

Globalization Paradox and the Coronavirus pandemic

Clingendael Report

Remco van de Pas



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
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Executive summary

The global scale of the coronavirus (Covid-19) pandemic and the response to it is unprecedented. This Clingendael report applies Dani Rodrik's framework of globalization's political trilemma to analyse the current response to the pandemic. In the aftermath of the 2008 financial crisis he argued that any recovery measures would have to balance state power with economic integration and democracy. Based on values of democratic governance, human dignity and the rule of law this report charts principles on how to move forward beyond the emergency phase into recovery from the Covid-19 pandemic.

This report starts by outlining the historic precedents of nation states dealing with pandemics. It then argues that the Covid-19 pandemic started as a 'disease of affluence' transmitted along the pathways of trade and international capital. This explains why containment measures and lockdowns are so widespread, hereby deepening existing socio-economic inequalities. Contagious diseases travel along veins of inequality. The public health crisis provides the momentum for the surveillance state, justifying security measures and interventions that have far-reaching consequences beyond the Covid-19 pandemic.

The report makes a plea to Dutch and European policy makers to safeguard and uphold democratic values in their responses to and recovery from the Covid-19 emergency. The political trilemma indicates that a renewed primacy of state sovereignty, combined with hyper-globalization being on the defensive, requires political resistance and bold choices to uphold democratic governance principles for the urgent and difficult policy actions required during the recovery.

The health, economic and security implications will require an intra-European as well as multilateral cooperation that has not been seen since the Second World War. The investments and cooperation needed require a bold economic, public health and social recovery package that considers the socio-economic needs of all European citizens. Moreover, the burden of the economic shockwave that will follow the Covid-19 pandemic will be mainly felt in low- and middle-income countries. The EU should be ready to invest heavily in the mandated multilateral channels that generate global public goods, such as public health capacity, health systems development, basic social protection, debt relief, humanitarian aid, and fair economic and trade conditions. This is directly required for societies having to deal with pre-existing impoverishment, ecological breakdown and fragility.

Now is the time to act on and uphold united European responses and leadership. If the EU fails to do so, it risks disintegration and marginalisation in a volatile multipolar global order. Covid-19 is not merely a 'crisis' that will pass. This is set to be a new order that requires a redefinition of the European social contract while recognising its interconnectedness with the rest of world.

Acknowledgements

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The Covid-19 political trilemma

The coronavirus disease (Covid-19) pandemic is running havoc. It had already been anticipated that a highly contagious virus could spread so quickly across the globe. The WHO has defined this epidemic potential as 'disease X'.¹ However, the sudden and direct ramifications in the economic and security realm came as a surprise to many. In the beginning of April 2020 more than one-third of the world's population, around three billion people, were subject in one way or another to restrictions on their movements. These restrictions, in several countries in the form of a complete lockdown of the entire population, were put in place to reduce the transmission of Covid-19. Borders were closed for international travel. The scale of these measures is unprecedented. In China, 48 cities and four provinces issued official lockdown policies in February 2020. That represents over 600 million people. In India, the entire population of 1.4 billion people was put under lockdown at the end of March. Several countries, for example Spain, Italy and France, issued such policies when the virus reached the European mainland. In Latin America and North America over 200 million people in each continent were placed on enforced lockdown in April.² Even in Africa, where the pandemic has not seen the exponential growth it has in other countries, South Africa, Nigeria and Kenya imposed lockdowns in April.³ Isolation, tracing and quarantine measures are centuries-old public health measures to prevent the transmission of infectious diseases. However, the adequacy, proportionality and legitimacy of these public health measures across different contexts is disputed. Government leaders talk about the worst socio-economic crisis since the Second World War.⁴ The proclaimed state of pandemic emergency and 'war-like situation' may justify state-led interventions at both national and international levels. A geopolitical rivalry between the US and China is played out via the World Health Organization (WHO) amidst desperate efforts to deal with an international public health emergency.⁵

The Covid-19 pandemic magnifies existing tensions in the world economy and global governance. This 'Globalization Paradox' has become clearly visible during the current

1 Disease X represents the knowledge that a serious international epidemic could be caused by a pathogen currently unknown to cause human disease. See: <https://www.who.int/activities/prioritizing-diseases-for-research-and-development-in-emergency-contexts>

2 Buchholz, K. 2020. 'What share of the world population is already on COVID-19 lockdown?', *Statista*, 23 April

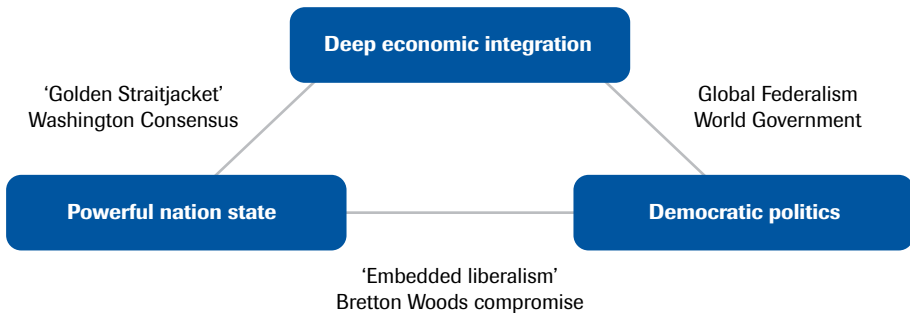
3 'Coronavirus: How African countries are lifting lockdowns'. BBC news, 12 May 2020.

4 'Merkel: Coronavirus is Germany's greatest challenge since World War II'. *Deutsche Welle*, 18 April 2020

5 Sylvan D. 2020. *Trump and the WHO: The China Connection*. The Graduate Institute Geneva, 20 April.

emergency and in the responses to it. The economist Dani Rodrik describes this paradox by outlining a fundamental political trilemma.⁶ In the aftermath of the 2008 financial crisis he argued that any recovery measure would have to balance state power with economic integration and democracy. It is formulated as follows: *'We cannot have hyperglobalization, democracy, and national self-determination all at one. We can have at most two out of three.'* (See Figure 1.)

