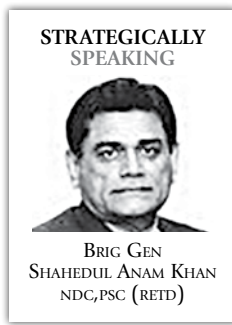


# Politics, geopolitics and the economics of the pandemic and human security



Records show that major pandemics have occurred at a hundred year interval, if we consider the last half the millennium, e.g., the cholera epidemic which originated in India and spread up to China by 1920, lasted seven years. Then there was the Spanish Flu of 1920 and now Covid-19. Some of them lasted for years. The Great Plague of Marseille 1720 which killed a total of 100,000 people. And it took decades for some countries to get back to economic normality. In some cases there were more deaths than we have witnessed so far due to coronavirus. But the other aspects of life had not been as badly affected as we see now. The Spanish Flu in its aftermath saw the emergence of the League of Nations' Health Organization, the forerunner of the World Health Organisation.

We cannot predict how many people would die by the time the world succeeds in fighting the virus effectively, but the effect, primarily on the international economy, is likely to last longer than we can imagine, particularly with so many developing countries being thrown over the edge. But, and this may sound rather cynical if not glib, what the virus has done is that it has played the role of an equaliser, treating both the affluent and advanced countries and the less developed and developing countries equally. Similar is the case also in Bangladesh where the rich and the poor have been affected equally, although the more affluent had better access

**N**O pandemic has had such severe global impact, both in terms of its global reach and the related consequences, as has Covid-19.

to healthcare than the others. The crushing effect has rendered the same degree of helplessness to the powerful and not-so powerful countries.

The economic forecast is bleak. According to IMF estimate, 170 countries will see their GDP per capita fall by the end of the year by about 3 percent, and that to, it admits, may be an optimistic forecast. And WTO sees trade possibly declining by between 13 percent and 32 percent. Some recovery is expected in 2021. Thus, if the world economy has to recover, the less developed and poorer countries would have to be taken onboard by the richer ones. That I see as a redeeming feature in this rather disturbing situation where everyone is left guessing about the future.

The virus has exposed some glaring limitations of the state, the state of governance for example, and a fragile healthcare system, particularly in countries like ours where one is not guaranteed appropriate and timely treatment. We seemed to have overlooked the fact that right to health is a fundamental right and not a dole given out at the discretion of the state. And of course the economy, which has taken a bad hit, particularly the informal economy on which a great number of poor are dependent in countries like ours.

Interestingly, some countries with less pluralistic regimes and societies appear to have been more successful in effecting those strict control measures which helped in curbing the transmission of the disease; that is the first step if the virus has to be contained if not eliminated altogether. But be that as it may, what the crisis has also shown is that bad leadership yields to the virus, democratic or not, more so when leaders disregard science and put politics over people's health. In the two countries most heavily infected, the US and Brazil, the virus has exposed this rather pitiable aspect. And the most important aspect that the pandemic has brought to the forefront, something

that we have restricted to words speeches and essays only, and bothered little to implement, is human security. What the pandemic has shown is that a country may have power to rule the seven seas yet be so pathetically lacking when it comes to providing adequate medical equipment to combat the disease.

But apart from the economics the pandemic has shaped internal politics as well as regional and global

months, and denied bail for publishing factual reports. Comments about government functionaries have been deemed as libellous and processed under the same act whose provisos are vague and open to misapplication. To quote the Sampadak Parishad, statistics show that more journalists, teachers, and intellectuals have been arrested under DSA than cyber criminals, especially in the last six months. In sum, the reactions to alleged fake

and the people informed about how the pandemic is being handled as well as about the misuse and defalcation of government help meant for the poor.

One-upmanship and geopolitical jockeying have been geared up too. In fact, according to observers, the pandemic has dealt a new hand in the game of geopolitics. It has exposed the weakness of the geopolitical realists' view of geopolitics. Today's art of statecraft involves more than a state's hard power and thus making it critical for countries, particularly like ours, to modulate actions to steer through a crisis like this pandemic.

