COVID-19: Politics, Inequalities, and Pandemic

Understanding the Anemic Global Response to COVID-19

Joshua W. Busby
University of Texas at Austin

Abstract The COVID-19 outbreak is the most serious test of the international system since the 2008 global financial crisis. Rather than cooperate to contain and respond to a common threat, the world's leading powers—the United States and China—have increasingly blamed each other through wildly speculative theories about the origins of the virus. The World Health Organization sought to coordinate a global response, but it has been hamstrung and has come under attack. Given past cooperation between major powers to mobilize and eradicate smallpox and previous US leadership to fight HIV/AIDS and the 2014 West African Ebola crisis, the limited cooperation and lack of leadership are puzzling. What explains the anemic global response to date? This article draws from structural international relations theory to suggest a partial but somewhat dissatisfying answer. International organizations are inherently weak and now face opposition by major powers. The international system simultaneously incentivizes states to cooperate and address common threats, but it also encourages countries to take care of themselves, potentially at the expense of others. Which of these motives dominates cannot be explained by structural theory, thus requiring us to look to other factors such as the attributes of states and leaders themselves.

Keywords COVID-19, structural international relations theory, international organizations

The COVID-19 outbreak is the most significant health and economic crisis of the early 21st century. Meanwhile, the United States and China bickered over what to call the virus at the G-7 and United Nations Security Council (Gladstone 2020; Lawler 2020). Government officials traded wild accusations about the origins of the virus, even as the outbreak raged on around

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the world (Pickrell 2020; Sanger 2020). At the outset of the outbreak in early 2020, when the virus was mostly confined to China, the World Health Organization (WHO) was powerless to stop states from imposing travel restrictions and then struggled to get permission to enter China to study the problem (McNeil Jr. and Kanno-Youngs 2020; Salcedo, Yar, and Cherelus 2020). WHO tried to rally the world to finance the response in developing countries and also to underwrite a common initiative to develop a vaccine. Though European nations agreed to contribute $8 billion to that initiative, neither the United States nor China agreed to take part at the launch, with fears of a vaccine war as states raced to develop a vaccine for themselves that they would not share with others (Stevis-Gridneff and Jakes 2020; Toosi and Bertrand 2020).

What explains the desultory global response to the COVID-19 crisis to date in terms of limited coordination on mobilizing finance, facilitating delivery of medical supplies, pursuing joint vaccine development, and aligning economic policy? Why has international cooperation been so wanting? In a recent extended essay, I applied international relations (IR) theory to understand these questions (Busby 2020). I present the argument in brief for this audience, which might not be as familiar with concepts and literature from the international relations subfield.

The Full Argument in Brief

IR theories can be classified into different types based on the *image* or levels of analysis they use. Structural theories that explain the world based on attributes of the international system are called *third image* theories. Theories that focus on properties of the main units (i.e., nation-states) such as regime types are called *second image* theories. Explanations that focus on the role of individuals are called *first image* theories (Waltz 2001).

We can learn from all of them: structural features of the international system, attributes of the key states (namely, the United States and China), and personality features of individual leaders (notably, Donald Trump and Xi Jinping). This essay focuses on structural or systems-level explanations.

There are structural obstacles to cooperation on collective action problems, but there are also powerful incentives for states to cooperate on public health. States delegate to international organizations (IOs) such as WHO to carry out coordination and surveillance functions on pandemic response, but IOs face fundamental limitations due to sovereignty considerations and weak enforcement capabilities.

At the unit level, the intersection of a democratic government (US) and an authoritarian one (China) makes cooperation and trust more challenging, but, historically, great powers—such as the United States and the Soviet Union on smallpox—have been able to cooperate on public health, even when they were adversaries.

However, during the past four years, US institutions, including anticorruption measures, whistleblower protections, oversight functions of the legislative branch, and a meritocratic civil service, have come under tremendous strain. The decline of democratic institutions in the United States is accentuating features of the US presidential system, making it more like a personalistic authoritarian regime, privileging the attitudes of one person. China also has concentrated power in its president.

The intersection of those increasingly personalistic authoritarian systems means international cooperation between the great powers hinges on the attitudes of those two individuals. President Trump himself is dispositionally hostile to multilateral cooperation and thus cannot see the value in WHO or in working with China and other countries on vaccine development, economic coordination, and other essential areas of cooperation needed to address the crisis. President Xi of China faces the most serious legitimacy challenge given the Chinese government's early failure to acknowledge the outbreak, which then required draconian measures to control.