Figure 1: The Political Trilemma of the World Economy



Source: Rodrik, *The Globalization Paradox*, 2011

This report analyses how, during the pandemic, the drivers of ‘national sovereignty’ and ‘economic globalization’ affect socio-economic and public health outcomes across different settings. It makes the assessment that ‘democratic politics’, already under pressure in many countries,⁷ will have even more challenges to its preservation. The coronavirus is here to stay. It will remain circulating in societies, albeit perhaps in a low-transmission mode. We need to learn how to live with it. There will, therefore, not be a ‘post-Corona’ period. The emergency phase will transform slowly into a ‘new normal’. In this new normal, it is important that principles of democracy, such as representative government, the protection of human freedoms and minority rights, remain at the heart of European cooperation in the health, economic and security domains. This report, having these values in mind, will provide general policy guidance on how to move forward with an adequate public health response and economic recovery. However, before analysing the Globalization Paradox of the Covid-19 pandemic it is relevant to understand the historical precedents of nation states addressing infectious disease epidemics.

6 Rodrik, D. 2011. *The globalization paradox: democracy and the future of the world economy*. WW Norton & Company.

7 Diamond, L. 2015. ‘Facing up to the democratic recession’. *Journal of Democracy* 26, no 1: 141-55.

Epidemics in the colonial era

Globalization is not a new phenomenon. Neither are the epidemics that accompany it. In medieval times, an extensive trading of goods, scientific knowledge, people and slaves followed the Silk Roads from East Asia to the Mediterranean. This exchange made it easy for the bubonic plague to reach the emerging European cities. Rapid urbanisation along with filthy and cramped housing conditions, with people and animals living together, provided for a perfect epidemic storm peaking around 1350. An estimated 50 percent of the European population died from the plague. It was in the city states of Venice and Dubrovnik that principles, learned from the Islamic world, of isolation and quarantine (literally '40 days') were implemented to prevent people and ships infected with bubonic plague from entering the ports. These containment measures guaranteed a secure continuation of trade via newly opened sea routes. This greatly contributed to the emergence of the Italian merchant states and the Renaissance in the 15th century.⁸ In contrary, the Columbian exchange brought measles and smallpox to the indigenous American empires in the 16th century, wiping out 80-90 percent of the original population. This proved to be a crucial factor in the colonisation of, and transatlantic trade with, the Americas.⁹

Industrialisation, new scientific knowledge and techniques flourished in 19th century Europe, especially in Britain. A prominent story, indicating the birth of 'modern' public health and epidemiology, was the discovery that a hand pump brought cholera from the polluted waters of the Thames to London's inhabitants. The city was at that time facing a 'Great Stink'. The foul air from the Thames was full of excrement, filth and bacteria. Seeing the spillover of poverty and poor hygiene literally being washed up on their doorsteps, the elite started to invest heavily in the construction of sewers and an urban network of underground channels for the provision of clean water. The scientific discovery of sanitation principles and germ theory (the understanding of bacterial and parasitic transmission) led the British Empire, as well as other European countries, to implement these practices in their homeland as well as in overseas territories.

The Spanish flu, an influenza virus, infected 500 million people in the aftermath of the First World War. The spread of the virus, and the resulting high death rate of an estimated 50 million people, was facilitated by the existence of overcrowded camps, poor hygiene and malnutrition. If health authorities learned anything from the flu

8 Frankopan, P. 2015. *The silk roads: A new history of the world*. Bloomsbury Publishing.

9 Crosby, A. W. 2003. *The Columbian exchange: biological and cultural consequences of 1492 (Vol. 2)*. Greenwood Publishing Group.

pandemic, it was that it was no longer reasonable to blame individuals for catching an infectious disease, nor to treat them in isolation. The 1920s saw many governments, including the US and in Western Europe embracing the concept of socialised medicine – healthcare for all, free at the point of delivery. The state of a nation's health came to be seen as an index of its modernity or civilisation. As disease surveillance improved, health problems in the colonies of Africa and Asia became more visible and indicated strong contrasts with the health status of populations in Europe. These insights fuelled the sovereignty claims of independence and decolonisation movements.¹⁰

The ongoing HIV/AIDS pandemic, spreading to northern America and Europe in the early 1980s did, arguably, not generate the same level of response. The disease was stigmatised from the beginning, due to its sexual transmission, homosexual and drug-using connotations. Forty years later, transmission occurs mainly in lower-income countries. Almost 20 million people in east and southern Africa are living with HIV/AIDS. Globally, only 62 percent of people living with HIV have access to treatment.¹¹ Since the 1990s large multilateral programmes, funds and organisations have been set up to address this pandemic, including UNAIDS and the Global Fund. The UN Security Council adopted a resolution in 2000, the first health-related resolution ever that called the HIV pandemic a risk for peace and stability worldwide. Given that the HIV pandemic mainly affects marginalised and impoverished people in countries outside the West it has, overall, not generated the same social and political attention as the current Covid-19 outbreak has. Despite widespread concerns 20 years ago, HIV has not become a threat to the core interests of major economic and state powers around the world.

HIV, Ebola, Zika and a range of other infectious diseases are referred to as 'diseases of poverty'. In the global health jargon, these are known under the umbrella term 'neglected tropical diseases'. What these diseases have in common is that they are encountered by 'others' and that their occurrence and impact have been kept comfortably away from the popular media and imagination. If they do come to mind, it is in the form of a potential security threat as depicted in the Hollywood movie 'Outbreak' (1995), which portrays an imaginary outbreak of an Ebola-like virus in a California city.

