

COVID-19 and the Evolving Geopolitics



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“In a way, the incremental power shift from North to South that has been taking shape for decades now will both speed up and the manufacturing hub (presently in China) may get re-distributed across the South.”

COVID-19 has been described through various terms, analogies and metaphors like unprecedented, wild card, force majeure, rarest of the rare event, etc. While its occurrence has been unrivalled in the living memory, its impact has also been unmatched in all facets of life i.e economic, social, political and environmental. Its impact has mostly been negative in the realm of social and economic development although, the environment is seeing a new lease of life. Even the positive impact on the environment is said to be only temporary (Henriques, 2020). The global (inequality) schism of North-South is not only becoming ever more distinct in the present scenario but is also being observed domestically across the countries of North and South. Multilateralism and global institutions which were already under stress, are now observing renewed threats and trust deficits with increased inward-looking policies and egotistical actions in the global North. This write-up will touch upon the novel coronavirus’s differential impact across issue areas on North and South; and its accentuated pressures on multilateralism.

Before this write-up discusses the substantive issues, it is important to briefly revisit the North-South nomenclature. There have been various definitions put forth as to what global South is and the associated North-South divide. The understanding of the term ‘South’ (in the

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post Second World War era) was mainly understood to be part of the world which was once a European colony. It further progressed to an industrialised (North) vs non-industrialised (South) debate and in present times the term global South is associated to address the space and people who have been negatively impacted by contemporary capitalist globalisation (Mahler, 2017). Fortunately, the number of positive COVID-19 cases and associated deaths in the global South has been much lower as compared to the global North. However, if, the pandemic extensively spreads in the countries of Asia, Africa and Latin America, the cases and fatalities would quickly surpass that of the North. Limited testing facilities, diagnostic kits, hospitals, ventilators, and health care professionals would wreak havoc in these countries. For the moment, for example, the cases in Africa is at a manageable level. South Africa, Algeria, Egypt and Morocco are the worst hit in Africa with these countries having less than 4000 positive cases, and all Sub-Saharan African countries (barring Cameroon and Ghana) have less than 1000 positive cases, though the numbers are increasing across the continent on a daily basis (Worldometers, 2020).

The count becomes gravely problematic once we take into account the number of ventilators and intensive care unit (ICU) beds in various African countries. For

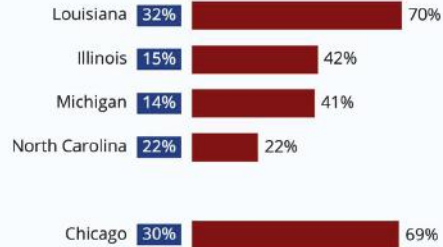
example, South Sudan has a mere 24 ICU beds for a population of 12 million (Smith, 2020), Somalia with a population of 15 million has 1 ICU bed per million. Access to ventilators is abysmally low as well. South Sudan has 4, Liberia and Central African Republic have 3, and Sierra Leone has 13. In comparison, the United States has 172,000 ventilators and 64,000 ICU beds. Similar is the case with number of doctors. Sierra Leone has 0.25 medical doctor per 10,000 people. This number is less than 1 for most of West African and Sub-Saharan African countries. For all Northern countries, this number is well above 20 (WHO, 2020) In this regard Latin America does better than Africa and Asia with most Latin American countries having comparable numbers with countries of the North. Thus, it is not a surprise that tests conducted per million of respective populations is also proportional to the access to healthcare. The number stands at 13,073 for the United States, 19,896 for Spain, 25,028 for Italy, and 24,738 for Germany. In comparison, Algeria which has maximum number of deaths in Africa (402) is only conducting 148 tests for a million population (Worldometers, 2020). The number for Nigeria (largest population in Africa) with close to 200 million population is 39 and Ethiopia with over 100 million people has conducted only 5000 tests till now.

Death figures differ vastly (based on race and ethnicity) between regions in some of the industrialised countries as well. The winners and losers of globalisation have been impacted differentially in the United States. The most recent figures of Chicago show that African Americans have accounted for 69 per cent of all COVID-19-related deaths despite comprising just 30 per cent of the city's population. In Louisiana, where the number of infections is approaching 15,000, African Americans account for 32 per cent of the population but comprised more than 70 per cent of all deaths from COVID-19 (Gupta, 2020). These numbers are phenomenal when one puts them in context that till now racial and ethnic information is currently available for only about 35 per cent of the total deaths in the United States (JHU, 2020). Even in a developing country like India where the major chunk of labour force is employed in the unorganised sector and are daily wage earners, anecdotal evidence shows that this particular group has been disproportionately the hardest hit (Sharma, 2020). The disaggregated casualty data is not yet available in India but, this specific group has had to suffer economic consequences and migration hardships due to policy imperatives with respect to the lockdown. One has to depend on anecdotal evidence in most of the Southern countries because of the data divide between the countries of North and South. Limited data and

COVID-19's Devastating Impact On African Americans

African American share of state/city populations and COVID-19 deaths (as of Apr 06, 2020)

■ Share of state/city's population ■ Share of COVID-19 deaths



Sources: 2010 Census, respective state/city health departments



Source: Gupta, 2020

lack of intersectional data makes it harder for Southern nations to identify the problem and take proper relevant and timely policy measures to tackle the problem.

