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# International Relations after Two Years of COVID-19 Pandemic

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# COVID-19 and International Relation (IR): A Global Perspective

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*COVID-19 infection emerged as a pandemic that fundamentally impacted global health policy, global economy and international relations. Close examination of the crisis reveals the vulnerabilities of the globalised 21st-century society and gives tremendous opportunity to rebuild and strengthen national and international policies for combating world events of widespread impact. From demonstrating the importance of health in transnational politics to exploring international law, policy and negotiation as an important determinant of health, this article delves into COVID-19 in the context of international relations (IR), and the role of IR in mitigation and future pandemic preparedness.*

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**Introduction**

The emergence of a novel coronavirus (SARS-CoV-2/ COVID-19) in Wuhan, China, in December 2019 may be the most significant event of the early twenty-first century, changing modern society, commerce, the economy, and international relations (1). COVID-19 is a public health emergency, with about 400 million confirmed cases and over 5.76 million deaths and counting. On January 30, 2020, the World Health Organization (WHO) declared the COVID-19 outbreak to be a Public Health Emergency of International Concern (PHEIC) (2). To prevent the virus from spreading, non-pharmaceutical measures including stay-at-home ordinances and travel restrictions were implemented, resulting in significant unemployment and revenue losses globally (3–5). From China's early reluctance to work with WHO experts to the former United States President's suspension of WHO financing, the global response has been lacklustre and poorly organised (1,6–8).

A breach in the multilateral system resulting from a lack of global leadership and unilateral policy decisions by a few nations, such as asking for a compulsory license and putting export restrictions on health items further exacerbated an already dire situation. The rising US-China tensions jeopardized the WHO's global response mechanism and future access to COVID-19 treatments and vaccines. This situation calls for global solidarity, new alliances and channels, and a new paradigm of international health and foreign policy coordination (9).

The COVID-19 pandemic represents an unprecedented disruption to the global governance in public health, adverse economic and health externalities, decline in global supply chain management for essential products and has a multi-layered and multi-faceted impact on affected countries (10,11). The global response to the COVID-19 pandemic has laid unadorned

flaws and limitations in managing public health emergencies. With its unified supply chains, continuous trade between the countries on products and services, and increased travel leading to seamless person-to-person interaction, the globalised world makes it particularly vulnerable to pandemics (12). The way geopolitics and international relation (IR) have influenced reactions to this outbreak is unusual, and the impact has been felt in international law (13).

The IR downturn could be attributed to the unusual responses from major political powers such as the US, China and other major economies. For instance, pre-pandemic when the threat of Ebola arose, the Obama administration focused its efforts to stop transmission at the source in West Africa (14). However, this level of intervention was not adopted during the current pandemic, but also notably when the Trump administration's subsequent reforms cemented the new direction, i.e. scaling down of foreign health investment were seen where the deployed human and material resources were withdrawn by the US as the Ebola crisis wound down, and funding allocation was significantly altered (15,16). Similarly, the government in France delegated the oversight of "tactical" reserves to organisations focused on short-term objectives and fiscal constraints, resulting in France's PPE reserves expiring and never being replenished (17).

This article focuses on the rapidly growing field of IR and public health research, which emerged during the COVID-19 pandemic. Health has always been a core issue of transnational politics, but very limited interaction has occurred between the two (18). This article, thus, illustrates the necessity for engagement between IR and public health to be better informed of the complexity of global politics, power relations and their impact on health.

**Why COVID-19 became an IR issue?**

The way balance-of-power politics shaped responses to the COVID-19 pandemic is a notable characteristic of the outbreak. The policies of states that finance bilateral and even multilateral foreign aid programmes have long impacted a country's policies. The pandemic is a political issue and a public health catastrophe (19). Tom Frieden has rephrased the well-known adage, "diseases do not care about governments, ideologies, or borders". While viruses are unconcerned with politics, the political framework within which they operate directly affects the virus's ability to replicate and spread in the given territory. It is crucial to consider the current political environment and contextual ramifications in any emergency, including a medical crisis (20).