China specifically, and South East Asia and the Middle East more generally, have dealt with emerging viral zoonotic diseases during the last two decades: SARS (2003), Avian Influenza (H5N1, since 1997) and MERS (since 2012). The outbreaks of these viral diseases, predecessors of the current Covid-19 outbreak, meant that the countries of the Asian region, albeit with differences between countries, understood the need to be prepared for these diseases of hyper-modernisation. These viral outbreaks have mainly

10 Spinney, L. 2017. *Pale rider: the Spanish flu of 1918 and how it changed the world*. PublicAffairs.

11 Global HIV and AIDS statistics. 2020. Assessed 21 April 2020 <https://www.avert.org/global-hiv-and-aids-statistics>

been contained at regional level and not become pandemics. SARS specifically was the trigger for the WHO to reform its International Health Regulations, the main multilateral legal framework to govern the preparedness and response to international public health risks.¹² David Fidler claimed SARS to be the first 'post-Westphalian pathogen', indicating the need for supranational cooperation and a shared sovereignty model to generate the public health capacity required to deal with these new diseases of globalization.¹³

12 WHO's International Health Regulations (2005) <https://www.who.int/ihr/publications/9789241580496/en/>

13 Fidler, D.P. 2003. 'SARS: political pathology of the first post-Westphalian pathogen'. *The Journal of Law, Medicine & Ethics*, 31(4), 485-505.

Hyper-globalization and an epidemic of affluence

The Covid-19 pandemic indicates that the Asian experience has unfortunately not translated into a major global, multilateral preparedness strategy. Since early 2020 the virus has moved freely along the pathways of trade and international capital. Given this spread and transmission pattern, one could argue that Covid-19 started as an infectious 'disease of affluence'. Normally, this category includes non-communicable diseases associated with economic development, such as diabetes and cancer. As will be elaborated below, Covid-19 indicates a global transmission pattern whereby the upper-middle classes were initially affected thereby acting as the main vectors to lower classes in populations. As Covid-19 is then the contradiction to the 'disease of poverty' label, it might also explain why there have been so many widespread and rapid containment measures put in place across the board. The lives and economies of the bourgeoisie need to be protected.

However, this 'disease of affluence' proves to be a heavy hitter for the poor too, as it strikes them directly, deprives them of jobs and deepens social inequalities. The sociologist Ulrich Beck argues that older forms of class structures based on the accumulation of wealth have transferred in times of modernisation to positions of social risk. The management of risks is a modern form of class struggle.¹⁴ Those with the skills, capital and mobility will be able to avert risks (e.g. the chance of becoming infected with the coronavirus) to a minimum. The precarious sections of the population relying on temporary work arrangements, cramped living conditions and informal economic activities will have much less possibility of protecting themselves against a viral infection. Their poorer health conditions are a risk for a more severe outcome of Covid-19 contraction. Contagious diseases travel along veins of inequality.¹⁵ Moreover, the lockdowns and containment measures might, especially in low-income settings, harm health and well-being in the long term more than they will do any good. The scant attention to these (potential) impacts on societies is noticeable, as is the uncoordinated way in which European countries initially reacted. These responses demonstrate that nation states will foremost look after their own economic and security interests, and also consider the social impacts primarily on their own territory and as applying to their own citizens. European cooperation and the multilateral system indicates growing fissures.

14 Beck, U., Lash, S. and Wynne, B. 1992. *Risk society: Towards a new modernity* (Vol. 17). Sage.

15 Video recording - Webinar on Building an internationalist response to COVID-19. Transnational Institute. 2 April 2020.

There are several examples of the trend of Covid-19 affecting mainly higher-income countries, transmitted via the mobile wealthier members of its populations. For instance, there is a positive relation between the total number of confirmed cases per million people vs. GDP per capita. The US, Europe and south-east Asia are disproportionately affected.¹⁶ Testing capacity is a confounder here but it provides an indication of the outbreak 'anatomy', on which countries and what proportion of the population became infected first. The initial outbreak is thought to have spread via a food market in Wuhan and picked up exponentially in January 2020. The Wuhan city government held an annual mass public banquet, with some 40,000 families attending to celebrate Chinese New Year. This has likely been a 'superspreading' event. The Chinese government only began to introduce drastic containment measures later in January.¹⁷ The outbreak took hold in Iran in the holy city of Qom in February via Islamic clerics and students transmitting it from China. It spread then to members of parliament and government, after which it started to trickle down to the rest of the population.¹⁸ In February 2020, early on in the pandemic, Covid-19 spread on a number of cruise ships whose passengers were mainly richer, older Western tourists.¹⁹ Business contacts between Shanghai and Munich might have brought the virus to Lombardy, Italy, which triggered a large cluster there at the end of February.²⁰ Tourists on ski holidays in the Italian and Austrian Alps brought the virus to western Europe, where the carnival season facilitated local hotspots and consecutive transmission.²¹ Britain, where Brexit preparations and a new government were overwhelmed with the epidemic, saw Prince Charles infected with the virus and its prime minister hospitalised in an intensive care unit.²² In Canada, the wife of Prime Minister Trudeau was infected. In New York, the middle-class district of Riverdale became the first centre of the outbreak.²³ The outbreak has not (yet) exploded in west and central Africa. It has mainly spread via travellers bringing it from other continents. In Nigeria it is known as 'the rich man's disease'. In Kinshasa, DRC, one talks about the 'disease of the VIP'.²⁴ Interestingly, some richer Asian governments, such as in Taiwan, Singapore and Hong Kong, anticipated the Covid-19 outbreak by means of a well-functioning early warning system and rapid response, thereby minimising both the

16 Our world in Data. Coronavirus Disease (COVID-19). Assessed 21 April 2020. <https://ourworldindata.org/coronavirus>

17 'Coronavirus: the cost of China's public health cover-up'. *Financial Times*. 6 February 2020.

