The Coronavirus Pandemic: Global Challenges Require Global Cooperation

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The UK–Russia Security Dialogue addresses the ‘new normal’ of international health policy.

This article outlines the main findings of the UK–Russia Security Dialogue on ‘Global Health and Security’ organised by RUSI and the Russian International Affairs Council (RIAC) in December 2020. It was the first time the Dialogue had addressed public health issues: both parties found it appropriate and timely, as the coronavirus pandemic has highlighted that health threats are a clear and present security risk for all countries.

The pandemic has tested the capabilities of the international community to tackle new universal challenges, both globally and locally. Rikke Ishøy, head of the Covid Crisis Team at the International Committee of the Red Cross, gave a concise account of the relevant lessons learned from earlier pandemics:

• International humanitarian law has to be enhanced and enforced properly to protect civilians, especially in conflict zones.

• Health assistance and protection (including vaccines) must be available to all.

• The response must go far beyond health needs and mitigate the widest range of secondary impacts of pandemics.

• No one is safe from a pandemic until everyone is safe; the responses must reach the most vulnerable people and remote communities.

• Any extraordinary measures to fight and contain the pandemic must be time-limited, non-discriminatory and proportional to public health needs.

• Community trust and engagement is key to ensuring the success of preventive measures and of vaccination efforts.

See from this angle, the coronavirus pandemic has demonstrated a number of deficiencies, many of them politically motivated. The RUSI–RIAC workshop helped to unpack some of the key trends and challenges in this respect.

Individual or Collective Responses

The world’s states have responded to the pandemic not as a collective but as individuals. Infectious diseases can only be overcome globally if they are tackled by every country. Environmental economist Elinor Ostrom suggests that long-term sustainability requires institutional frameworks to better understand and manage the complex relationship between users and resource systems. To ensure global health, therefore, it is necessary to recognise that the pursuit of a narrow national advantage generates real dangers.

A seriously infectious disease cannot be kept within national borders. It requires countries to work together, to share what they know about cases, the virus genome, the progression of the disease and new treatment regimes. Brilliant examples of cooperation have been seen from this perspective – such as remarkably open data sharing on genomic sequences, with the first full genome data released on 10 January 2020.

On the other hand, however, there has been a notable tendency for coronavirus response actions to be taken by individual states, encouraging nationalist competition rather than multilateral efforts. This is not merely a revitalisation of pre-existing geopolitical tensions, such as those between the US and China or Russia and the West; new borders have also divided traditional political allies, such as the EU’s member states, both literally (as between Germany and Belgium) and in broader terms, with Italy accusing EU partners of lacking solidarity.

The rise of nationalism and of populist debates is a strong reminder that just because there appear to be powerful incentives to cooperate on public health challenges, it does not mean that cooperation will automatically follow. It also reflects the undermined public confidence in global governance institutions, notably the World Health Organization (WHO) and the EU, which have largely failed to produce coordinated and efficient responses.

The resulting multiplicity of regimes has, on the one hand, encouraged new, interesting health diplomacy efforts across old division lines (such as Russia providing medicines and military medics on humanitarian missions to Italy and Serbia, or China sending supplies to Italy). On the other hand, competition has accelerated concerns about supply chain dependencies, and resulted in attempts by nationalist governments to protect vaccine supplies for their own citizens and to make demands for greater national self-sufficiency. The pandemic has placed more
pressure than ever on governments to protect their national economies and supply chains. Meanwhile, the costs of so-called ‘vaccine nationalism’ are estimated at more than $1 trillion per year. By prioritising strategies to address the immediate concerns of public health, international cooperation on a range of issues – not least climate change – may be harder in the future.

