

# Covid-19's Impact on Global Health

Written by Mukesh Kapila

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MUKESH KAPILA, APR 14 2022

**This is an excerpt from 'Global Health', by Mukesh Kapila in McGlinchey, Stephen. 2022. *Foundations of International Relations*. London: Bloomsbury.**

The gaps and divisions created by the Covid-19 pandemic have profoundly affected international relations because everything about the origins and spread of the novel coronavirus has been contentious. China was accused of delay and cover-up as well as obstructing the conduct of independent enquiries into the origins of the virus. The World Health Organization was blamed for being slow and timid, and many states were accused of hiding behind their borders while competing with others for life-saving products such as personal protective equipment (PPE), therapeutics and vaccines.

The International Health Regulations, lynchpin of cooperation among states for their mutual safety, faltered as the pandemic became politicised. Governments of all types – democratic and authoritarian – restricted human rights and liberties as populations were locked down, businesses collapsed, schools closed and unemployment soared. Science struggled to unlock the mysteries of the new virus, and misinformation, fear and panic filled the gaps. Latent prejudices surfaced in attempts to blame other cultures or states for spreading the virus – perhaps best signalled by the rise in anti-Asian racism in the United States. In addition, fake news, predominantly spreading on social media, directly endangered the health and well-being of all people, especially the poorer and least- educated groups. Even US President Donald Trump contributed to the torrent of confusion and misinformation, famously suggesting during a televised press conference that it may be worth injecting disinfectant into a person's body to treat Covid-19. While his advisors looked on in shock, cleaning product companies raced to issue guidance to remind the American public that their products should not be ingested under any circumstances.

During the peaks of the pandemic, health systems across the world became overwhelmed as they stopped attending to their normal business of caring for routine diseases. This created the unprecedented ethical dilemma that to save lives from Covid-19 meant accepting excess deaths and sickness from other causes (such as cancer) because of the pivoting away of health facilities to focus exclusively on the novel coronavirus. Amidst this, all types of inequality deepened as the virus drilled itself into the fault lines of societies.

Covid-19 showed that the interdependence of global health in a globalised world proved to be its Achilles' heel as states discovered how dependent they had become on others for health-care essentials, which were typically manufactured overseas and imported. Global medical supply chains collapsed with states bidding against each other for precious diagnostics, medicines and personal protective equipment. As governments turned inwards to safeguard their own populations, globalisation appeared to reverse. What was once proselytised as the engine for mutual prosperity was recast as a grave threat. National health security was seen as more vital than international solidarity.

The World Health Organization argued for states to get behind its COVAX facility (which it co-leads with Gavi and UNICEF among others) to make vaccines available equitably to all states according to need. Yet, a large number of richer states such as the United States and the United Kingdom scrambled instead to prioritise advance purchase agreements with vaccine manufacturers to guarantee privileged access for themselves. The implication was that states that could afford to buy vaccine stocks in advance would get first access, leaving poorer states to wait in line. Indeed, this is precisely what transpired. Underlining the situation in which some developing states were left, in

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February 2021 the Philippines offered to lift migration restrictions it had placed on its medical professionals leaving to work overseas if the United Kingdom and Germany donated vaccines in return – essentially trading nurses for vaccines.

Frictions also emerged as Global North states, which are home to the pharmaceutical companies that invented the bulk of the Covid-19 vaccines, wrangled with Global South states over protecting intellectual property rights as calls emerged to forgo patents to allow other states to independently manufacture the life-saving vaccines. In parallel, vaccines produced by China and Russia were offered to increase their soft power and simultaneously leverage the backing of weaker states over contentious issues on the global stage – such as human rights issues and territorial matters in Taiwan and Crimea. As the Covid-19 vaccine became a tool of both diplomacy and competition, those with access to the vaccines secured competitive advantage by resuming business and growth more quickly, and thereby deepened many of the underlying inequalities within the global system.

Covid-19 has demonstrated that the uncritical march of globalisation has hollowed out the capabilities of poorer, weaker states while expanding their exposure to external risks and leaving them ever more dependent on the mood and disposition of more powerful or capable states. Furthermore, when the chips were down – especially during the first eighteen months of the crisis – the global system was not seen to work fairly to protect the more disadvantaged when every state seemed to be engaged in the struggle to protect itself.

All was not bad, however. Crises often bring out the best in people. Communities across the world rediscovered an extraordinary spirit of solidarity as voluntarism flourished and people reached out to help the most vulnerable. As health workers became the new frontline heroes with many losing their lives to the virus, appreciation of the values of universal health-care provision was revitalised. The worldwide public mood infected governments, several of which, especially across Africa and Asia, vowed to revamp and recapitalise their publicly funded health systems.

Since time immemorial, health has symbolised the most noble of human values. Even as wars and pestilence challenged societies, the art and science of healing progressed steadily across many millennia, and within all cultures, providing a potential unifying basis for all humanity. Yet an understanding of global health depends on appreciating the continuous tensions inherent in the balance it must strike in its policies and practices. These have included the contentious role of human rights and the power of social determinants that shape the deeply unequal chances of people to receive health care or enjoy good health. There are signs of unity of purpose for achieving universal health coverage, chiefly as part of the post-2015 agenda for sustainable development led by the United Nations. But there are also considerable challenges on how to get there. This is best underlined by the fact that, at its essence, the global system is one of sovereign states who sometimes (especially in emergencies as seen during Covid-19) instinctively look within rather than outwards – at least in the short term.

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