



(De-)Politicising Covid-19 Pandemic? Public Health Perspectives and Lessons Learned

MOHAMMAD WASIM NEWAZ & FARHANA YESMINE JUI

"Please do not politicise this [corona] virus." This statement of WHO (World Health Organization) chief a few months back provokes concern that there is something problematic in politicising Covid-19. So should we not politicise anything, or are there some issues that should never be politicised? The rationale for refraining from 'politicisation' lies in the general understanding of wrongly or meaninglessly converting a particular issue into a matter of debate, and thus leads to the idea of de-politicisation, making political action futile. Since Covid-19, a deadly respiratory disease caused by the 'novel coronavirus', has already affected all of humankind, constituting a global public health emergency, it is obvious that there are united efforts towards fighting the virus without going into any debate.

But while the debate of the origin of the virus is still ongoing, bringing the two great powers USA and China at loggerheads, we can hardly deny the infiltration of political characters that researchers conceptually relate to politicisation. Also, we have witnessed major global powers joining the former to accuse the latter for the spread of the virus across the world. Even in the domestic politics of USA, which has

policy at Johns Hopkins University, through some of his scholarly works, reveals that the policy domain of global health is greatly affected by the role of power and politics. A good number of scholars including professor Shiffman are involved in many of the world's reputed public health research institutions. The political force in global health policy is not only demonstrated by those scholars. Just over two decades ago, an editorial in *The Lancet*, the world's oldest and best known medical journal, also highlighted the role of politics in public health. But the editorial also acknowledged the difficulties of propounding a broader perspective of public health, as concerns were brought by epidemiologists for broadly determining the burden of disease in populations rather than narrowly focusing on the molecular and genetic causes of diseases in individuals. Importantly, physicians, health care professionals, and others who largely stand outside the policy matters, tend to identify politics as an unnecessary element. They argue that political analysis of public health limits scientific evidence by incorporating political, social and economic factors, driven by values and interests. Thus, those researchers advocate evidence-based public health practice through

supplementary issue of the European *Journal of Public Health*, contributed by a group of scholars in the field of medicine health, and social sciences, "Politics has a very bad name but it has much to offer if we know how it works." Moreover, social determinants of health (within and outside of the healthcare system), which is a public health concept for improving health and achieving health equality, essentially involve policy responses from a holistic approach. Consequently, collaborative research networks in global health call for evidence-based policymaking to combine scientific evidence with governance principles while relying on the interdisciplinary approaches from sciences, social sciences, and humanities.

The above discussed public health perspectives can provide a rational basis to look into the coronavirus pandemic through a political lens. Ideally, the urge for de-politicising the global pandemic can be backed by a shared consensus for denouncing the political significance of Covid-19. But in light of the recent academic debate, de-politicisation as a political strategy of the neoliberal discourse doesn't make any issue non-political, but less political. In a way de-politicisation is defined by the political analysts of global health as any effort to de-emphasise politics relating to the pandemic, necessitating shifting the focus from governments to public, and then public to individuals.

For a better understanding, we may have a glance into the de-politicised policy for AIDS (caused by the HIV virus) which was the first public health issue to be discussed in UN Security Council, and interestingly, was also debated among researchers over its origin (African or American virus?). As revealed by some studies, many African countries during the first decade (1980s and early 1990s) of the mass outbreak of HIV/AIDS, in line with the international funding agencies, adopted a de-politicised policy relying on the epidemiological concept (as defined in individualistic terms) of identifying risk factors, and shed light on personal attitudes and sexual behaviour in the fight against HIV/AIDS. Many public health researchers later viewed the de-politicised policy as translating the political and economic dimensions of those regions. They also discarded evidence-based experimental trials as the only factor behind most HIV prevention successes found historically.

Much like behaviour change which was a key factor behind the prevention success of HIV/AIDS in many countries, WHO-guided social distancing and other measures relating to individual practices can certainly claim to be effective towards fighting the Covid-19 pandemic in a de-politicised manner. As the political analysts in public health say, as long as the advocates of de-politicisation portray the government as the only political entity (with power expressed as sovereignty), and hence, suggest measures creating a divide between individuals with and without political roles and power, there is always a risk of overlooking some prudential concerns raised under the mantle of politicisation. Especially in today's world, multiple actors (both state and non-state) with varying interests and degrees of power have inevitable and intersecting roles in all corners of health issues. Therefore, de-politicisation of Covid-19 by stripping it of all its political dimensions could obstruct the understanding of the broader aspects of the pandemic

including its past, present, and future.

For a realisation of such concerns, again we may look back at HIV/AIDS which has already experienced both good and bad politics in the last four decades. The 2016 Political Declaration on Ending AIDS (by 2030), adopted by UN and welcomed by WHO, clearly indicates that the global fight against the epidemic, which was also considered a global pandemic by the late 20th century, is resting on politicised choices. In the backdrop, we see that the long struggle towards developing a HIV vaccine till today, with continuing promises and challenges, has already gone through political action and inaction, especially in terms of financing the research, treatment and prevention programmes. It is also worthwhile to note how the continuous debate on drug pricing and patents, given the interventions of giant pharmaceutical companies (working globally) and national level manufacturing, limited many AIDS initiatives of WHO during the 1990s in low and middle-income countries. Consequently, a number of collaborative research studies in public health have highlighted the significance of political will or commitment in simultaneously investing in HIV vaccines (less profitable to manufacturers for occasional use by patients for prevention and cure) and drugs (more profitable to manufacturers for regular use by patients for treatment and prevention), even as there is a need to mediate the gap between the rich and the poor, as well as the tensions between globalism and nationalism. The dividing factor of wealth and identity in shaping the production and distribution of vaccines has been extensively discussed by some public health researchers in the book *The Politics of Vaccination: A Global History* (2017), where vaccine programmes are considered to have been political throughout history. One of the important findings of this book is acknowledging the past failures to strengthen the vaccine policies.