In the realm of international politics we have witnessed the opening up of a new chapter in which we witness the "instrumentalisation" of the pandemic. Even before anyone could ascertain the allegations, we have seen blame and counter blame thrown at one another. China has already been put in the dock, the US, the UK and Australia losing no time to ask for reparations from China. The US has intensified its pressure on Iran by imposing even harsher sanctions on it. The recent border clash between China and India stems from, some contend, geopolitical compulsions. Adding to uncertainty is the US defence secretary's statement that the US is reviewing its global troop deployment to ensure it is "postured appropriately" to counter the growing Chinese military threat to countries like India, Malaysia, Indonesia and the Philippines. This is another instance of the pandemic offering an opportunity to the US to warm up farther to India on the excuse of providing economic dole to India for the post pandemic rehabilitation.

The narratives in the foregoing paragraphs, give rise to the question whether the world will see significant changes in future world order. And if so, what is it going to look like. That we shall delve into next week.

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A Chinese soldier next to an Indian soldier at a border crossing.

PHOTO: DIPTENDU DUTTA/AFP

geopolitics, which will have far reaching implications for future global order.

The pandemic has affected domestic politics too, contrasting state security and fundamental rights. Ensuring one should not abridge the other. But one has witnessed the abridgment of certain fundamental rights, particularly freedom of speech. Ours is a case in point, where the draconian Digital Security Act (DSA) has been misused to curb all kinds of criticism against the government. Journalists have been put in custody, 37 of them in the last few

news have been very intrusive and heavily disproportionate to the alleged offense. The UN High Commissioner for Human Rights has expressed alarm at the clampdown on freedom of expression in parts of the Asia-Pacific during the Covid-19 crisis, primarily because, according to the statement, the relevant laws "have been used in other contexts to deter legitimate speech, especially public debate, criticism of government policy and suppress freedom of expression." In the time of rampant corruption, it's the media that has kept the government

## Adaptation is key to meeting the many demands of our new Covid-19 normal



POONAM KHETRAPAL SINGH

**C**OVID-19 is a direct threat to the health and well-being of all people in the WHO South-East Asia Region. For as long as the virus spreads, the health and well-being of the

region's near two billion people will be at risk, whatever the transmission scenario. WHO and its member states in the region must continue to dig deep and aggressively minimise transmission, responding to every case, cluster and evidence of community transmission.

But to complement such measures, we must also adapt our cities and surroundings, especially as public health and social interventions—including physical distancing—are relaxed or reapplied based on local epidemiological evidence. The need of the hour is for us all to think innovatively, and to retool our environments to meet the many demands of our new Covid-19 normal.

For example, hand hygiene facilities can be installed at the entrance to public or private commercial buildings, and at all transport locations. Workplaces can stagger hours, increase ventilation and encourage staff to work from home as much as possible. And we can all take personal measures

to minimise the risk of bringing an infection home, which is especially important in multi-generational households.

Proactive efforts to protect vulnerable groups, including internal and returning migrants, are especially needed. Challenges associated with inadequate housing and access to water exacerbate the risk of the disease spreading. So too does inadequate

ahead of the monsoon and flu seasons.

Health services, too, should be modified and strengthened, not only to treat Covid-19, but to also address the many indirect health impacts the virus is having, quite apart from its adverse effect on the provision of essential health services, which WHO is vigorously supporting member states to minimise.

Take mental health. The uncertainty



The need of the hour is for us all to think innovatively, and to retool our environments to meet the many demands of our new Covid-19 normal.

PHOTO: REUTERS/KIM HONG-JI

community engagement and communication. Key WHO guidance on protecting and engaging vulnerable groups can help local authorities implement high-impact measures that are equity oriented and which can be integrated into emergency planning

the pandemic is causing, in addition to the fear of contracting the disease, has increased the prevalence of mental health issues, which may be exacerbated by substance use or difficulties accessing mental health services and psychiatric medicines.

To help all people access the mental healthcare they need, health leaders can invest in appropriate services and ensure existing mental health services continue to function. Psychiatric care can be provided over the phone or online. Community support groups can continue to meet in person or virtually while observing physical distancing guidance. Health facility administrators can ensure all health workers know where and how to access the care they need to stay mentally well and resilient.

Services for intimate partner violence require similar attention. Covid-19 has increased stress, disrupted social and protective networks and decreased access to services, all of which can exacerbate the risk of intimate partner violence. With families spending more time at home, the likelihood that a woman in an abusive relationship will be exposed to violence has dramatically increased.