18 'Could Iran become a new coronavirus epicenter?'. *Deutsche Welle*. 26 February 2020.

19 'Coronavirus: Diamond Princess exodus begins amid criticism over quarantine'. *The Guardian*. 19 February 2020.

20 Rothe C. et.al. 2020. 'Transmission of 2019-nCoV infection from an asymptomatic contact in Germany'. *New England Journal of Medicine*, 382(10), 970-971.

21 'Coronavirus precautions around Europe'. *The Guardian*. 4 March 2020.

22 'Boris Johnson leaves hospital as he continues recovery from coronavirus'. *The Guardian* 12 April 2020.

23 'People are concerned, they're scared: The New York district at centre of coronavirus outbreak'. *The Guardian* 7 March 2020.

24 'Wat heeft West-Afrika geleerd van Ebola? Bureau Buitenland. NPO radio 1. 30 March 2020'

health and the economic impacts.²⁵ The response to the Covid-19 outbreak indicates that priority is given foremost to protect major economic interests as well as the stability of the sovereign nation state in a world that has become economically deeply integrated. Therefore, responses, whether direct or implicit, will deepen existing socio-economic inequalities in many societies.

25 Anderson, R.M., Heesterbeek, H., Klinkenberg, D. and Hollingsworth, T.D. 2020. 'How will country-based mitigation measures influence the course of the COVID-19 epidemic?'. *The Lancet*, 395(10228), 931-934.

Deep economic integration and the impact of lockdowns

Of course, this story of economic globalization and its relation to Covid-19 is nuanced and the pandemic demonstrates a complex pattern of transmission. Covid-19 needs to be taken seriously and requires public health and socio-economic responses that are contextualised. After the initial ‘superseeders’ and ‘hotspots’ Covid-19 quickly spread in several countries to the vulnerable and lower classes of society. These are at disproportional risk. For instance, Covid-19 is killing black and Latino people in New York City at twice the rate that it is killing white people. The disparity reflects longstanding and persistent economic inequalities and differences in access to healthcare.²⁶ Moreover, it also seems that urbanisation and air pollution aggravate the transmission and severity of the disease.²⁷ Governments across the globe have intervened and imposed restrictions on modes and places of transmission such as international air travel, domestic public transport, mass cultural and religious gatherings, healthcare settings, schools, tourism and shopping malls. In name of the ‘national interest’, governments minimise the risk of infection among their main political constituencies. Many lower- and middle-income countries (LMICs) have copied lockdown approaches from Asian and European countries.

A health security crisis provides the political momentum for governments across the spectrum to reassure the public by creating the perception that something is being done, even though epidemiological consequences and broader public health benefits may actually be negligible.²⁸ This is where a blind spot exists in many of the domestic and international responses. There is too little attention given to socio-economic inequities. Many minority, economically precarious and marginalised groups in society are neglected. In the mid to long term, public health, social and economic measures could lead to serious collateral damage and impoverish an even a larger number of people. It is remarkable to see that there is little contextualisation and tailor-made approaches to contain this virus. The WHO initially communicated a general message about the health response required: that is, find-isolate-test-care for every case, trace and quarantine every contact. While that makes sense as a public health measure it may absolutely be a problem from a socio-economic perspective. It may have been a

26 ‘Virus is twice as deadly for Black and Latino people than whites in N.Y.C.’ *The New York Times*. 8 April 2020.

27 Martelletti, L. and Martelletti, P. 2020 ‘Air pollution and the novel Covid-19 disease: a putative disease risk factor’. *SN comprehensive clinical medicine*: 1-5.

28 McInnes, C. 2005. *Health, security and the risk society*. London: Nuffield Trust.

justification for governments to opt for either partial or full lockdown, but it appears to have been detrimental for all those surviving in the informal economies, slums and refugee camps of the world.

The economic ripple effects of the viral outbreak and the containment measures themselves are enormous. In European countries there appear to be the economic buffer capacity and finances available to mitigate the worst impacts of the pandemic. Nevertheless, especially in southern Europe, there are serious concerns about recovery options and the depth of the economic recession that will follow. Overall, LMICs will carry the major burden of the economic shockwave that will follow the pandemic. Examples from Brazil hint of structural inequities: 40 percent of workers have informal jobs and no social protection. The incomes of poor people are expected to decrease by 20 percent more than the average due to the outbreak and responses to it.²⁹ A study by the UN University estimated that half a billion people, mainly in Africa and Asia, could be pushed into poverty as economies around the world shrink because of the coronavirus outbreak.³⁰ The World Food Programme states that 265 million people could fall into acute food insecurity.³¹ In India, as a reaction to lockdown, millions of impoverished people began a long march home to their villages. For this walking crowd the virus is worrying, but it is less real, less present in their lives than looming unemployment, starvation and the violence of the police.³² What is also unprecedented are the more than 80 poor and middle-income countries that have sought financial help from the International Monetary Fund (IMF) as they struggle to cope with the economic fallout.³³ Debt cancellation has become a realistic policy option now that there is going to be a huge debt burden across the African continent. Some 64 low-income countries currently spend more on debt servicing than on their health systems, according to UNCTAD.³⁴

Italy is one of the countries hardest hit by Covid-19 in Europe. Structural economic reforms, under pressure of EU institutions and adopted after the financial crisis, contributed to a weakening of Italy's health system. The Italian health system was trimmed, despite an ageing society, by 25 billion euros between 2010 and 2012. Repeated rounds of devolution and privatisation have wrecked the Italian health system to the advantage of private insurance schemes.³⁵ Given this context, it is understandable

29 Fracalossi de Moraes, R. 2020, 'In practice, there are two pandemics: one for the well-off and one for the poor'. *Global Policy*, 20 March.

30 Sumner, A., Hoy, C. and Ortiz-Juarez, J. 2020 *Estimates of the impact of COVID-19 on global poverty*. UNU-WIDER Working Paper 2020/43.

