first hit countries other than China, one cannot ignore that several administrations that have done a good job of tackling the outbreak are led by women or have had women in key decision-making positions.

German Chancellor Angela Merkel and Norwegian Prime Minister Erna Solberg are exemplars in the fight and are joined by New Zealand Prime Minister Jacinda Arden, Taiwanese President Tsai Ing-wen and Hong Kong Chief Executive Carrie Lam in the Indo-Pacific region. Other noteworthy instances are from Bangladesh and India's Kerala to some extent.

Vietnam has also turned in a performance that looks significantly better than many of its ASEAN peers (1). Some credit goes to the legacy of two-term health minister Nguyen Thi Kim Tien. Dr Tien, who served for eight years until last November, is a trained epidemiologist who was instrumental in setting up a chain of disease control centres around Vietnam. While she is no longer a minister, she continues to head the Central Health Care Protection Committee.

The Highs

When the virus first arrived in New Zealand, Ardern responded promptly. The alert level was raised to the maximum and Kiwis were told to self-isolate, all this when a mere six cases had been detected in the country. Health minister David Clark, who violated the government-ordered lockdown by driving his family to the beach, was demoted to the lowest cabinet rank and was told that his offer of resignation would have been accepted under normal circumstances (2).

Under the highly educated Tsai, Taiwan's response to the COVID-19 disease has been exemplary. The breakaway territory, which keeps a keen eye on the mainland and was first to alert the world on the likelihood of human transmission of the virus (3), began screening arrivals from Wuhan, China, on 31 December, the day Beijing officially informed the World Health Organization (WHO) about the coronavirus. Two days later, Taiwan activated its emergency operations centre. Subsequently, it linked its immigration database to the national health system. It also helped that Taiwan's vice-president, Chen Chien-Jen, is an epidemiologist.

As of 29 May, Taiwan has had seven deaths and 441 confirmed cases. This is in stark contrast to Australia, an island with a similar population, which has had nearly 7,155 cases and 103 deaths (4).

Meanwhile, restrictions, including a 14-day quarantine, continue for all arrivals into Taiwan. While it has managed to avoid a complete lockdown, wearing masks while using public transport is mandatory, as is social distancing.

Likewise, South Korea's success in tackling the coronavirus is attributed to the rigorous repeat testing of its population ordered by the administration of President Moon Jae-in, a former Special Forces soldier.

Kerala, India's most densely populated state, is being held up as a model of disease control among developing countries (5). The health ministry of the Communist-run government is led by a woman, KK Shailaja.

The Kerala government convened its first strategy meeting on January 25, four days after the WHO confirmed that person-to-person transmissions of the coronavirus were taking place. Pandemic control rooms were set up in every district by the end of the month, just as the first case, a student who returned from Wuhan, was identified. At present, the state has eased parts of the lockdown, allowing economic activity to resume.

To be sure, much of this early success comes from the practical application of lessons learnt from previous crises. Just as China learned from the SARS syndrome, Kerala's effective response to the current pandemic—it has recorded the country's highest recovery rate using what Shailaja calls "a fusion of stringent and humane strategies" to flatten the curve (6)—owes a lot to experience gained from battling the Nipah virus outbreak in 2018 (7).

But not every woman leader has looked equally effective in handling the crisis.

The Lows

West Bengal, India's fourth most populous state, is led by Chief Minister Mamata Banerjee, an incendiary politician known around her state as *didi* (elder sister). She won praise in the early days of the pandemic when Bengal was the first Indian state to announce a complete lockdown. The state also swiftly set up quarantine centres in districts and Banerjee herself was seen demonstrating how to practice social distancing (8).

Subsequently, however, Bengal's high fatality rates, reluctance to reveal the true extent of the spread and dismal testing record vis a vis other large, poor states such as Bihar and Uttar Pradesh have fueled suspicion of a cover-up, possibly with an eye on next year's state assembly polls (9).

Bangladesh, next door to West Bengal, also started well. Prime Minister Sheikh Hasina, the country's longest-serving leader, evacuated her citizens from Wuhan in early February and, after the first coronavirus case was identified in early March, shut down schools, screened incoming passengers and asked non-essential businesses to stop handling customers directly. Despite these strict measures, Bangladesh has had 582 deaths and 42,884 recorded cases, as of 29 May (10).

Even Taiwan has had its stumbles. Its move to extend the winter break for schoolchildren led to hundreds of people going on vacation, and in some cases returning with the virus. The island had not anticipated the virus entering through another door.

Singapore, whose workforce ministry is led by Josephine Teo, was described as the 'gold standard' in COVID-19 detection in a study by Harvard University's T.H. Chan School of Public Health but has come in for negative attention after the alarming spread of the coronavirus in its foreign guest worker-dormitories (11).

Nevertheless, Singapore has done an exemplary job in checking community spread, learning from the SARS experience. When COVID-19 struck, it was prepared with a National Centre for Infectious Diseases and detailed contingency plans for quarantining cases and doing contact-tracing.

