

# What International Relations Tells Us about COVID-19

Written by Joshua Busby

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JOSHUA BUSBY, APR 26 2020

The emergence of a novel coronavirus (SARS-CoV-2 / COVID-19) in 2019 may be the most consequential event of the early 21<sup>st</sup> century, upending modern life, globalization, and relations between countries. The outbreak of COVID-19 is a health crisis, with approximately 3 million cases and over 200,000 deaths and counting. It is also an economic one, with the various stay-at-home ordinances and travel restrictions imposed to break the chain of transmission leading to dramatically diminished economic activity, massive unemployment, and income losses around the world. From China's initial reluctance to allow World Health Organization (WHO) experts into the country to G7 fights over what to call the virus to President Trump's hold on funding for the WHO, the global response has been shambolic and largely uncoordinated, in contrast to the adequate if not exceptional cooperation during the last major global crisis, the 2008 financial crisis. What can we learn from theories of international relations about why the response has thus far been so ineffective?

Here, Kenneth Waltz's classic images of analysis are relevant, with first image theories focusing on the role of individuals, second image theories on the attributes of states, and third image theories the structural properties of the international system. Paul Poast has a thread summarizing some of his observations on this question that begins with the role of individuals and works its way up, but I want to start with structural theory and work my way down.

### Third Image: Structural Theories

#### *Anarchy, Cooperation, and Collective Action*

In his *Man, the State, and War*, Waltz argues that the world is characterized by anarchy – that is, there is no overarching world government – so states have to fend for themselves against threats, including the coronavirus. But, as Robert Keohane, Joe Nye and other neo-liberal institutionalists have taught us, some threats create powerful demands for cooperation as they cannot be resolved by states on their own. Interdependence of trade and travel create mutual vulnerabilities to the coronavirus and intensify the need for cooperation between states. A state that protects itself from the coronavirus while others do not will find itself vulnerable to spread of the disease from outside its borders. This is what scholars of collective action call a “weakest link” problem where states are only as safe as the weakest link in the network.

States also cannot meet their own needs for dealing with the crisis through domestic production alone. Globally integrated supply chains mean that they will depend upon imports for medical supplies, masks, pharmaceuticals, and machines. Some countries lack the wherewithal to tackle the disease on their own, and few if any states can collect necessary information on the trajectory of the disease all over the world or invest in the novel therapeutics and vaccines that are required to treat the sick and ultimately stop the virus.

Ken Oye in his classic piece, “Explaining Cooperation under Anarchy” applied basic game theory metaphors to international relations, reminding readers “to think horse before you think zebra.” If actors cooperate, the most likely situation is a harmony game, where actors have overwhelming incentives to cooperate no matter what others do. If actors do not cooperate, then the situation most likely resembles deadlock, where actors have misaligned incentives and strong incentives to not cooperate with each other.

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Global public health has generally been more favorable to cooperation than other issue areas – the joint gains of working together to avoid infectious diseases and minimize economic disruption are large. Controlling a pandemic is, if not a harmony game, at least an assurance or stag hunt game, where actors will cooperate if they trust that others will do so. The absence of cooperation in this instance is therefore somewhat puzzling. Countries should be working together. The United States and the Soviet Union found it within their interests to cooperate (and even outdo each other) on smallpox eradication in the midst of the Cold War. More recently, the U.S. and China cooperated on a range of issues in the Obama era from the financial crisis to climate change to the Ebola outbreak. However, as Scott Barrett has noted, efforts like smallpox eradication, which required a modest amount of money, almost foundered since states always want to diminish the costs and burden of cooperation for themselves, even when it is in their interest to cooperate. Stephen Krasner wrote that these international distributional battles act as impediments to cooperation. Other realists such as Joseph Grieco echoed these concerns in his discussion of how some states are preoccupied by relative gains.

In public health, where the costs of inaction are so large, some of these concerns about relative gains should be attenuated. That said, where public goods are involved, as they are with global health and the coronavirus, there are collective action problems. It is hard to induce countries to contribute to public goods if they can get them for free. This is the classic problem of collective under-provision and free-riding that Mancur Olson, Elinor Ostrom, Todd Sandler, and other scholars of collective action have identified. One way such cooperation in the economic arena was historically generated occurred when a single, dominant power was willing to underwrite public goods provision. The idea of hegemonic stability theory comes out of Olson's work and was further elaborated by a number of scholars including Charles Kindleberger and Robert Gilpin. To the extent a dominant power is willing and able to lead in providing public goods, other states may be willing to contribute themselves.