The politicisation of the pandemic is, itself, a concerning and negative trend. It undermines both cross-border cooperation and the efficiency of national efforts. Accusations that China once again, as with the SARS outbreak of 2002, covered up initial cases (a decision that could have enabled faster action to contain the virus), and even that it created the virus, have distracted global public opinion from what the country has done right – aggressive lockdowns and a rapid ramping-up of medical capacity that have seen it become the first country to essentially defeat the disease. Russia has experienced what it perceived as politically motivated attacks on its Sputnik V vaccine, for example that its early introduction to the market was ahead of sufficient safety trials. Russia attempted to counter this by providing all trial data on a website available to the international media. Russia has claimed that negative coverage distracts attention from the vaccine’s benefits, such as its lower cost and ability to be stored at more regular refrigeration temperatures than the two US-developed vaccines.

The Problems of National Solutions

Solutions at the national level are often short term, incomplete and inconsistent. Simon Rushton, from the University of Sheffield, mentioned the need for ‘fast, decisive action’. Researchers at Liverpool University have identified that leaders who locked down their countries earlier and more decisively saw fewer cases overall and have been able to reopen sooner. Others at the workshop spoke of the balance needed between strong messages to lock down from national leaders, while also allowing people to make some decisions themselves to minimise the impacts on public morale and the economy. As RIAC member Vladimir Mau wrote in Forbes, ‘society is facing an existential choice: whether to protect the economy or human lives. Meanwhile, we must understand there are no options really, as an economic collapse per se turns dangerous for human survival’. And indeed, the pandemic has exposed deep divisions in society between those who have good access to health systems and those who do not.

The pandemic has helped to identify new, promising opportunities for non-politicised cooperation between the UK and Russia

The role of the environment in public health risks being forgotten as the focus falls on pharmaceuticals and other medical fixes, rather than on addressing the root causes of ill health, from environmental degradation to socioeconomic inequality. Susceptibility to coronavirus has been exacerbated by air pollution, obesity and diabetes, the products of food and social systems that challenge the ability of the poor and disadvantaged to live healthily. It is noteworthy in this regard that world leaders who have responded poorly to the pandemic also tend to play down climate change and to lead countries where welfare support and state provision of healthcare is low.

The lessons learned from the pandemic need to be applied to climate change and other global challenges. Courtesy of Fotodrobik/Alamy Stock Photo
Responses to transborder issues (including pandemics and climate change) depend on the intersection of laws, policies and social factors. Politicians tend not to have a good understanding of science – the value of a chemist in the development of the Montreal Protocol is rather a positive exception. Science needs to be incorporated into the response but also needs politicians who fully understand the implications and how best to address threats that impact at the local level but are best governed by international strategies.

**Nationalist approaches have to give way to open-minded, results-oriented cooperation**

Many participants at the RUSI–RIAC workshop stressed the paramount importance of broad public awareness, support and involvement. These factors are needed to provide healthcare authorities with reliable data, to maintain an efficient contact tracing system and to ensure compliance with regulations (such as wearing protective face masks or avoiding large gatherings). A lack of public trust has been an issue in Russia at times, where some media outlets have questioned the official pandemic statistics. Vaccine hesitancy is another challenge – lack of trust in vaccines in former Soviet Bloc countries such as Poland and Armenia spreads to Eastern European diasporas; such communities in the UK are more vaccine hesitant than White British or British Asian populations, for example, highlighting the need to build trust in vaccination.

**Subnational Regions and NGOs Are Important Actors**

There has been a variety of reactions to the pandemic not only between states but also within them. In the UK, the outbreak has turned into what Steve Millington from Manchester Metropolitan University described as a ‘pandemic stress test’ for the ongoing devolution process, with differing rules in each of the four nations and the central government affecting England only in practical terms. In Russia, the federal government has vested the principal responsibility for combating coronavirus (notably including lockdown powers) in regional authorities from the outset. This somewhat unusual decision has aimed to reflect the enormous variety of local medical, social and geographical conditions, and has ultimately put Moscow under criticism for failing to undertake decisive and coordinated federal action. In the US, attempts by the Trump White House to stay in control provoked unilateral moves by several states, some of which have legally challenged centralised mandates.