31 'Millions hang by a thread: extreme global hunger compounded by Covid-19'. *The Guardian*, 21 April 2020

32 Roy A., 'The pandemic is a portal'. *Financial Times*, 3 April 2020.

33 'Dozens of poorer nations seek IMF help amid coronavirus crisis'. *The Guardian*, 27 March.

34 U.N. Agency Calls for \$1 Trillion Developing World Debt Write-Off. *The New York Times*, 23 April 2020.

35 Dentico N. Chronicle of a pandemic foretold. *Open Democracy*, 23 March 2020.

that there is resentment by southern European countries towards the Netherlands and Germany, which do not want to mutualise debt obligations.³⁶ Although a compromise has been agreed upon via the European Stability Mechanism, this political clash indicates that popular trust in EU institutions and cooperation is fragile. Many people across Europe feel neglected by its institutions and policies. Support for populist leaders and their political ideas has increased. In contrast, the social contract between the diverse populations that form the basis of European integration is under considerable pressure.

36 'Coronabonds and the idea of European financial unity'. *Deutsche Welle*, 1 April 2020.

Public health and a powerful surveillance state

This public health emergency also shows the renewed primacy of the nation state. The Western-based global governance regime (complex multilateralism) sees a tipping point. History lessons provide the insight that pandemics and nation states' responses to them have facilitated geopolitical power shifts in the past. Nations states have retreated to a form of sovereignty and protectionism that has not been seen since the end of the Cold War. The transatlantic domination of global governance, including for health, has declined. We see a multipolar world in which China is positioning itself in a leadership position.³⁷ State powers do indeed innovate in times of crisis. The surveillance state, already facilitated by tech giants and the governments of illiberal democracies, has found a new momentum to express itself. The potential and political wish for more digital surveillance has been slumbering in European countries. Nearly 20 years ago it was the 9/11 terrorist attack on the Twin Towers in New York City that made domestic security issues return to the heart of Western politics. Now it is a public health crisis that provides nation states with the justification to introduce far-reaching surveillance measures into the daily lives of people across the globe. It is possible that 2020 will be remembered as the year in which biometric data began to be registered through continuous digital monitoring.³⁸ Many governments are very interested in the development of digital apps and other surveillance mechanisms to trace virus transmission. The issues are whether all these tools are actually effective, proportionate and legitimate to contain a pandemic and whether there is a risk they will be used for other purposes. It is question of governance and ownership of digital data and how it might eventually be applied on the fluctuating scale between totalitarian surveillance and citizen empowerment.

China, like many other countries, has introduced a digital application that requires its citizens to use software on their smartphones. It decides in real time whether someone poses a contagion risk. However, the app also appears to share information with the police, thus enabling a new form of automated social control. The Alipay Health Code assigns a colour code to people – green, yellow or red – that indicates their health status. It is not transparent how the system, an algorithm, dictates whether people are to

37 Mahbubani, K. 2018. *Has the West Lost It?: A provocation*. Penguin UK.

38 Harari Y.N. 'The world after the coronavirus'. *Financial Times*, 20 March 2020.

be quarantined or allowed into public spaces.³⁹ Noteworthy in this context is that three citizen journalists who documented the coronavirus outbreak in Wuhan subsequently went missing and were put 'in quarantine'.⁴⁰ Proponents of digital surveillance would argue that in other settings, such as Hong Kong, South Korea and Singapore, the use of automated tracing, apps, digital bracelets, digital facial recognition techniques and entrance screening to public transport was voluntary and people-centred and contributed to a quick containment of the outbreak. However, in Singapore only 16 percent of the population downloaded the 'Trace Together' app and the virus has re-emerged recently in settlements where labour migrants live.⁴¹ The Polish and Indian governments have introduced special apps whereby citizens are asked to send selfies to prove they are keeping to quarantine requirements. In Israel the intelligence service, Shin Bet, is the main containment actor, tracing the location data of all smartphones.⁴²

The debate in Western Europe indicates that there is quite some reluctance among the public, practitioners and researchers to quickly introduce a personalised app to trace transmission of the virus. Despite political pressure to develop and test such an app there has been considerable opposition to these digital initiatives. The main objections against the use of these apps relate to data anonymity, the location and temporality of data storage, and the amount of data collected, as well as safety and trustworthiness concerns.⁴³ The Western-based apps would rather use Bluetooth technology instead of GPS and Wi-Fi tracking. They would be voluntary and anonymous, and would respect privacy. The question is whether such a system would be effective in containing the epidemic. It is estimated that about 60 percent population use is required to make these apps effective for contact tracing.⁴⁴ Given the experience in Singapore it is unlikely that such level of coverage would be attained in our Western societies. Regardless, Apple and Google have accelerated the development of coronavirus contact tracing apps plans and are already providing data of population mobility to European governments indicating whether lockdown measures are effective.⁴⁵

39 'In Coronavirus fight, China gives citizens a color code, with red flags'. *The New York Times*, 1 March 2020.

40 'Coronavirus and China's missing citizen journalists'. *National Review*, 19 March 2020.

41 The Straits Times. 'About 1 million people have downloaded TraceTogether app, but more need to do so for it to be effective: Lawrence Wong'. *The Straits Times*, 1 April 2020.