How Have Men-Run Governments Fared?

While it isn't that every government run by men has been a laggard, there is no doubt that they could have done better (12), whether that is Jair Bolsonaro-led Brazil, Donald Trump-run US or his allies, Boris Johnson in the UK, Shinzo Abe in Japan and Narendra Modi in India.

Bolsanaro scoffed that the virus was nothing but "a little flu," (13) and fired people who stood up to him (14) and pointed out to him the dangers of underestimating the threat (15). Trump's dismissive attitude in the early stages of the outbreak (16) and Johnson's snobbishness in telling his people he was "taking away the ancient, inalienable right of free-born people to go to the pub" as he announced their closure, shortly after he was himself admitted to intensive care with the virus, will be remembered for years to come (17). Brazil has reported 439,000 cases of Covid-19 and 26,764 deaths (18).

It was only on 11 May, after coronavirus cases started appearing in circles physically close to the presidency, that the White House ordered that all, except Trump and Vice President Mike Pence, will need to wear masks at all times when in the building. (19) It is of little surprise that the UK and US are seeing unprecedented economic contraction and casualties today. Brazil too; by some estimates, the largest economy in South America could shrink almost 5% this year, the worst economic contraction since 1900 (20).

Likewise, Modi must surely be embarrassed that his home state, Gujarat, which as of 29 May has recorded 15,572 cases and 960 deaths (21), is convulsed with one of the highest incidences of the coronavirus within the country. Modi's impressive oratory has not helped him entirely mask what looks clearly like a failure to prepare.

Even though the first Indian case was identified as early as 30 January, the abruptly-announced national lockdown only began on 24 March and left millions of migrant workers stranded on the road—a human tragedy. Before the lockdown, the government

seemed preoccupied with effecting a change of government in the populous central state of Madhya Pradesh after ousting the incumbent Congress (22). Separately, Modi is facing accusations from the political opposition, including Indian National Congress, that he put lives at risk by organising a welcome by hundreds of thousands of cheering Indians when Trump arrived in Gujarat's largest city, Ahmedabad, on February 24, at the start of a two-day bilateral visit (23). As of 24 May, over seventy percent of Gujarat's 858 deaths and 14,063 cases are linked to Ahmedabad (24). Only the neighbouring Maharashtra has more recorded deaths.

Abe, who holds the record of Japan's longest-serving post-war prime minister, has come across as an entitled dynast and flat-footed in this crisis. He has been frequently upstaged by Tokyo's governor, Yuriko Koike (25), known for her tough measures. An online survey conducted across 23 nations and regions by Singapore's Blackbox Research and France's Toluna rated Japanese leaders poorly in all four fields—politics, business, community, and media. Their overall score, 16, was the worst as well in the survey (26).

Other countries run by alpha male personalities like the Philippines and Pakistan have turned in worse performances. Under Rodrigo Duterte, the Filipino response has been knee-jerk and poorly thought through. Ill-equipped health workers have taken a heavy toll in lives and infections themselves: as of 27 May, there were 2,437 recorded infections and 31 deaths among the health worker community in the Philippines (27). Pakistan Prime Minister Imran Khan's reluctance to order a lockdown, which would have displeased the powerful Muslim clergy in his country as the fasting month approached, has been costly for his legitimacy. He has, for all practical purposes, been sidelined by the army, which has taken virtual control of the fight against the virus that had affected 61,227, as of 29 May (28).

Mixing the Talent Pool is Necessary

Early in the crisis, the Switzerland-based World Economic Forum had urged for greater empowerment of women in the pandemic fight, noting that leaders, after all, dictate where funding and research goes, whether in the quest for a vaccine or the provision of social safety nets. As it pointed out, women comprise the bulk of frontline health workers globally and operate at enormous risk of exposing themselves to disease (29). In China, it noted, 90 percent of nurses and nearly half the doctors involved in the fight were female.

These points need serious attention. Women need to participate equally in this global effort, if not lead it. Ravinder Kaur, head of the Department of Sociology at the Indian Institute of Technology, Delhi, says it is difficult to attribute inherent qualities in women that make them more suited to handle health crises. Instead, she says, through historically gendered roles, they are more responsible for caring, nurturing and preserving life, and that makes them more empathetic towards suffering in general.

Global corporations are already recognising that diversity of talent and leadership, is key to better results, especially as the world gets more complicated. In mixing up the talent pool, nothing is more important than gender. Race and sexual orientation and age also matter, but gender scores above all else in importance.

This pandemic has highlighted existential challenges comparable to nothing in living memory. In the US alone, it has taken more American lives than were lost in the more than decade-long Vietnam conflict (30).

Changing the leadership mix of healthcare systems or nations mid-crisis is probably not the right way to go, but as a start, women experts in each domain can at least be consulted. After all, they do stand on their record.

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