In the health space, the best example of this in recent years is the leadership of the United States on combating HIV/AIDS that began during the presidency of George W. Bush. For nearly twenty years, the United States has been the dominant funder of global HIV/AIDS efforts through the bilateral program, the President's Emergency Plan for AIDS Relief (PEPFAR), and via U.S. support for the multilateral Global Fund to Fight AIDS, Tuberculosis, and Malaria. Since 2003, the United States has contributed more than \$90 billion to global AIDS efforts, which has helped provide life-extending antiretroviral therapy to more than 24 million people. In recent years, the U.S. alone has provided more than 70% of donor funding for HIV/AIDS. Because the U.S. contribution to the Global Fund is limited by law to no more than one third of the organization's resources, the U.S. has also helped crowd in funding to support HIV/AIDS.

Scholars of international relations have long wondered about the durability of cooperation if there is hegemonic decline. With rising multipolarity in the economic arena, the hegemon could become less willing and able to provide public goods. The rising challenger itself may not be inclined to do so either. The United States, beset by its own struggles, clearly has no appetite for leadership on the coronavirus. As the *New York Times* noted this week, "But this is perhaps the first global crisis in more than a century where no one is even looking to the United States for leadership." That said, it is far from clear that this is a function of its own structural weakness. The United States is still the richest country on earth, and it still has the most to gain or lose from the current global economic order becoming untenable. The presumption of hegemonic stability theory is that the hegemon is a benign actor rather than a coercive one, though this too may not be true. Whether a putative hegemon is benign (and willing to provide public goods) or coercive may not be structurally determined but related to properties of states (second image theories) or of individuals (first image theories).

While there is, as yet, no indication that the United States wants to play this game, geostrategic competition may also give rise to competitive dynamics between great powers that leads to more public goods provision, variably referred to as "tote-board" or "scorecard" diplomacy and "competitive generosity." While China has begun to offer donations and assistance to other countries to combat the COVID-19 outbreak, it is unclear how effective what Yanzhong Huang calls "mask diplomacy" is or can be, though some 82 countries are said to be beneficiaries of such efforts. (For different perspectives on whether China can lead, see Michael Green and Evan Medeiros, Kurt Campbell and Rush Doshi, and Joshua Eisenman and Devin Stewart) There have been a number of instances of shoddy tests and equipment that Chinese companies have sold or sent abroad, and these efforts may backfire in some places.

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Competitive dynamics may not generate a race to cooperate but more self-dealing and predatory behavior. As Henry Farrell and Abraham Newman have noted and applied to the coronavirus case, mutual vulnerability in recent years has been weaponized by states, with countries trying to use others' dependence on them to extract benefits for themselves. This suggests that power asymmetries between states can tempt states into using interdependence to skew the benefits to themselves rather than for mutual gain.

Given limited medical equipment and pharmaceuticals at the moment and various countries simultaneously fighting outbreaks, we have seen competitive efforts by countries to lock down supplies for themselves rather than consider global solidarity. Developing countries may be last in line for such supplies if richer countries outbid them, if more powerful countries seize supplies, or if offers of international assistance are rescinded to address domestic outbreaks. The reputed effort by the Trump administration to convince German scientists to relocate and deliver a vaccine exclusively to the United States is an extreme example of this kind of zero-sum thinking.

The challenges of international inequities in access to pharmaceuticals and medical supplies are not new. During the H1N1 flu outbreak of 2009, there were similar shortages with developing countries particularly vulnerable to limited vaccine access.

### *Delegation to International Organizations and the World Health Organization*

In addition to hegemonic provision of public goods, another way states have sought to facilitate cooperation and collective action is by creating and delegating tasks to international organizations (IOs). By pooling and centralizing resources through a single agency, IOs can perform functions that most states cannot carry out on their own including coordination and information collection. IOs also are less likely to be perceived as the instrument of any individual state so their relative neutrality makes them more likely to be trusted with information from states, including on disease surveillance and the status of outbreaks.