42 Privacy in tijden van een pandemie. De correspondent. 9 April 2020.

43 Bescherm onze gezondheid, maar bescherm ook onze rechten. <https://www.veiligtegen corona.nl/> accessed 5 May 2020.

44 Kun je het coronavirus wel indammen met een app? De correspondent. 9 April 2020.

45 Apple and Google accelerate coronavirus contact tracing apps plan. BBC, 24 April 2020.

Naomi Klein argues that this period resembles a pandemic shock doctrine that provides big tech companies and their billionaire owners the opportunity to extend their reach and power. She calls it the 'Screen New Deal'. In her analysis, which centres on the USA but has obvious global ramifications, Silicon Valley has every intention of leveraging this health crisis for a permanent transformation to a digitalised, integrated society whereby artificial intelligence facilitates and tracks our micro-movements and emotions. *'However, it is actually held together by tens of millions of anonymous workers tucked away in warehouses, data centres, content-moderation mills, electronic sweatshops, lithium mines, industrial farms, meat-processing plants and prisons, where they are left unprotected from disease and hyper-exploitation'*.⁴⁶ Klein's perspective raises essential questions about the unchecked, undemocratic power of tech billionaires and philanthropists such as Bill Gates, Michael Bloomberg, Eric Schmidt (former CEO of Google) and Jack Ma (founder of the Alibaba Group). Massive public funds will be used to invest in digital platforms, including now for the technical facilitation required to recover from the Covid-19 pandemic. A small number of private players owns these platforms. Should the public also then not control and co-own these data networks and the data? It is a matter of democratic governance and scrutiny. However, in the midst of the ongoing pandemic, and the fear and uncertainty about the future, 'big tech' clearly sees its moment to sweep out all that democratic engagement.⁴⁴

46 Klein N. 'How big tech plans to profit from the pandemic'. *The Guardian*, 13 May 2020.

Bio-politics and state legitimacy

States enforce their sovereign power to provide security for its citizens. A government can transform its response to an epidemic into a broader range of state interventions effectively disciplining citizens to behave in a certain manner. The widespread mandatory use of face masks on European public transport is such an intervention. It has been enforced without proper consultation with the public, nor is there clear scientific evidence that the measure is effective. Such a process can be described as the 'securitisation of health'.⁴⁷ The governing and securitisation of health has been researched extensively by political science scholars. This has been done in the context of the SARS, HIV/AIDS and Ebola epidemics and of anti-microbial resistance; it has scrutinised the role of politics and governments, the role of international organisations like the WHO, and global health policies pursued.⁴⁸ A central theme in health security literature is the concern of democratic governance and legitimacy of state power. How is transparency and accountability of data collection guaranteed? How effective are containment measures? Has there been public and scientific deliberation of policy actions? Who are actually represented in such a decision-making process? Time and again, we see that such democratic checks-and-balances are being bypassed during times of crisis. The call for security measures and urgent intervention justifies swift action and the overruling of socio-political processes. It enables state powers to push through policies that otherwise might face much opposition.

The surveillance and registration of biometric and medical data is nothing new for those working in public health. These are essential tools to guide policy making and craft health promotion programmes. But public health surveillance is a double-edged sword. It is the philosopher Michel Foucault who comes to mind outlining this conundrum. He saw the development of modern medicine as an important part of the process through which the state gradually became 'governmentalised'. More specifically: *'Public health and social medicine is a form of government power not by constraining or determining the actions of individuals (via its traditional security officers) but rather in the ways in which its discourses and practices invite individuals voluntarily to conform to their objectives, to discipline themselves, to turn the gaze upon themselves in the interests of their health.'*⁴⁹

47 Rushton, S. 2011. 'Global health security: security for whom? Security from what?'. *Political Studies*, 59(4), 779-796.

48 McInnes, C., Lee, K. and Youde, J. (Eds.). 2019. *The Oxford Handbook of Global Health Politics*. Oxford University Press.

49 Foucault M. 2007, *Security, Territory, Population: Lectures at the Collège de France, 1977-1978*. Quoted in Nunes J. Health, politics and security. *Debates contemporâneos: Jovens cientistas sociais no CES*. 15.2012.

This mode of 'biopower' has been developed and deepened in the 19th and 20th century with the expansion of state power. It is interesting to see that in Europe it is Germany which it is doing very well in rolling out test capacity to guide surveillance and contact tracing. Foucault has been looking particularly into Germany's 'Staatswissenschaft' and how it developed from the 19th century onwards to inform his theory. In his view, this medicine 'consisted mainly in a control of the health and the bodies of the needy classes, to make them more fit for labor and less dangerous to the wealthy classes'.⁵⁰

There is anecdotal evidence that a state of emergency enables governments to sustain and extend their powers. For instance, this month [May 2020], 15 prominent pro-democracy politicians were arrested in Hong Kong. This was done under pressure from the Chinese government. The Covid-19 pandemic is a specific cause of this bout of repression. The current crisis, whereby major world powers are occupied with domestic affairs, is considered the right moment to impose control over the autonomous city-state.⁵⁰ Closer to home in Europe the Hungarian parliament passed a law allowing its leader, Viktor Orbán, rule by decree. This law also criminalises 'intentionally spreading of false information about coronavirus' with up to five years in prison.⁵¹ Who said '*Never let a serious crisis go to waste?*'⁵² This (global) trend of repression likewise requires democratic scrutiny, coverage by journalists and independent monitoring mechanisms.

Public health is a down-to-earth science and practice. It does not require magic-bullet solutions and fundamental science to be effective. What is required to contain the coronavirus (and infectious disease epidemics in general) is in essence well known. It includes public health principles of detecting, testing, isolation, treatment and tracing. However, this needs to be contextualised. It needs to be proportional and there needs to be absolute political scrutiny that state and/or medical powers are not abused. To give an example: an effective and well-proven way to trace the contacts of Covid-19 patients is by simply contacting them directly. One could map the contacts with the explicit consent of an infected person and call them. This provides for more autonomy and personal contact, and might establish trust in the authorities. This form of contract tracing is the standard practice of public health institutions. But it is time-intensive. It requires a large and skilled workforce. It requires financial investment to cover, for instance, decent salaries for all these public health workers. An elegant solution is provided in New Zealand where the prime minister asked its citizens to keep a diary of their daily movements and who they met.⁵³ It is possible to maintain dignity and personal autonomy in times of a health crisis.