COVID-19 is also unique in exacerbating the changes in the sphere of geopolitics. US under President Trump has frequently shown his displeasure towards multilateralism be it for NATO alliance in security arena (Borger, 2019) or referring negatively to United Nations (UN) and World Trade Organisation (Johnson, 2019). He said in his (in) famous speech at UNGA 74 “The future does not belong to globalists. The future belongs to patriots” (Gearan and Kim, 2019). Even during the pandemic, the announcement by the US President regarding rescinding the financial contribution to World Health Organisation (WHO) did not

come as a surprise. Even some of its allies like Japan is thinking on similar lines (Wakatsuki, 2020). Cooperation and multilateralism in the European Union (EU) have also come under tremendous stress in this situation. EU Commission President, Ursula von der Leyen extended a 'heartfelt apology' to Italy on behalf of Europe, admitting that it had not been by its side since the beginning of the crisis (Gill, 2020). Relations between US and EU soured as well when France¹ and Germany² in separate incidents blamed the United States of highjacking the consignments of masks when the shipments were ready to be flown to the European countries from Shanghai and Bangkok airports respectively.

On the contrary, regional cooperation initiatives in the South during the pandemic is being operationalised successfully. 8 member South Asian grouping of SAARC has accumulated USD 21.8 million for the special COVID-19 Emergency Fund (Roche, 2020). Continentally, The Africa Centres for Disease Control and Prevention has planned to distribute over 1 million COVID-19 testing kits under the Partnership to Accelerate COVID-19 Testing, or PACT to help countries across Africa to address a testing shortfall (Al Jazeera, 2020). A Regional Contingency Plan has been set up by Central American countries (Sistema de la Integración Centroamericana) to control the threat of the virus

not only in terms of sanitation and health, but also of economic impact which is already striking various parts of the region (SICA, 2020). In continual tradition of sending doctors and health care professionals, Cuban Medical Brigade sent 37 doctors and 15 nurses to Italy (a rare occasion of South-North Cooperation) to assist the crumbling health care facilities (On Cuba, 2020). Also, in an unprecedented incident, around 24,000 US citizens currently in India decided not to go back to the US despite special flights arranged by US State Department to fly them back home (Times of India, 2020).

In a way, the incremental power shift from North to South that has been taking shape for decades now will both speed up and the manufacturing hub (presently in China) may get re-distributed across the South. Various experts are already claiming the bigger presence and enhanced influence of China in the international organisations like UN and WHO (Lee, 2020). The adverse impact on the global economy may help the North to re-think global value chains and shift some manufacturing units away from China by diversifying its risks through distribution of production units across the South. At the same time, it is a wakeup call for all nations to take global public goods and global public health more seriously and take sincere steps to strengthen health care facilities and other social protections for its citizens. After all, it

was recently that US (Devi, 2020) and Great Britain (Neville, 2019) reduced their public health budgets and India plans to spend 2.5 per cent of its GDP towards health care only by 2025, at present the number stands at a mere 1 per cent of GDP (Soni, 2020).

Endnotes

- 1 The Guardian, 2020: <https://www.theguardian.com/world/2020/apr/02/global-battle-coronavirus-equipment-masks-tests>
- 2 Deutsche Welle 2020: <https://www.dw.com/en/berlin-accuses-us-of-hijacking-shipment-of-masks/av-53017703>

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CUBA SENDS DOCTORS TO ASSIST SOUTH AFRICA TO FIGHT CORONAVIRUS

Cuba has agreed to send more than 200 doctors to South Africa to help the nation fight against Coronavirus. These doctors will be deployed to different provinces by South Africa's Department of Health. Cuba is well known throughout the world for its medical diplomacy, its primary healthcare to fight epidemics and also has the highest ratio of doctors to population in the world.

South African President Cyril Ramaphosa has suggested that the total number of infections in the country could reach their peak in August and has warned against overconfidence. Thousands of health workers in South Africa have been involved in screening its population for COVID-19.

South Africa is also seeking international assistance to fund its USD 26 billion rescue package to help its economy. To assist the country's poorest households, the government intends to create welfare grants as millions of people have become unemployed.

Source: BBC. (2020, April 26). Coronavirus: Cuban doctors go to South Africa. Retrieved from <https://www.bbc.com/news/world-africa-52431627>.