What this means is that no single image or theoretical lens can explain why the international response has been so poor. What follows is a more detailed effort to understand what we can learn from structural theory and its limitations.

Structural Theories

The international system is anarchic, which means that there is no overarching world government to protect states from threats. States have to take care of themselves, including from harms such as disease (Waltz 1979; Mearsheimer 1994).

While this can typically pose an impediment to cooperation on security measures, global health historically has been somewhat different. In a world of economic interdependence of intense trade and travel, countries' fates are bound up with one another and no single country can address the risks of COVID-19 on its own (Keohane and Nye 1977).

The potential losses from global pandemics mean that this is a relatively benign space for international cooperation. In the parlance of game theory,

global health historically has been more of a "harmony" or "stag hunt" game, where countries are more highly incentivized to cooperate with one another, given the joint gains of cooperation and the catastrophic risks of noncooperation. This makes the absence of robust cooperation on COVID-19 all the more curious. Now, it could be that key states in this episode view this health crisis more as a source of conflict and contestation, where they care more about their own relative position to others, more akin to a "deadlock" or "prisoner's dilemma" game, where cooperation is impossible or severely constrained. While that may be true, it is less clear that the international system is sending strong signals for states to interpret the crisis this way.

If key states view the COVID-19 outbreak primarily as a zero-sum struggle for positional influence and benefit (as realists often believe they do) (Grieco 1988), we may have to look to explanations at the level of the state (bringing in concepts such as regime type) or at the level of the individual (bringing in more psychological theories and studies on the personal history of leaders).

Interdependence creates incentives for countries to cooperate on global health, but even so, countries have to overcome a number of barriers. Theories of collective action and public goods write of "weakest link" problems, meaning that the level of public goods provided are only as much as can be provided by the weakest member of the wider network (Barrett 2007; Sandler 2004).

Walling itself off from others will diminish a country's economic opportunities and deprive a state of medical supplies and pharmaceuticals needed to address a health problem. For these reasons, the health space has historically been characterized by reasonably good cooperation. Even in the midst of the Cold War, the United States and the Soviet Union both contributed to efforts to eradicate smallpox (Barrett 2006).

Whether you get cooperation is often thought to be a function of whether there is a single dominant power, a hegemon, willing to provide public goods (Snidal 1985). The United States has historically played this role in the global health space, mobilizing billions to support antiretroviral therapy to people living with HIV/AIDS as part of its bilateral PEPFAR (President's Emergency Plan for AIDS Relief) program and through support for multilateral programs (Kapstein and Busby 2013).

Hegemonic leadership requires both capability and will. The Trump administration certainly lacks the will, though it could probably mobilize considerable state capacity, even while the country is strained by its own

domestic needs from the outbreak and concomitant economic crisis. That said, the relative rise of China has diminished the United States' hegemonic status, making it less clearly capable of providing public goods (Keohane 1984). Power transitions between great powers are often fraught moments for global public goods provision, as the interwar period between World War I and World War II evinced when European countries needed capital to finance postwar reconstruction but the British government was unable to assist them and the United States was unwilling (Ikenberry 1989; Kindleberger 2013).

While China has sought to provide some global medical aid, it is unclear whether China is capable of providing leadership in the current moment, given resentment of its own problematic response to the outbreak and perceived heavy-handedness in its global diplomacy. We once again may be observing problems in a hegemonic transition.

Even if the leading states are unable or unwilling to lead, we do have an IO in WHO which could potentially step in and coordinate in this crisis. States create IOs such as WHO to which they delegate authority. IOs can achieve outcomes that states on their own for the most part cannot. IOs pool resources and centralize efforts, allowing states to achieve more together. They tend to have more legitimacy so can coordinate behavior and collect information that states would be reluctant to share bilaterally (Abbott and Snidal 1998).

International organizations can have their own bureaucratic problems and defects and can be subject to so-called principal-agent problems, where they drift from what their principals (states) want them to do (Barnett and Finnemore 1999; Clinton and Sridhar 2017). WHO has had challenges with remaining relevant as the global health landscape diversified with the rise of competitors like the GAVI vaccine alliance and the Global Fund to Fight AIDS, TB, and Malaria. States try to reassert control over IOs by controlling the purse strings and spreading money to competitors (Fidler 2010). WHO thus has been crowded out of much international finance in the health space, and the finance it has received has made it increasingly dependent on voluntary contributions (now about 80% of its funds) rather than assessed dues. This has made the organization subject to the whims of its donors, which failed to invest in emergency preparedness before the 2014 Ebola outbreak.