50 Lian YZ. 'China has a post-pandemic dream for Hong Kong', *New York Times*, 25 April 2020.

51 'Hungary passes law that will let Orbán rule by decree'. *The Guardian*, 30 March 2020.

52 Mirowski, P. 2013. *Never let a serious crisis go to waste: How neoliberalism survived the financial meltdown*. Verso Books.

53 'Jacinda Ardern asks New Zealanders to keep diaries to help trace coronavirus contacts'. *The Guardian*, 19 April 2020.

Democracy and global governance beyond the Corona emergency

The coronavirus is here to stay. Covid-19 has become a pandemic and seasonal variability in future transmission will be likely. There is neither a vaccine nor a population immunity foreseen in the period ahead. It is to be expected that Covid-19 outbreaks, perhaps less severe and more localised, will happen over the coming years. We need to learn how to live with this virus and cannot continue carrying on in a crisis mode. Moreover, this is just one pathogen and it is quite possible that there will be more (re)-emerging infectious disease outbreaks with global reach over the coming years.⁵⁴ There is a need to collaborate at global level in order to prevent and mitigate such outbreaks. The Covid-19 outbreak may prove to be merely an appetiser for the challenging times that lie ahead. In a recent UN Security Council debate it was argued that *'without quick global collective action, climate change could well prove to be the slow-motion version of the coronavirus outbreak reshaping economic, political and security conditions around the world in negative ways'*.⁵⁵ Moreover, increasing heat and precipitation alter the range of disease vectors, such as mosquitoes, increasing it in some locations while decreasing it in others. Climate change thus induces a potential for disease by increasing the conditions suitable for transmission. This perspective needs to be included in policy making and international cooperation.⁵⁶ The upcoming economic instability and further impoverishment in several parts of the world may lead to further conflicts.

Dani Rodrik himself provides a rather sobering analysis on the pandemic. *'COVID-19 may well not alter – much less reverse – tendencies evident before the crisis. Neoliberalism will continue its slow death. Populist autocrats will become even more authoritarian. Hyper-globalization will remain on the defensive as nation-states reclaim policy space.'*⁵⁷ When returning to his political trilemma that has been the basis of guidance on how to manage the recovery of the pandemic, it becomes clear that in this regard we cannot have hyper-

54 Morse, S.S., Mazet, J.A., Woolhouse, M., Parrish, C.R., Carroll, D., Karesh, W.B., ... and Daszak, P. 2012. 'Prediction and prevention of the next pandemic zoonosis'. *The Lancet*, 380(9857), 1956-1965.

55 *Climate as slow motion version of Corona? UN Security Council debate on climate-security*. Planetary Security Initiative, 28 April 2020.

56 Harmer, A., Eder, B., Gepp, S., Leetz, A. and van de Pas, R. 2020. 'WHO should declare climate change a public health emergency'. *Bmj*, 368:m797.

57 Rodrik D. 'Will COVID-19 remake the world?' *Project Syndicate*, 6 April 2020.

globalization, democracy and national self-determination all at once. The sections above have illustrated how economic globalization and its unregulated flow of financial capital and goods have contributed to, and may likely continue in an adapted form after, the Covid-19 crisis. Structural economic inequalities have deepened, and actions to recover from the economic shockwaves may postpone the urgent transformation required for economies to become more circular and respectful of planetary boundaries.⁵⁸ The sections above have also shown that nation states have reclaimed their authority and sovereign space by using the pandemic to install lockdowns and public health measures that have socio-economic consequences beyond the outbreak itself. One could argue that, in general, democratic and deliberative governance practices are being sidelined and neglected, although this differs of course from one country to another. While this may be justified during the crisis-period itself it requires scrutiny in the recovery phase. The remainder of this report will discuss what is required to discover from the Covid-19 epidemic from a democratic, global governance perspective.

The question then is how to secure and defend the political space for participatory and deliberative policies at national, European and multilateral levels. In principle, could this crisis provide the momentum for economic de-globalization, international financial and capital controls, and the decoupling of production chains, including for medicines and personal protective equipment used in healthcare. It could lead to policies prioritising the local production of essential goods and food over globalized unsustainable chains. This emergency could provide the momentum for governments to opt for a 'shared sovereignty' model whereby they recognise that international cooperation for a larger global public good, including by political and financial commitments, is necessary in order to recover from the Covid-19 impact. At first sight, global cooperation seems to be stalling. Countries have chiefly reacted to this crisis from a national security perspective. Despite the rules and norms in the WHO International Health Regulations, many countries have closed their borders, prioritised evacuation of their citizens and beefed up domestic health system capacities (e.g. intensive care units) over immediate international cooperation such as sharing diagnostic test capacity, medical equipment or joint development of a vaccine.⁵⁹

58 Steffen, W., Richardson, K., Rockström, J., Cornell, S.E., Fetzer, I., Bennett, E.M., ... and Folke, C. 2015.

'Planetary boundaries: Guiding human development on a changing planet'. *Science*, 347(6223), 1259855.