IOs like the WHO have the advantage of specialized expertise which gives them issue-specific power, but they are always subject to the whims of their principals (nation-states) which determine how much power they have, including their overall level of resources, leaders, membership, and direction. This was especially true in the lead up to the West African Ebola crisis that began in 2014. After the 2008 financial crisis, member states decided to cut WHO's budget, particularly the sections responsible for pandemic response. Part of the problem stems from how the WHO is funded, which comes from a combination of assessed dues that members pay based on their relative wealth and voluntary contributions that states (and non-governmental actors) contribute to for specific purposes. WHO has suffered for years from increasing reliance on voluntary contributions based on member states' preferences for idiosyncratic health functions such as efforts to fight obesity (see Figure below). As recently as 2000, the WHO's budget was divided roughly 50/50 between assessed dues and voluntary contributions. Since then, while assessed dues have remained flat, voluntary contributions have come to account for about 80% of the WHO's contributions.

Not only is the WHO subject to these constraints, but its overall funding level is small, compared to the need. WHO, which assists 194 countries, has an annual budget of about \$2.2 billion. The U.S. Centers for Disease Control itself had a budget of nearly \$7 billion in 2019.

After the West African Ebola crisis, donors supported the creation of a new WHO emergencies program, but even  
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the new program had limited resources for health crises, and the WHO was always going to be constrained if a health crisis  
arose. One of the powerful member states, both in terms of the resources it could bring to the table but also its  
leverage. This is true for other issue spaces like international finance where the International Monetary Fund (IMF)  
has basically become a lender of last resort only for middle-income countries. The resources of the WHO to surveil  
and respond to problems that affect countries like the United States and China are quite limited.

IOs can also suffer from their own bureaucratic pathologies. Since its founding, the WHO has been decentralized  
with considerable power in regional offices, which produced terrible results in the West African Ebola crisis. Even  
before the Ebola crisis, the WHO's clout had already diminished because of its perceived bureaucratic inertia and the  
rise of new organizations as part of a more fragmented regime complex for global health. As Chelsea Clinton and  
Devi Sridhar argued, the international community has invested in other organizations like the Global Fund and the  
vaccine alliance GAVI because they were seen as more responsive, focused on vertical, disease-specific  
interventions.

The Achilles' heel of IOs and treaties has always been their limited enforcement powers, particularly *vis-à-vis*  
powerful states. In this regard, WHO's powers are quite limited, which helps explain why the WHO and its current  
executive director, Dr. Tedros Adhanom Ghebreyesus, seemed so solicitous of the Chinese in the early stages of the  
COVID-19 outbreak. During the 2003 outbreak of the Severe Acute Respiratory Syndrome (SARS), China was  
accused of a lack of transparency in the timely reporting of cases to the WHO. The WHO used its *de facto*  
enforcement capacities to warn the international community against traveling to SARS-affected countries. In the  
wake of SARS, the international community reformed the International Health Regulations (IHR) in 2005 to give  
states more guidance about what their responsibilities were for reporting on outbreaks.

The revised IHR gave WHO the capacity to label outbreaks as Public Health Emergencies of International Concern  
(PHEIC). Such declarations are supposed to serve as alarm bells for the global community to mobilize resources to  
prevent a disease from becoming a risk to other countries. The declaration of PHEICs has not always worked well.  
There is a tension between balancing the need to protect human health and keeping countries' economies open to  
trade and travel. The WHO has sometimes been reluctant to declare a PHEIC for fear of damaging countries'  
economic prospects. Thus, in the case of the West African Ebola outbreak, a PHEIC was not declared until August  
2014, several months after the non-governmental organization Doctors Without Borders warned that the epidemic  
was beyond local control. The WHO dallied again in making a PHEIC determination when the Democratic Republic  
of the Congo faced another Ebola outbreak in 2018.