Moreover, past experiences illustrate that disease or ill health among the population has always shifted the balance of power, indicating world politics to have significantly impacted epidemics or pandemics. The former British Prime Minister Benjamin Disraeli once mentioned, "The health of people is the foundation upon which all their happiness and all their powers as a state depend" (21). Diplomatic conflicts over COVID-19 medicine trade and transportation have strained diplomatic relations, leading to a UN Security Council resolution calling for a global truce (22). As the COVID-19 pandemic spread worldwide, various personal protective equipment was in limited supply. Countries with significant economic infrastructure attempted to attain these items in a larger quantity, further depleting already precious resources. Global vaccination counts gradually replace global statistics on COVID-19 infection and mortality. However, this relatively upbeat attitude conceals vaccination shortages and vaccine nationalism (23). Even as some effective COVID-19 vaccines were produced by relying on existing research and health technologies in medically advanced countries, these products' production, distribution, and delivery were significantly lagging compared to the demand. This resulted in a surge of vaccine nationalism, where countries were hesitant to share their vaccine stocks with others until their immunization against the virus was complete. For example, the US has made no pledges to share vaccinations, even with long-term allies,

until the entire American population has been vaccinated. Italy prevented the transfer of 250,000 AstraZeneca vaccines allotted to Australia due to a European Union supply deficit (23).

The WHO has tried to coordinate the nation's pandemic management. Given the political backdrop of COVID-19, it is critical to promote IR as an essential and distinct strategy for epidemic management (20).

COVID-19's rapid spread from China, where it emerged, to the rest of the world, indicates the times in this era of hyper-globalization. According to the Chinese government statistics issued in the months January and February 2020, confirmed cases of infection and deaths kept the world in a state of 'wait and watch' until states took action to prevent the infection from crossing their borders. It is important to notice that governments failed to acknowledge the virus's existence within their territory even as they closely followed the development of the infection in China (24). As a result, no procedures to contain the virus were put in place to prevent or contain infections in the early stage of the pandemic, making China's predicament their predicament as well. Weeks later, the virus grew into a global crisis, infecting countries including the United Kingdom, Italy, and Spain. Later, the US, India, and Brazil reported casualty figures that were not comparable to those reported by Chinese officials. Moreover, to combat the pandemic efficiently, it is necessary to implement actions at the international level collectively, and it is in the best interest of all nations (25–27).

As states and nations around the world commenced lockdown to contain the spread of COVID-19, the prevailing theory began to circulate, namely that the virus was passed from bats to another species before making its way to humans at a market in China where a handful of sellers sold live wild animals—a likely source of the virus—while some argued COVID-19 has no natural origin (28). Conspiracy theories promoted fear, aided the spread of misinformation, and fostered intolerance, jeopardising the worldwide alliance combatting the COVID-19 outbreak (29,30).

The International Health Regulations (IHR (2005)), the primary organisation governing the global response to PHEIC, did not appear to be effective in containing the spread of COVID-19 while avoiding interference with international travel, economic, and trade-related activities (31). IHR has obstacles, including a lack of national core capacities for identifying, evaluating, reporting on, and responding to potential global public health emergencies; the dearth of national capabilities and required resources to prioritize in building health systems for unknown threats as countries struggle to address the ongoing burden of diseases and satisfy the health needs of their populations; non-compliance by state parties to adhere to reporting standards and compliance (32–34). States parties are required to quickly notify the WHO of situations that may constitute a PHEIC under the IHR (35). However, the lack of compliance was due to lack of - political will, technical capacity in core areas as per IHR, and financial implications due to the implementation of legal instruments. The legal power of international health instruments is associated with their potential health and non-health impact. For instance, during the Ebola outbreak, countries like Guinea, Sierra Leone, and Liberia collectively suffered over 10% of GDP (36). Impact on GDP due to trade restrictions was also reported from Canada during SARS; H1N1 in Mexico and the US (37,38). Additionally, in the past, outbreaks have resulted in unreasonable trade and travel restrictions being imposed on reporting countries. As the COVID-19 cases escalated, WHO declared COVID-19 a pandemic on March 11, 2020 (39). Dr Hans Henri P. Kluge (WHO Regional Director for Europe) released the following remark, "More and more countries are now experiencing clusters of cases or community transmission. We expect that in the days and weeks ahead, the number of cases and the number of deaths will continue to rise rapidly, and we must escalate our response in such a way as to take pre-emptive action wherever possible. Such

actions may help to delay the pandemic, giving healthcare systems time to prepare and assimilate the impact" (40).

