CHAPTER 6

Pandemics and global health

Epidemics – unexpected or seasonal outbreaks of a disease in in a community or geographically confined population – are a regular occurrence in history. Epidemics do not have to be infectious: for instance, obesity is considered an epidemic in America. An epidemic becomes a pandemic when the disease is infectious, and spreads exponentially across borders. Influenza, for instance, is an annually recurring sickness in Europe, the two Americas and southeast Asia, causing an estimated 300-600 thousand deaths per year. Pandemics cause most concern when they have a high death rate. In the 6th and 14th century, the plague devastated societies in Europe, Asia and North Africa, and in the 16-17th century, smallpox did the same to the indigenous populations of the two Americas. Similarly, cholera outbreaks were regular occurrences in unhygienic and densely populated areas across the world, and the Spanish Flu of 1918 caused an estimated 50-100 million deaths worldwide. Certain serious infectious diseases like polio or yellow fever have been mostly eradicated by means of vaccinations or are confined ('endemic') to certain regions. Malaria is also an endemic disease because the mosquitos that transmit the disease only live to certain areas in the world.

Until recently, pandemics seemed less threatening, either because there were vaccinations against them or because they were relatively quickly contained. The Covid-19 pandemic of 2019-2022 shattered that complacency: it wreaked world-wide havoc with an estimated 7 million deaths and caused massive lockdowns and other restrictive measures. However, Covid-19 should not have come as such a surprise because it had been preceded by a succession of similar pandemics caused by virus transmission between wildlife and humans: in 2003, Sars erupted in in China and spread to 26 countries in four months; in 2005, the Asian flu spread around the world; in 2009, the Swine flu (also known as the Mexican flu) spread to 30 countries within weeks; and in 2014, Ebola broke out in West Africa (but it was quickly contained), killing 1 out of every 3 patients.

While all these pandemics caused global challenges, not all were considered or treated as such. That was different with the Covid-19 pandemic: global concerted efforts went into containing the disease. However, critics have argued that the international response was only deemed necessary once the pandemic affected Western countries. While that may be the case, pandemics like Sars, Swine flu and Ebola, which took place in the decades before that, had been contained with far fewer victims than Covid-19, which might have been the reason for the initial false optimism that Covid-19 could also be quickly contained.

Epidemic, endemic or pandemic?
An epidemic is the unexpected or seasonal increase of a disease in a community or geographically confined population. A pandemic is when the epidemic disease increase is exponential and affects large geographical areas. An endemic disease is confined to a geographical area.

Global action

A global challenge requires an international concerted action to meet the global crisis at hand. Already in 1851, it was suggested that international coordination was required to fight pandemics like cholera, but it wasn't until the United Nations was founded before such a coordinating body came to life. It was mainly on the insistence of non-Western member states that the World Health Organization (WHO) was founded in 1948. All UN states were automatically member of this organization and each country had an equal vote. The goal of the WHO was to improve public health worldwide.

The function of the WHO was not entirely clear at first. Was the WHO to act only in response to crises, or was it to act in a preventive capacity? The first option was subject to much political controversy among the member states, mainly because some member states were unwilling to give up part of their sovereignty in health policies. Preventive action in specific cases, on the other hand, was considered less controversial and in the 1960s the WHO took on the job of eliminating smallpox. This was a very contagious disease that was also deadly: about 3 out of every 10 patients died. Many smallpox survivors have permanent scars over large areas of their body, especially their faces, and some survivors were left blind. The fight against smallpox took place at the height of the Cold War but was one of the few international operations in which the United States and Soviet Union worked together. By 1979, the WHO officially declared smallpox eradicated.

From the 1970s onwards, the WHO started taking on the role of coordinator of global public health rather than only combatting existing or emerging world diseases. The reason for this change was the great addition of new states that had achieved independence as former colonies and had become automatic members of the WHO through their membership of the United Nations. Most of these countries had serious national health issues and were in need of a powerful and active international body to address these problems. This pressure on its role as coordinator was effective because in 1978, the WHO declared health a fundamental **human right** and, consequently, every government was to be responsible for granting its population easy access to health care.

The case of Covid-19

The 3-I's – interests, ideas, identity – provide a useful framework for analyzing the way the world handled the Covid-19 pandemic.