59 Van Der Lugt S. *A joint effort to increase production of medical masks in Europe*. Clingendael. April 2020.

A European approach to Covid-19 recovery

This nationalist knee-jerk reflex was understandable in the beginning of the pandemic. Moving slowly out of lockdown we now arrive at a phase in which a coordinated and unified intra-European as well as multilateral cross-policy approach is crucial to support health system recovery and economic buffers in countries severely affected by Covid-19 and its externalities. Such an approach should provide immediate humanitarian and medical relief, and in the mid to long term provide the basis for mechanisms to strengthen and monitor comprehensive health systems. The EC's online pledging event beginning in early May, co-organised by some EU member states and a range of international actors, raised US\$ 7.4 billion to finance the development of new Covid-19 essential health technologies.⁶⁰ It is crucial that these health technologies, given existing intellectual property regimes, become available on an equitable basis and that there will be an inclusive governance mechanism to ensure that these Covid-19 tools will in reality be 'global public goods'.⁶¹ Intra-European collaboration must not only strengthen its coordinated coronavirus responses, such as being pursued in joint medical research, public health guidance, common borders and mobility policy, economic recovery measures and addressing information.⁶² European collaboration should also more broadly provide the social protection, decent employment and income equality that ensures human security and dignified lives for populations throughout its member states. This would eventually require fiscal redistribution and regulation of wealth accumulation and capital across Europe. A European Financial Transaction Tax as well as a fair and coherent tax regime across the EU could be important steps towards a new fiscal and social contract between European citizens. The political momentum might now exist for strengthening the democratic space of the EU within and beyond its member states. It would require that the interests of the common public good take precedence over the interests of private profits and individual member states. This vision may be coherent with a European Green Deal and the fundamental economic changes

60 European Commission. *Joining Forces to Accelerate the Development, Production and Equitable Access to COVID-19 Vaccines, Diagnostics and Therapeutics - Online Pledging Event* https://global-response.europa.eu/about_en. Accessed 5 May 2020.

61 Urgent steps are needed to define how COVID-19 medical tools can really be 'global public goods'. Statement. MSF Access campaign, 1 May.

62 European Commission. Overview of the Commission's Covid-19 response. https://ec.europa.eu/info/live-work-travel-eu/health/coronavirus-response/overview-commissions-response_en#borders-and-mobility. Accessed 5 May 2020.

it would require. The politics will be fierce, but the stakes are high. This crisis may be a decisive time for the future of the EU.

Complementary to this, the European Commission as well as EU member states, especially richer ones like the Netherlands, should invest in bilateral and multilateral cooperation to strengthen health systems and the provision of global public goods for health, such as capacities for essential public health functions. Global health security is as strong as its most vulnerable link, which is often dilapidated healthcare systems in fragile settings. An advisory panel urges the Dutch government to reserve one billion euros for immediate international Covid-19 relief efforts.⁶³ The EU should uphold and act upon its values concerning human security, sustainable development, human rights and international solidarity while supporting and collaborating with institutions such as the WHO, the larger UN system, and regional organisations such as the African Union and the Association of Southeast Asian Nations.⁶⁴

In the domain of global financial sustainability, it is relevant to keep in mind that Europe's economic stability is tightly connected with social and economic well-being in the other parts of the world. UNCTAD's four-pronged proposal for a US\$ 2.5 trillion coronavirus crisis package for developing countries to deal with the economic shockwave must be seriously considered. This four-pronged proposal consists of:

- a \$1 trillion liquidity injection through reallocating existing special drawing rights at the IMF
- a debt jubilee for distressed economies of around \$1 trillion
- a Marshall Plan for a healthy recovery funded by an additional \$500 billion and earmarked for emergency health services and related social relief programmes
- capital controls that are given their legitimate place to curtail the surge in capital outflows.

While these seem an enormous amount, UNCTAD notes that it is similar in size to the amount that would have been achieved had richer countries met their 0.7 percent ODA target over the last decade.⁶⁵

The intra-European as well as multilateral policy directions in the domain of health, economic and digital governance are of a political nature. Albeit fast decisions are required, it is important that these international political choices and dilemmas are discussed in an open and transparent manner. The focus is on domestic security and

63 Adviesraad Internationale Vraagstukken. Nederland en de wereldwijde aanpak van COVID-19, 12 May 2020.

64 Bergner, S., Godehardt, N. and Voss, M. *Global Health Policy is World Politics*, 27 April 2020. SWP, German Institute for International and Security Affairs.

65 *UN calls for \$2.5 trillion coronavirus crisis package for developing countries*. UNCTAD. 30 March 2020.

health responses but the current geopolitical environment requires a coherent and unified European political response. The outline of these European political options to overcome the coronavirus pandemic cannot be left to tech solutions and big-data surveillance.⁶⁶ Likewise, these policy decisions should not be made by, but could use the guidance of, public health scientists who model and advise in managing the Covid-19 outbreak.⁶⁷ Political leadership, as well as proper democratic debate, scrutiny and the rule of law are required to guide the difficult, urgent and necessary socio-economic choices and cooperation required to deal with the most difficult challenge that the EU has faced since its formation.⁶⁸

This is not merely a ‘crisis’ that will pass. This is a new order that requires a redefinition of the European social contract while recognising its interconnectedness with the rest of world. As a strategic vision for the horizon, Karl Popper’s *Open Society* comes to mind. Humanitarianism, equality and political freedom are fundamental characteristics of such an open society.⁶⁹ In contrast, one could envisage Aldous Huxley’s totalitarian *Brave New World*, set in a futuristic ‘world state’ whose citizens are environmentally engineered into an intelligence-based social hierarchy.⁷⁰ It is tempting to fall back on the status quo and pseudo-stability that prevailed before the Covid-19 pandemic. But this crisis pushes European politics quickly forward to make the choices necessary to sustain economic stability and a common humanity while at the same time respecting planetary boundaries. The time is now to outline such a horizon and chart the political path forward. The rest of the world will not wait.

66 Morozov, E. 2020. ‘The tech “solutions” for coronavirus take the surveillance state to the next level. *The Guardian*, 15 April 2020.

67 Anderson, M., Mckee, M. and Mossialos, E. 2020. ‘Covid-19 exposes weaknesses in European response to outbreaks’. *BMJ* 2020.

68 Kickbusch I. and Bergner S., *Coronavirus in Europe: Who If Not Us?* Think Global Health, 22 April 2020.

69 Popper, K.R. and Gombich, E.H. (2013). *The open society and its enemies*. Princeton University Press.

70 Huxley, A. 1998) *Brave New World*. 1932. London: Vintage.