The concept "one world, one people" was tossed out as the pandemic escalated. Countries that were encouraging immigration suddenly turned hostile towards their migrant workforce, making them the highly vulnerable group in this global pandemic. They were unfairly treated and discriminated against; undocumented immigrants were deported; foreign citizens were required to submit to mandatory testing; refugees were turned away; and host countries demanded that their citizens return of their own volition, in what appears to be a starting point to xenophobic tenets. Trade between and within countries has been hampered, and countries are responding with protectionist policies in response to the coronavirus's adverse effects. - which resulted in an inconsideration towards human security concerns while announcing lockdowns. Foreign recent emigration, trade battles, civic disobedience, and corruption all illustrate how COVID-19 has impacted the international landscape (41).

**The role of IR in pandemic mitigation: Importance of policy tools and governance framework**

International governing bodies came together to establish a multi-lateral system following the damage caused by world war I and II to address the challenges and promote international peace, prosperity, health and security, solidarity, and cooperation over isolationism and nationalism (13). Remarkable strides were made in global health and international health legislation in the post-Cold War era as a direct result of global cooperation. COVID-19 pandemic occurred during the intense US-China rivalry, and have used the pandemic as a battleground in their struggle for power and influence. The pandemic has sparked international political and legal debates that are unlikely to be resolved even if the epidemic's curve is flattened and bent down. Under the looming shadow of power struggles and strong-arm politics, nations and international organizations will struggle to solve a slew of global health challenges that COVID-19 has sparked (13).

***Mr. Guterres, the United Nations Secretary-General, referred to the pandemic during the discussion of the COVID-19 plan as "a defining moment for modern society", saying the "history will judge the efficacy of the response not by the actions of any single set of government actors taken in isolation, but by the degree to which the response is coordinated globally across all sectors for the benefit of our human family" (42).***

World leaders hope to restore global health security and stability and undo the damage caused by the COVID-19 pandemic. A new international pandemic treaty is envisioned to promote a concerted and collaborative approach from the whole of government and whole of society to address future pandemics effectively (43,44).

As global leaders re-evaluate the international health architecture (system) and urge nations to collaborate on a new international treaty for pandemic preparedness and response, it is important to explore the impact that can be expected from global health treaties. When recent crises hit like the current pandemic, there is often a knee-jerk reaction to invent or reinvent the wheel in response (43).

The criticism is that global health treaties succeed in advancing economic goals and unswervingly fail to achieve health and social progress. The outcome of the international treaty is dependent on the problem being addressed, the political policy environment, and the national context in which treaty measures are implemented. International negotiation and ratification of measures at the national level do not assure the achievement of such results (27).

By assisting and strengthening WHO, employing trade provisions and flexibilities specified in international treaties, and adhering to the level of commitment outlined in recent United Nations (UN) resolutions, member states may work collaboratively to make COVID-19 vaccines a global public good (9).

The development of vaccines sparked the aid and mask diplomacy politics which dominated international relations in the first year of the COVID-19 pandemic. As a result of the arrival of vaccines, the second year has become all about vaccine nationalism and distribution — as a continuation of current geopolitical competition. To address these challenges, G20 and G7 summits recognised the critical role of vaccines in combating pandemics, initiatives will be undertaken to provide timely, equitable, and universal access to safe, affordable, high-quality, and effective vaccinations, medicines, and diagnostics, with a special emphasis on the needs of low-resource settings (46–48).

Access to and affordability of medicines and vaccinations requires significant foreign policy involvement during pandemic crises. Trade agreements, IP regulations, and managing global supply chains often play a role in granting access. The member states supported a draft resolution proposed by the European Union on COVID-19 response at the 73rd World Health Assembly (WHA). The resolution (OP4) Calls for "the universal, timely and equitable access to and fair distribution of all quality, safe, efficacious and affordable essential health technologies and products including their components and precursors required in response to the COVID-19 pandemic as a global priority, and the urgent removal of unjustified obstacles to that; consistent with the provisions of relevant international treaties including the provisions of the TRIPS agreement and the flexibilities as confirmed by the Doha Declaration on the TRIPS Agreement and Public Health" (49).