In the case of COVID-19, a PHEIC was not declared until January 30<sup>th</sup>, 2020. The world first learned of this outbreak  
in late December 2019. There might have been an opportunity to declare a PHEIC a week earlier at which point only  
17 Chinese nationals were known to have died, but this was a relatively fast PHEIC declaration. Alongside the  
declaration of a PHEIC, the goal has been to selectively or rarely use travel restrictions and instead use disease  
surveillance to stamp out epidemics before they pose a risk to the global community. The WHO generally opposes  
travel restrictions since they are thought to be ineffective in stopping disease transmission, though they may slow  
transmission, albeit at considerable economic cost. The WHO has been criticized by President Trump for opposing  
travel bans, but it was powerless to stop the United States or other countries from imposing them and cannot punish  
them for doing so. Indeed, the day after the PHEIC declaration for the coronavirus, the United States announced  
restrictions on Chinese travelers. The United States was not alone. In recent health crises including Ebola, H1N1,  
and now the new coronavirus, numerous states issued travel bans.

The WHO, and Dr. Tedros in particular, have been criticized for being overly praiseworthy of the Chinese  
government, which arguably concealed the extent of the threat. While not to absolve WHO or its leadership of  
excessive deference to China, it is important to recall that the WHO possesses no capacity to coerce states to  
provide information on outbreaks. For several weeks in January, China resisted calls from the WHO and the CDC to  
allow its experts into the country to see what was going on for themselves. That mission, led by Bruce Aylward in  
early February, was critically important. The late February report issued in its wake was specifically a WHO-China  
joint publication and provided foundational information on the disease and lessons learned from China's response.  
Had the WHO been more confrontational earlier, China could have denied it access to the country.

So it is not entirely surprising that Dr. Tedros, after a late January trip to Beijing, praised China for "setting a new  
standard for outbreak response." The purpose of his visit was to broker permission from China for a WHO mission  
that would commence in February. As Jeremy Youde wrote in March, "WHO can't threaten to invade to get accurate  
epidemiological data." Devi Sridhar made a similar point on Twitter.

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Public seems to misunderstand WHO's role- it cannot force governments to take action. It can support technically & operationally, advise best practice, share information, create R&D roadmaps & monitor country responses. It needs to keep all countries at the table & sharing data.

— Prof. Devi Sridhar (@devisridhar) April 4, 2020

As Stephen Buranyi wrote in the *Guardian* last week: “For all the responsibility vested in WHO, it has little power.” In the wake of President Trump’s decision to put a hold on WHO funding, Jeremy Youde, Adam Kamradt-Scott, and Clare Wenham also penned terrific explainers on what the WHO can and cannot do. There is no shortage of criticism being levied at the WHO. Some of it is likely warranted. But even some criticisms, like Kathy Gilsinan’s in the *Atlantic*, recognize that the WHO is in a difficult position because it relies on member states, including non-democracies, for information: “The structure also gives WHO leaders like Tedros an incentive not to anger member states, and this is as true of China as it is of countries with significantly less financial clout.” Paul Poast in another terrific Twitter thread reviewed the critiques of the WHO’s role and identified this Catch-22:

So the @WHO faces a dilemma:

— treat China too harshly and you lose all ability to collect data

— treat China too lightly and other states fail to receive the accurate information they need.

— Paul Poast (@ProfPaulPoast) April 4, 2020

Another weakness of the IHR was that the WHO never received the complementary support from member states to invest in health systems, leaving countries perennially unable to invest in the functions of disease surveillance and basic health provision that could limit vulnerabilities to new health threats. Many of the world’s poorest countries will be especially vulnerable to the impacts of COVID-19 because they do not have the resources to respond to a health crisis of this magnitude. While the WHO’s capacity is not as great as it could or should be, it is, as Charles Kenny argued, the main actor assisting developing countries’ preparedness and response efforts. WHO is providing personal protective equipment. The WHO is issuing guidelines for lab diagnosis, clinical management, and other technical aspects of disease management. WHO is sending test kits to developing countries. The WHO is collecting information on various clinical trials and seeking to pool collective efforts on clinical trials.

In this crisis, the WHO once again is at the mercy of member states and outside actors for support. In early February, the organization issued an emergency appeal for \$675 million to fund its work to fight the coronavirus. By early March, the fund had only received \$1.2 million by one account. As of April 20<sup>th</sup>, that fund had only received \$377 million, nearly three months after the initial funding appeal was made. Not only that, as readers undoubtedly know, President Trump placed a temporary hold on U.S. contributions to the WHO on April 7<sup>th</sup>. In the 2018-2019 biennium, the U.S. provided nearly 15% of the WHO’s resources, some \$893 million, nearly three-fourths of it in the form of voluntary donations, with much of those funds dedicated to polio eradication.