With the failure of the very recent experimental trial for HIV vaccine, the present and future outlook of AIDS apparently remains interlocked with the challenges of political economy, setting aside the scientific obstacles. To elaborate, studying the gap between political commitment and financing required for ending AIDS by 2030, given the big shift to domestic funding against the worrying trend of bilateral funding (other than that from the United States) and all multilateral funding (other than from the global fund) since 2010, is more about understanding the geopolitics of vaccines versus drugs investment. Therefore, whatever the similarities and differences scientists find in the behaviour of HIV and Covid-19, as long as the ultimate goal for ending both is a cure or a vaccine, lessons from AIDS give an impetus for a careful observation of the ongoing vaccine race for Covid-19. Even if there is success in developing a vaccine in the near or distant future, we should expect the global leaders, researchers, and scientists engaging in a constructive debate for the sake of a fairer global distribution of the vaccine. Although WHO has launched a global initiative to create equitable access to Covid-19 drugs and vaccines (as a global public good), being another politicised UN body, where even the expert-led technical interventions are politically charged, it seems nearly impossible for the world's leading health agency to move its own agenda

beyond politics and power. At this time, it is more pertinent to mention that the two largest yearly membership contributions to WHO (other than the voluntary contributions) come from USA and China with USD116 million (24 percent) and USD57 million (12 percent), respectively. And US President Donald Trump's decision to withdraw funding from WHO in the middle of the pandemic clearly reflects the need to tackle political crises in order to confront public health challenges of Covid-19.

While the importance of understanding the political reality of the global pandemic is already evident in the discourse analysis of public health, politicisation with the motive of 'great power competition' could be counter-productive by undermining global cooperation in the fight against Covid-19. Using the pandemic merely as a matter of geopolitical struggle with flooding conspiracy theories is one of the biggest concerns over politicisation that could even endanger the science of the novel coronavirus. On the other hand, criticising errors and risks of such political processes, and thus putting politics aside, is not equivalent to de-politicising the pandemic in the real sense. To do so, the global health system should be brought out of its inherent political nature. Most difficult is scientists' role in surpassing the greater influence of political leaders in policymaking. It is not unlikely to happen, especially when we observe the domestic responses to Covid-19 under the amicable ties between the scientific community and political leaders in some countries. But in the question of developing global policy (as responses, essentially required globally) for the pandemic, it puzzlingly resonates to the notion of 'de-politicised politics' which is little discussed in the study of core politics. Until and unless such a fantasy of 'politics without politics' becomes a reality, we have to continue fighting Covid-19 in the face of changing political priorities and demands. In that case, collaborative research in global health could be helpful to check and balance the risks or limits of politicisation and de-politicisation by addressing their interplay during the pandemic crisis.

In view of the *Lancet's* very recent publication, *The Political Nature of Medicine* (2020), achieving great science requires realising all the human realities, and failing to understand a broader reality equates to a scientific failure. Although the argument does not point to any particular health or medical issue, it endorses the broader perspectives of public health to study both the technical and non-technical aspects of health and to learn lessons from the past. Nevertheless, in any political analysis of the current pandemic within the expansive model of global health, the key challenge is to counter the bad politics to get science right in the policy, more in the form of health governance and justice. Unless otherwise stated, in our opening line, negating politicisation was perhaps meant by the same token of undermining the destructive politics in Covid-19.

Mohammad Wasim Newaz is a PhD candidate, Department of Political Science, University of Cincinnati. Farhana Yesmine is a Postgraduate Researcher, Graduate School of Health Sciences, Kobe University.



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already aspired to take a lead in the global fight, there were reports revealing the distance between the Democrats and the Republicans over their political interpretations of the coronavirus. However, building a nexus between the virus and politics, merely citing the facts above, may not be sufficient to analyse one of the worst health crises in history, when it comes to the question of politicisation or de-politicisation. As Covid-19, with the label of 'pandemic' (an epidemic or disease that has spread over multiple countries or continents), is the most critical challenge in global health today, this writing is rather intended to accumulate global health perspectives that could contribute towards understanding the scope of politicising or de-politicising the pandemic in the real world context.

Dealing with public health issues requires policy responses in the decision-making processes. Interestingly, there are many public health researchers who distinctly focus on power and politics. Hence, they often consider the policy level decisions as inherently political, because those involve choices between competing outcomes, values, and interests. Jeremy Shiffman, a distinguished professor of global health

the instrumental use of knowledge and expertise.

But framing evidence in a technical and de-politicised way to inform decision-making is not considered enough by the political analysts of public health, who rather urge to transparently and openly engage in debate about such evidence in everyday contexts of practice. As they say, not knowing the politics of public health, the growth of political support and incentives, the increasing lobbies for health services, the political economy of healthcare financing, and the demand for including diverse voices (principle of human rights) would only provide a naïve understanding of the political reality. Importantly, they view politicisation as a means to understand public health issues politically, that includes both political action and inaction for bringing changes through arguments. This could help inquire how different actors in public and private sectors including media and interest groups influence the formulation and implementation of health policies and programmes.

In the present world context, this is increasingly being recognised by the health scientists and public health researchers. As mentioned in a recent