The COVID-19 Vaccine Global Access Facility (COVAX) is a WHO vaccine-sharing initiative that encourages wealthier countries to provide vaccines to those in need. The UN Security Council enacted a resolution encouraging countries to work together to combat COVID-19 by assisting with health technology and vaccination in places where armed conflict or humanitarian crises exist. As a result, G20 leaders reiterated their commitment to enhancing supply chain security and diversifying and boosting global vaccine manufacturing capacity, particularly through risk-sharing for vaccine components, and they appreciated the WHO's vaccine technology transfer hub (50).

**Can IR play a role in future pandemic preparedness? If yes, what are the possible scenarios?**

HO Director-General Dr Tedros pointed - "Our failure to translate technological progress into an effective global health response to the pandemic and protect the most vulnerable everywhere is not only a moral failure but also a colossal failure of our industrial policies to respond to the most important challenge of our time" (51). Industrial policies embedding sound strategies to address collective health needs should be considered one of the priorities in the Pandemic preparedness framework. The collective health needs of the population should take priority over economic and industrial policies that are currently blind to collective health needs. The ecosystem of research and development (R&D) is critical to any pandemic response. It is not only necessary to invest in R&D, but also in production, procurement, supply chain management, and delivery of treatments, vaccines, and other technologies once they are produced (52).

The pressing global need is the formulation of defined policies that strikes a balance taking into account the reality of vaccine nationalism versus equitable distribution of any kind of available interventions for future epidemic preparedness. The UN can play an important role in supporting effective vaccination diplomacy in such situations. In 2008 and 2009, the UN General Assembly focused on issues such as preparedness for pandemic influenza, access to medical products, and human resource development for health. Different programs and treaties have enhanced the emphasis on health in response to UN resolutions. The WHA coordinated all pandemic influenza preparedness measures (53). The General Assembly considered health in foreign policy as one of the critical concerns that need regular

assessment, attention, cooperation, and action with all other UN resolutions (54).

The WHO is the agency in charge of overseeing IHR implementation (33). WHO's current pandemic alert system "is not fit for purpose" and that "a new global framework is needed to support the prevention of and protection from pandemics", the Independent Panel for Pandemic Preparedness and Response indicated. The review committee and the Global Preparedness Monitoring Board highlighted similar gaps in the IHR (44).

The global health environment has changed considerably since 1948 - health demography, social and corporate determinants of health; health care technologies; digitalization and dependency on global supply chains for essential supplies like medicines; emerging and re-emerging diseases; dynamic disease patterns in different geographic regions. In addition to the above factors, the influence of other sectors on the effectiveness of WHO has changed since its inception. The WHO's effectiveness is challenged and compromised due to several reasons. WHO is governed by its member states—one country one vote. Donor control, regionalization and delegation lead to decentralization of WHO work, non-compliance and lack of accountability on the part of member states to international health regulations, and conflict with Trade goals and health goals. Despite these challenges, the WHO constitution has provisions to promote and adopt treaties (Article 19), and it has international legal instruments in the form of binding regulations (Article 21) within an international legal system. As per Article 19, "The Health Assembly shall have authority to adopt conventions or agreements with respect to any matter within the competence of the Organization. A two-thirds vote of the Health Assembly shall be required for the adoption of such conventions or agreements, which shall come into force for each Member when accepted by it in accordance with its constitutional processes". The precedent of using WHO's legal instrument was the formulation and implementation of the Framework Convention on Tobacco Control (FCTC), a new multi-lateral arrangement for promoting international cooperation in health. FCTC managed to promote coordination among industry-interest groups to advocate for health and wellbeing, develop guidelines and negotiate with non-health actors and sectors within an international legal system. This is one possibility based on the success of FCTC, the world leaders have an option to strengthen WHO by implementing Article 19 and 21 (55).