At the time of the announcement, the U.S. was already in arrears for nearly \$100 million for two years of unpaid assessed dues (see figure below for the trend in U.S. annual contributions). As an aside, while China’s assessed dues to the WHO are about half the size of the United States, China’s voluntary contributions are trivial, about \$10 million over the 2018-2019 biennium).

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China, the United States, and other nations have accelerated access to vaccines, therapeutics, and tests, particularly for developing countries with a view towards a fund that would raise \$8 billion in initial funding. While the launch event included a number of key partners like the Gates Foundation and the British government, neither China nor the United States were involved. Here, structural theory like Waltz's can only tell us so much since the nature of this problem suggests that great powers still have strong incentives to cooperate with each other. We have to look to other images or levels of analysis to understand why they are not.

### Second Image: Attributes of States

Because the WHO has limited capacity, particularly *vis-à-vis* powerful states, the role and response of individual states, namely China and the United States, matter immensely. If the failure to cooperate in this crisis cannot be fully explained by properties of the international system, then perhaps second image theories that draw on attributes of states offer an explanation. Here, the intersection of competing regime types is an obvious point of departure, both to explain the nature of responses to the epidemic by individual states but also the challenges of cooperation.

China, as an authoritarian country, has all the defects Amartya Sen identified in his discussion of famines. People don't want to report bad news up the chain of the command so crises can worsen, especially because there is no independent media to expose wrongdoing. Moreover, politicians lack electoral incentives that might make them attuned to citizens' suffering. Democracies, with their open media and elections, are thought to surface information which, in turn, puts pressure on democratically elected politicians to enact policies that protect the public. Though some authoritarian systems might be more inclusive and attuned to crises than others, initial efforts by the Chinese government to punish whistleblowers suggests the Chinese system was vulnerable to these kinds of transparency problems, even if it enacted draconian policies that many democracies might find difficult to impose.

While democracies are thought to have advantages of a free press and electoral accountability to improve performance in response to crises, not all democratic systems may be equally effective. Federalism in the United States creates a much more fragmented system for responding to threats. Sofia Fenner wrote of these challenges on the *Duck of Minerva* and how institutional features of U.S. democracy diminished its infrastructural capacity to implement coherent policy: "Meaningful federalism and decentralization decrease central state capacity, which is one reason why the United States ranks relatively low on this metric." The lack of internal coordination within the United States and the competition between U.S. states and with the federal government for health equipment and supplies has led observers to liken the current moment to a return to the Articles of Confederation and the early days of the Republic. This has led to the spectacle of states like Maryland sourcing COVID tests directly from South Korea and the state of Massachusetts using the team plane of the New England Patriots to transport 1.2 million N95 masks from China.

Other democracies such as South Korea and New Zealand have performed much better than the United States. As James Crabtree similarly echoed, regime type may not be the most important domestic attribute differentiating good performing states from others: "The thread uniting the countries that did well was that, whether democratic or not, they were strong, technocratically capable states, largely unhampered by partisan divisions."

Democratic decline in the United States has created simultaneous authoritarian vulnerability, meaning the Trump administration was not receptive to hearing and acting upon news and warnings, though there were many of them, including from intelligence agencies, the National Security Council staff and economic adviser Peter Navarro. Coupled with federalism, the U.S. response has been underwhelming. But how do attributes of states feature into the lackluster international response?

Here, as Tanisha Fazal points out in a Twitter thread on the coronavirus, the conflict literature in international relations has much to say about the challenges of fostering cooperation between democracies and autocracies. She points to Bruce Russett and John Oneal's work on the democratic peace, which along with other research speaks to the ability of democratic partners to cooperate, given their perceived ability to make credible commitments. Checks and balances in democratic systems make promises more difficult to make but also more challenging to undo. Some, though not all, authoritarian governments by contrast are thought to be more volatile and less credible partners because leaders are relatively unconstrained to make and break commitments.