To help provide the necessary care, health facilities can identify and offer information on locally available support services such as hotlines, shelters and counselling services. Health workers themselves can make a difference, for example by listening empathetically and without judgement, in addition to providing appropriate medical treatment. The use of mHealth (mobile health) and telemedicine to safely address violence against women must be urgently explored.

Nutrition remains a core concern. Across the region, broken supply chains and loss of livelihoods and incomes have the potential to severely

impede access to healthy diets rich in whole grains, fruit and vegetables. School closures have resulted in many children missing out on school meals. Disruptions to nutrition services—especially those supporting maternal and child health and nutrition—could impact millions of vulnerable people in ways both chronic and acute.

It is the duty of all stakeholders in the region to protect the nutritional status of the most vulnerable and to strengthen the health services and programmes on which they rely. Stakeholders can adapt existing nutritional services, for example by providing digital counselling or additional take-home supplies. They can also streamline referral pathways for nutritional services and expand nutrition-sensitive social protection and community programmes.

Given the region's rich tradition of innovation and adaptation, we have immense potential to re-tool our cities, surroundings and services to meet the many demands of our new Covid-19 normal. There is not a moment to lose. WHO and its member states in the region will continue to strategically respond to the pandemic, fully committed to controlling and suppressing spread, strengthening and maintaining health services, and empowering individuals and communities to stay safe, healthy and well. Our battle continues, as it must.

Dr Poonam Khetrapal Singh, WHO South-East Asia Regional Director.

### ON THIS DAY IN HISTORY

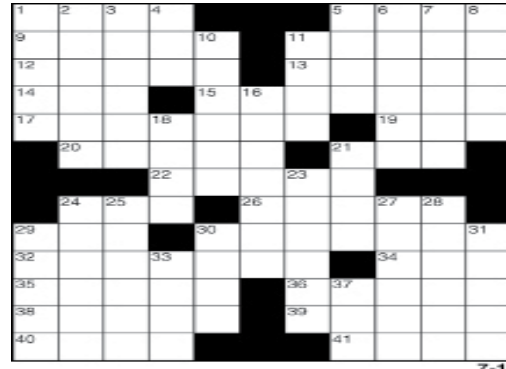


ON THIS DAY JULY 6  
July 6, 1942

Anne Frank forced into hiding  
Anne Frank and her family went into hiding in Amsterdam on this day in 1942 and lived in a secret annex—an experience documented in her diary, which became a classic of war literature—until their capture on August 4, 1944.

### CROSSWORD BY THOMAS JOSEPH

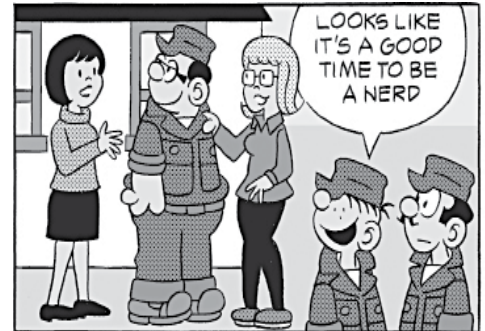
- ACROSS**
- 1 Hangs low
  - 5 School subject
  - 9 Influence
  - 11 Condemn
  - 12 San Antonio
  - 13 "Dig in!"
  - 14 Right away
  - 15 Former
  - 17 Like a major general
  - 19 Crew need
  - 20 Winter weather
  - 21 Travel stop
  - 22 Beach crawlers
  - 24 Gangland gun
  - 26 Party dip
  - 29 Ulna's place
  - 30 Elementary
- DOWN**
- 1 Meager
  - 2 Permits
  - 3 Leave base, perhaps
  - 4 Total
  - 5 Ham or lamb
  - 6 Director's cry
  - 7 Roosevelt's
  - learning
  - 8 Keyed up
  - 10 Horn blower
  - 11 Some bucks
  - 16 Boris's cartoon partner
  - 18 Splinter group
  - 21 Cruise stop
  - 23 Elementary particle
  - 24 Furrow
  - 25 Entertains
  - 27 Act the temptress
  - 28 Out of bed
  - 29 Following
  - 30 "—brilliant..."
  - 31 Prophetic ones
  - 33 Tenant's fee
  - 37 In shape



### YESTERDAY'S ANSWERS



### BETLE BAILEY



### BY MORT WALKER



### BABY BLUES



### BY KIRKMAN & SCOTT



WRITE FOR US. SEND US YOUR OPINION PIECES TO dsopinion@gmail.com.