While that has been rectified somewhat in recent years, WHO has generally remained underfinanced and reliant on key donors for voluntary contributions, notably the United States, which provided more than $400

million in 2019 and nearly 15% of the organization's resources in the 2018–19 biennium. As an aside, while WHO has been criticized in the current crisis for being overly deferential to China, any timidity on WHO's part is not a function of financial dependence. China contributed a trivial amount of money to WHO via voluntary contributions, only about $10 million in the 2018–19 biennium (KFF 2020; WHO 2019).

In addition to funding constraints, WHO faces limited enforcement capability, which is generally true of all IOs in a world in which states are unwilling to cede sovereignty (Youde 2019, 2020). In the wake of the 2002 SARS outbreak, the International Health Regulations (IHR) were reformed in 2005. States have a mandate under the 2005 IHR to report on emergent outbreaks, and WHO can declare a Public Health Emergency of International Concern (PHEIC) to galvanize global attention and resources in the midst of an outbreak, as it did relatively quickly at the end of January 2020 for COVID-19.

WHO has been somewhat hesitant about using its power to declare PHEICs, in part because of criticism received after declaring one in 2009 for the H1N1 swine flu outbreak which proved to be less severe than feared (Laurance 2010). WHO later dallied in its declaration of a PHEIC during the 2014 Ebola crisis in West Africa. In 2020, WHO's decision for COVID-19 was relatively swift, despite criticism it could have come a week earlier.

Even so, WHO faces other limitations. WHO possesses little power to compel China to share data and thus was in a weak position against one of the most powerful states in the international system to get information on what was actually occurring in January and February 2020. WHO director-general Dr. Tedros Adhanom Ghebreyesus was accused of being overly solicitous of China when he praised China's response in public statements in late January, but this may have reflected WHO's effort to secure access from China for its investigators to get a better understanding on the ground.

WHO also lacks the ability to prevent states from imposing travel restrictions. Public health experts generally believe that travel restrictions are ineffective means of controlling diseases, and any health benefits come at great cost from disrupted trade and travel. Given the particular severity of this virus and lack of tools to interrupt the spread, it is not clear that WHO's guidance on travel restrictions was wise. Nonetheless, this policy has its defenders, since the many travel restrictions that were imposed may have distracted countries from pursuing more effective protective policies at home, such as scaled-up testing and contact tracing (McCarthy 2020).

Limits of Structural Theory

The analysis here suggests that structural theory is indeterminate in this case. Sovereignty concerns, anarchy, and the emergent power transition between the United States and China pose barriers to cooperation. However, global health has been a better area for state cooperation in the past than other issue domains. Given interdependence between states, we would expect there to be greater cooperation than we have observed to date.

While WHO faces limitations, it still has the capacity to coordinate the global response and mobilize testing, equipment, and medical supplies to aid developing countries vulnerable to the COVID-19 outbreak. Because these countries will continue to pose a risk to the rest of the world if the virus is uncontained, states should have a strong incentive to invest in WHO's pandemic response efforts and its new access initiative to facilitate the development of a global vaccine. The absence of US and Chinese participation early on in such efforts and the slow financial support for the pandemic response, particularly by the great powers, suggest we need to look beyond structural arguments to explain the absence of cooperation in this case.

Elsewhere, I have explored how regime type and the role of individual leaders in both countries may complement such structural arguments (Busby 2020). On some level, the role of key individuals, at least in the United States, is somewhat reassuring. The November 2020 election might bring to power someone with a different mindset who could act on the structural imperatives of collective action and perhaps find more meaningful areas of cooperation with China and the rest of the world to rid us of this threat and prepare us better for the next one.

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Joshua W. Busby is an associate professor at the Lyndon B. Johnson School of Public Affairs at the University of Texas at Austin. He has published widely on transnational advocacy movements, climate change, global health, and other topics for various think tanks and academic journals. His first book, *Moral Movements and Foreign Policy*, was published in 2010. His second book, *AIDS Drugs for All: Social Movements and Market Transformations* (with Ethan Kapstein), was published in 2013 and won the APSA's 2014 Don K. Price Award for the best book on science, technology, and environmental politics.
busbyj@utexas.edu

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