But, here too, both a structural explanation and unit-level explanation based on the attributes of states are found wanting. Given the nature of the issue, the United States and China must collaborate, both to respond to the public health crisis and its economic consequences. This is something grasped by many elite actors in both countries. In

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early April, some 100 former U.S. government officials and scholars signed a letter imploring the two countries to work together. Some 100 Chinese scholars issued a parallel letter. Similar appeals for international leadership have been made by Nicholas Burns, Kevin Rudd, Heather Hurlburt, Brett McGurk, Thomas Bollyky and Charles Kupchan, among others. That has not happened, however, and emergent geopolitical tensions that have accompanied China's rise are not adequate explanations. As noted earlier, neither geostrategic competition nor different political systems prevented the U.S. and the Soviet Union from working together to eradicate smallpox. It is not inevitable that the current moment descend into a Hobbesian nightmare of every country for itself.

While differences in regime type may not explain the absence of cooperation, there are other domestic political drivers in both countries that may impede cooperation. In China's case, the coronavirus outbreak represents the single most important legitimization challenge to Xi Jinping since he became president in November 2012. The country has relied on high annual growth rates of 8%, but the country's economy contracted by 6.8% in the first quarter of this year. Appeals to Chinese nationalism in the wake of COVID-19 might help shore up domestic Chinese opinion. This temptation has been on display in unhelpful statements from Chinese officials that the U.S. military brought the coronavirus to China,

For its part, the Trump administration faces a political problem with the upcoming 2020 elections and has an incentive to deflect blame from its own response. By blaming China for the magnitude of the outbreak, the Trump administration can try to channel domestic discontent towards a foreign adversary, particularly from the administration's core supporters. Thus, both the health impacts and economic disruption can be pinned on China rather than the administration.

This blame-shifting manifested in unsuccessful U.S. efforts at both the G7 meeting and the United Nations Security Council to insist that other countries attach Wuhan or Chinese to the name of the virus. In both cases, such actions undermined the ability of the G7 and the Security Council to agree to a joint statement and other active measures to respond to the crisis. The Trump administration's decision to withhold support for the WHO is tied to its perception that the organization and its leadership cozied up to China in the lead up to the outbreak and thus failed the world. However, given that President Trump effusively praised China's response two months ago, the move seems more related to his domestic political difficulties than anything else.

For a second image argument to be adequate, the problems the U.S. has had in global public goods provision would have to be a function of attributes of the country's domestic politics rather than the idiosyncratic predilections of its commander-in-chief. To be sure, the Republican-led Senate may not have much appetite for supporting foreign aid at the moment and be cheering the Trump administration's China-bashing. That said, it is not clear that Republicans are driving the antagonism or merely repeating the president's talking points. One arch observer called the U.S.'s failure to lead "hegemonic stupidity," an obvious play on words that may belie the extent to which that failure is a reflection of one individual's worldview who happens to be president of the United States.

## First Image Theory: The Role of the Individual

If neither structural nor state-level factors adequately explain the absence of global cooperation, can individual level explanations provide insight?

Increased political centralization has led to concentration of power under Xi Jinping. As Minxin Pei recently argued, "Most of China's recent foreign and security policy initiatives bear his personal imprint." And with respect to the coronavirus response, Pei suggests the crisis bears the hallmarks of Xi's own hand: "One likely reason that Beijing failed to take aggressive action to contain the outbreak early on was that few crucial decisions can be made without Xi's direct approval." Given the opacity of the Chinese system, it is more challenging to discern where Xi sees the most personal political benefit going forward, from stoking nationalism and misinformation on the one hand to providing medical diplomacy on the other or some mix of activities.

The role of the individual is easier to observe in the United States where democratic decline has accentuated the problems of its presidential system and made the country increasingly like a personalized dictatorship, subject to the

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whims of its leader. This has made first image explanations in political science theories, which that focus on the role of individuals, more relevant than ever before. Trump's personal inclinations have had an outsized impact not only on the U.S. response to the coronavirus outbreak, but also the country's willingness to engage in international leadership.

Domestically, we observe the disruption of institutional practices for pandemic and emergency response, with ad hoc arrangements established under the leadership of the president's son-in-law Jared Kushner. Even as the federal government ceded much of the response to state actors, the president himself has held court for daily briefings for weeks, making him the star of the coronavirus programming.