The need for textual and operational reforms in IHR is needed as the existing IHR governance framework reveals an inherent tension, scepticism that compliance to IHR is advantageous for countries who have required technical, financial and managerial capacity to mobilize resources quickly should a global health threat be reported through IHR process. However, for countries that lack the required resources to respond to unknown threats, the IHR framework will threaten the national health system by diverting the limited public health resources leading to non-compliance to transparency and information sharing with the WHO. Instances where local and national authorities disagree on reporting an event may create populist resistance to international health agreements. Concerns were expressed about the states parties' transparency and willingness to report, notably in relation to the initial outbreak in Wuhan, China. With uncertainty surrounding the origin of the virus during the initial days of the pandemic and lack of international coordination could be the reason related to delay in reporting and the hesitancy of China to shut its wet markets (31).

Even though the IHR has a crucial governing framework to curb the international spread of diseases, the IHR faces perilous challenges in implementing IHR. With the experiences related to the management of "declared PHEIC" in the past - The 2009 H1N1 influenza, Polio, Zika and Ebola, the difficulties and loopholes in IHR implementation have become politically significant, and states, notably, have neglected the IHR by failing to fully adhere to their international commitments (56). The Independent Panel (Harvard-LSHTM ) on the

Global Response to Ebola wrote, "Confidence in the organization's capacity to lead is at an all time low" (57).

While the COVID-19 pandemic is primarily a health catastrophe, unfavourable externalities affect numerous facets of the world order, including world trade. Supply and demand imbalances in vital products have had disastrous effects on mental health and physical health since they influence therapeutic and medical device supplies, as well as personal protective equipment. Additionally, the decline in commerce had an effect on nutrition and food security, as well as on government revenue required to pay for social protection and health services. Members of the World Trade Organization (WTO) have been developing a multilateral response to COVID-19 using a holistic and integrated strategy. WTO's initiative on Multilateral Leaders' Task Force on COVID-19 assist in continuation of collaboration with the heads of international organizations such as WHO, WTO, International Monetary Fund (IMF) and World Bank Group (58). A new framework must be devised within the WTO's existing agenda and institutional structure, given the enormous push to further liberalise intellectual property regulations and enhance the global supply chain for COVID-19 medicines, diagnostics, and vaccines. There is an opportunity for WTO members to minimize threats and maximize mutual and global benefits through active identification, ratification and mitigation of trade-restrictive measures and promote trade facilitation measures. By implementing the WTO's binding measures, makes it possible to establish defined timeframes, with shorter deadlines for reporting and stock-taking for immediate tasks on COVID-19 by member states. By encouraging international cooperation among service providers, enhancing global supply chain mechanisms, simplifying regulatory procedures, and supporting the sharing of regulatory dossiers and data, the WTO can help governments collectively improve the worldwide production of critical items. Tariff reductions or eliminations can aid in the provision of vital products during a pandemic, whether temporarily or permanently. COVID-19 crisis has given a unique chance for WTO to reform age-old norms and procedures which were set in the pre-pandemic times by encouraging international cooperation, improved coordination and coherence, as well as transparency and access to current information (59).

Uncertainty over the factors that lead to diversity in pandemic outcomes hampers efforts to persuade global partners and policymakers to invest in pandemic preparedness. We highlight a few of the reforms/resolutions made by the G20 Rome summit, 2021 and 47$^{th}$ G7 2021 summit to ensure future pandemic preparedness: "establishment of a G20 Joint Finance-Health Task Force to ensure adequate financing, increasing the provision of and access to vaccines, therapeutics and diagnostics, expanding and diversifying manufacturing capacity, facilitate data sharing, capacity building, licensing agreements, and voluntary technology and know-how transfers on mutually agreed terms, invest in the worldwide health and care workforce, coordinate pharmaceutical and non-pharmaceutical measures and emergency response, in the context of a sustainable and equitable recovery" (47,48).

Pandemic such as COVID-19 must not be repeated, but time for reform is almost short. After a pandemic, the desire for change dissipates rapidly (60). Equitable access to global public goods, the development of new legal mechanisms, and the establishment of a stronger and more authoritative international organisation are critical steps in the fight against pandemics (61).

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