While international solidarity and coordination would have been the most adequate means to fight the pandemic, national *interests* quickly took over. Every state wanted to take care of itself. When Spain and Italy were the first to be hit by the pandemic in Europe in 2020, they asked for extra European financial assistance. This was initially refused with the argument that they only had themselves to blame for their financial distress because of the economic mess they had allowed to persist for years. Especially the fact that Italy was a member of the G7, the group of the seven wealthiest countries in the world, was a point of contention: some EU countries that were not G7 members wondered why they should pay for Italy. While these arguments may make sense from an economic perspective, they certainly lacked in compassion and solidarity in a public health crisis. A similar lack of solidarity arose once a vaccine for Covid-19 was developed: Western countries hoarded these vaccines and were already offering their populations their second or third round of inoculations when people in African countries were still waiting for their first.

Fighting the pandemic also meant states had to prioritize their interests. Did public health trump economic interests? Did public health justify a government intruding on people's lives with requirements for medical checkups, obligatory health insurances, vaccination programs? Was public health so important that it justified school children and students missing months of education and years of social interaction? Although it was predicted that the shutdown of international trade and national economies would lead to a worldwide economic collapse once the pandemic was over, this did not happen. On the other hand, the impact of the lockdowns on the social and psychological wellbeing of people appears to be greater and longer lasting than anticipated.

In several instances, the policy decisions taken by countries hit by the pandemic were not based on interests, but on *ideas*, and mostly beliefs. Some government leaders flatly refused to acknowledge that there was a pandemic at all, or that Covid-19 was much different from any other type of influenza. This kind of attitude wasn't restricted to governments. In quite a few – mostly Western – countries, conspiracy theories arose about governments using the lockdowns and vaccination programs to control the people. An important dimension of beliefs pertained to the notion of freedom, which became an important topic of discussion especially in Western countries. The central issue of the debate was whether people should have the freedom to refuse vaccination or that such refusal would lead to the violation of the right of others to be free of disease and the threat of contamination.

Internationally, *identity* showed up when the pandemic gave rise to a blame game with Africans calling Covid-19 the 'white plague' because they blamed the

Europeans for transmitting it, and Europeans calling it the Chinese disease because it had started in that country. This 'us versus them' was not conducive to the much-needed international solidarity and coordination. Other identity issues played out on the national level, often illustrating cultural differences among people. In some countries people were better at observing the strict lockdown imposed by their governments, while in other countries people revolted against the police and their government. Lockdowns also prompted very different responses from people that can perhaps be explained in terms of cultural identity. An illustrative, albeit stereotypical example is that in the United States there were long lines of people queuing at gun stores in the hours before a lockdown, while in the Netherlands there were long lines at the marihuana shops. The use of face masks also showed interesting cultural differences: in China and most Southeast Asian countries, face masks were used to prevent the spread of germs *to* other people, while in mostly Western countries, face masks were used to be protected *against* the germs of other people.

International mechanisms

When the Covid-19 crisis broke in 2019, the WHO had quickly set up response systems, information exchange networks and had a good working relation with NGOs. The rapid response was largely made possible due to the experiences with earlier pandemics. But this time the WHO was much less successful in its role as international coordinator. There are many explanations for this, but prominent among them was the position taken by most Western countries. They felt confident they had the best health care systems in the world and therefore were disinclined to pass that part of their sovereignty on to the WHO. They preferred to close the borders and retreat in isolationism. While this may be considered the natural reaction of communities in times of crisis, the result was a break with international solidarity which had been the main driver of international politics for so long. It is yet another example of multilateralism being replaced by unilateralism, based on the assumption that national action serves the national interests better than international cooperation. Covid-19 did not cause this way of thinking but merely enforced it: countries with these unilateral political views already had policies in place to keep out international influences as much as possible, whether it was foreign culture, immigrants or the authority of international organizations.

Still, the issue at hand here is public health. National health care systems provide services to individuals and their individual needs. The unique feature of epidemics is that it affects everyone in the same measure. The prevention of such outbreaks requires nation-wide programs of vaccination or, if the outbreak has occurred, nation-wide measures. A similar situation is playing out on a world

scale. When a pandemic hits the world, it doesn't matter that one country has its health care system in order and the other doesn't, because both countries will be equally affected by the disease. Of course, every state has a national responsibility of health care towards its population. But this will not suffice during a pandemic, and some type of international health care will then also be needed. This requires a vision that is multi-dimensional, covering the local, national and global at the same time. It remains to be seen, therefore, if the unilateralist tendencies of the Covid-19 pandemic will persist, or whether the pandemic will prompt states to embrace multilateralism in preparing for the next pandemic.

Further reading

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