First image theories were quite popular in diplomatic history, but such "big men" explanations fell out of favor as political science came to embrace structural theories, large-N analyses, and game theory methods that seem less suited to the study of leader attributes. New work from Horowitz, Stam, and Ellis as well as from Keren Yarhi-Milo has reinvigorated first image theories, coupling explanations based on leader histories and psychological traits with sophisticated methods. Some leaders are more risk-tolerant, while others, due to age or professional background, are more willing to escalate conflicts.

Trump has a well-developed and long-held worldview that is, as Tom Wright has demonstrated, based primarily on the president's hostility to international trade and alliances and his view that foreign countries are ripping off the United States. He thinks the U.S. has been getting the sucker's payoff from international cooperation for a long time. He evokes a neo-mercantilist, zero-sum view of the world. Grieco has noted that the importance attached to relative gains may vary over time and here we see it vary by individual. Trump lies on the extreme edge of that valuation, elevating both the distribution of gains to the United States as well as short-term considerations such that the kind of reciprocal, multi-period cooperation envisioned by Robert Axelrod is almost impossible. All Trump cares about is winning.

Under Trump, the U.S. has departed from its international leadership position in previous crises like HIV/AIDS and Ebola because of the president's own America first worldview, which has led to lacunae about the ability of the country to resolve this problem on its own and the need for international cooperation. The administration's choices such as pressing at both the G7 and United Nations Security Council to append the name Wuhan to the virus may reflect the rhetoric of the Secretary of State Mike Pompeo, but Pompeo and other subordinates seem to be doing Trump's bidding. The decision to put a hold on U.S. funding for the WHO also seems to be a function of the president's own whims. Because the president himself disdains multilateral cooperation, he has gradually filled his administration with pliable agents to rubberstamp that agenda in different forums.

While Congress may ultimately be able to use its appropriation and investigation powers to restore WHO funding, the experience to date of Congressional oversight of this president has not been promising. As we saw, after President Trump unilaterally held up Congressionally appropriated military aid to Ukraine, he was impeached by the House of Representatives but not convicted by the U.S. Senate and thus avoided being removed from office. It is hard to imagine any process holding him to account so close to the November 2020 election.

On some level, the intersection of two leading countries with personalistic authoritarian regimes elevates the importance of the individual to a structural property. To the extent that Trump and Xi get along or see mutual benefit to cooperating, they may cooperate, but as soon as their individual fortunes are better served by appealing to nationalist audiences, they are not constrained from pivoting to hostility to the other party. While that agency has consequences, it nonetheless makes agreements on trade, global health, or anything extremely unstable, as scholars of authoritarian cooperation have argued.

## Conclusion: Looking Back and Ahead

What this means for global cooperation is uncertain. With respect to Trump's decision to withhold WHO funding, any disruption may impede the WHO's operational support for developing countries, not just for COVID-19 but also for other programs the United States contributes to, such as the polio eradication effort mentioned earlier (the



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administration did announce on April 24<sup>th</sup> that it would in fact allow funding to flow to WHO to fight polio in seven countries). Even before the hold, the United States had only contributed \$30 million to WHO's underfunded emergency \$675 million emergency appeal. Contrast this with the \$1 billion the Obama administration announced it would spend after a PHEIC was declared for the West African Ebola outbreak. It is unclear if the Trump administration might reverse course and support the emergency appeal and the newer, larger multi-billion dollar access program.

There remains strong bipartisan support for global health in the U.S. Congress, which has endured since the Bush administration and largely resisted the Trump administration's requests to cut spending on HIV/AIDS and other diseases. The degree to which the Trump administration has been unable to rally the world and coordinate an international response to this crisis seems mostly ascribable to the beliefs and temperament of the president himself.

Money is not the only area where leadership is required, though. Policy coordination on fiscal stimulus is needed. Mechanisms to secure developing country access to medical supplies and pharmaceuticals are urgently needed. Rules for diminishing inter-state competition and poaching of medical supplies from each other are required, as is cooperation on food security. Collaboration for the development of new therapeutics and a vaccine is needed. The timing of lifting travel restrictions is another area where international cooperation is needed. Here, the absence of U.S. leadership has been striking. France convened the G7 and Saudi Arabia convened the G20. With the U.S. striking a petulant tone over the nomenclature of the virus at the G7, that meeting did not generate consensus, though the rest of the G7 later united to protest the Trump administration's hold on its WHO contributions. The G20 seemingly wrought some progress on the size of fiscal stimulus, some \$5 trillion, but this was more of an affirmation of what countries are doing domestically. Less clear is how stickier issues like competition over medical supplies will be ironed out. Observers saw this as a missed opportunity for the United States.

Because the Ebola crisis emanated from regions that were trivial to the global economy, the effects on global commerce were limited. Ebola's lack of transmissibility made it easier to contain and ensure the travel restrictions were temporary and limited. Other viruses like H1N1 were far more transmissible but less deadly. With H1N1, the strategy of surveillance and contact tracing quickly became impossible because the disease spread too widely. Where Ebola was deadly but not especially transmissible and H1N1 was transmissible but not especially deadly, SARS-CoV-2 (COVID-19) is more transmissible than Ebola and more deadly than H1N1. Like SARS, it also emanated from China which has become even more central to the global economy and trade and travel since the early 2000s. This has made the current outbreak much more challenging for the international community to contain. China's greater integration into the world means the infection has spread to far more places.

The current outbreak is more like the 1918 flu pandemic in terms of ease of transmission and relative lethality (though there are important differences) so we have to revisit that era to learn lessons. That outbreak was facilitated by World War I, which brought people from all over the world in close proximity with considerable mixing between soldiers and civilians. The absence of international institutions and the dislocation caused by WWI combined to produce a weak international response. As many as 20 to 50 million people died, possibly more. While one key lesson from that period is the risk of opening economies too early, another insight is the need for policy coordination across borders. As Colin Kahl and Ariana Bernegaut warn, one of the current moment's key risks is economic decline from deglobalization. They see some of the fallout from the 1918 flu pandemic as feeding into the instability of the interwar period, which set the stage for later conflict. They worry that the health, economic, and social impacts of COVID-19 could have destabilizing consequences at a time when other ills like conflict and climate change have already stressed a number of countries around the world.

In this context, it is helpful to unpack why countries have not coordinated their policies better than they have. While rising geostrategic competition between the U.S. and China (and different political systems) creates barriers to cooperation, they do not appear to be insurmountable, whereas the outsized role played by U.S. President Donald Trump looms large. The WHO faces problems of a limited mandate, funding, and authority, which is partially a function of states not wanting to cede sovereignty but also wider challenges United Nations agencies face in a more variegated landscape of new partners and competitors.

## What International Relations Tells Us about COVID-19

Written by Joshua Busby

A Trump re-election loss will not remove structural barriers to collaboration at the international and domestic levels or repair the damage to institutions and relationships. However, his departure from the scene might delegitimize some of the zero-sum thinking that proliferated during his time in office and give his successor an opportunity for a system re-set and re-design.

In *Theory of International Politics*, Waltz said that his structural argument was not a theory of foreign policy. To understand the behavior of individual states, we needed to bring in other factors. As the global response to the coronavirus demonstrates, no single image or levels of analysis provides a complete explanation but drawing on all three, we have a better appreciation for why global cooperation, particularly between the two most important countries, has been wanting.

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### About the author:

**Dr. Joshua Busby** is an Associate Professor at LBJ School of Public Affairs at the University of Texas at Austin and a Distinguished Scholar at the Robert S. Strauss Center for International Security and Law. In 2016, he joined the Chicago Council on Global Affairs as a non-resident fellow, and in 2018, he joined the Center for Climate & Security as a Senior Research Fellow. Prior to coming to UT, he was a research fellow at the Center for Globalization and Governance at Princeton's Woodrow Wilson School (2005–2006), the Belfer Center for Science and International Affairs at Harvard's JFK School (2004–2005), and the Foreign Policy Studies program at the Brookings Institution (2003–2004). He received his doctorate from Georgetown University in 2004. His current research analyzes global climate governance, the challenges of clean energy transitions in India and China, as well as the implications of climate change for security. He is currently curating a series on COVID-19 on the *Duck of Minerva*. You can follow him on Twitter @busbyj2.