The workshop reviewed several regional and municipal cases of coronavirus response in both the UK and Russia. The speakers highlighted the very positive effects of close healthcare cooperation, both internally (for example, among the 10 municipalities of Greater Manchester) and externally (for example, between Arkhangelsk District and its traditional partners in Northern Norway).

The pandemic has also provided an interesting confluence of public–private health diplomacy and displays of soft power. Non-state actors such as NGOs, philanthropists and private companies have emerged to fill gaps where federal or national governments have failed to provide for their own citizens. The Chinese government has sent respirators and surgical face masks around the world, while individual philanthropists have been active throughout the pandemic in donating testing kits to Africa, Italy and the US. Pleas have been made to world leaders to be mindful of their ‘natural desire to put their own people first’ and to come to early agreements not only with each other but with the private sector, so that money spent on tackling the pandemic can be spent most efficiently. The Bill & Melinda Gates Foundation and the Jack Ma Foundation have transcended national boundaries and historical political tensions. A growing number of international NGOs call for greater global cooperation in tackling not only poor health but the economic and environmental drivers that lie beneath it. Such organisations include the Planetary Health Alliance, the EcoHealth Alliance and the International Union for the Conservation of Nature.

The role of these actors in the global commons of climate change and public health warrants further consideration. The Gates Foundation’s position as the principal WHO donor has previously provoked doubts about a misplaced priority in disease eradication efforts over strengthening poorer countries’ healthcare systems in general; concerns over Gates’ influence on where the WHO’s efforts are directed have only been reinforced under the pandemic. It also raises hard questions about governments’ effectiveness and actual priorities. Pandemic risk has sat at the top of the UK’s National Risk Register since its first public iteration in 2008, but it is questionable whether it has ever really been taken seriously as a national threat by the security sector, and preparedness for it has certainly never been afforded the same funding, political interest and cross-border cooperation as other 21st-century threats such as climate change and cyber attacks. Many people in Russia, like Guzel Umblekova, Rector of the High School of Health Care Management, have voiced similar doubts during the pandemic, referring to the continuous downsizing of the healthcare system over the decade prior to the outbreak, plus the reluctance of several governors to pay agreed bonuses to the medical personnel of coronavirus hospitals, despite a direct order by President Vladimir Putin.

**International Cooperation is Indispensable**

As noted by a participant at the Security Dialogue, humankind has faced 10 pandemics in the last 100 years (all caused, notably, by encapsulated RNA
viruses) – and two of these have taken place since 2009. If, as many scientists and conservationists believe, climate change will make pandemics increasingly likely, international cooperation to prevent the spread of disease will become critical to future global security. In 2006, ‘preventing the emergence and spread of infectious disease’ was one of six key Global Public Goods identified by the International Task Force on Global Public Goods, which noted that: ‘National health defences are inadequate and will not work in isolation. The actions of other countries matter to any nation seeking to defend its population’.

The world cannot afford to let long-standing political rivalries hamper the collective responses needed to counter nature’s threats. History shows that political rivalries can be set aside in the name of progress. The UK, the US, the Soviet Union and France forged a powerful alliance to defeat the common threat of the Nazis during the Second World War, overcoming mutual distrust and ideological barriers. The ‘space race’ between the US and the Soviet Union in the 1950s and 1960s has since given way to extensive cooperation, from the 1975 Apollo–Soyuz mission to the International Space Station, established and governed by intergovernmental treaties and amendments. The first Briton in space, chemist Helen Sharman, travelled with the Soviet space programme on a Soyuz mission to the MIR space station, funded by British private industry and the Russian government. International rivalry can evolve and grow into cooperation when the incentive is there. In the last year there has been a new ‘space race’ between scientists keen to develop the first Covid-19 vaccine, with Russia even naming its vaccine after Sputnik, the first satellite, which translates as ‘fellow traveller’. The message has never been more relevant.

If the world is to succeed in combating the coronavirus pandemic and similar future outbreaks, nationalist approaches have to give way to open-minded, results-oriented cooperation.

The UK–Russia Dimension

The Dialogue has demonstrated many parallels between the UK and Russia, such as similar trends in the numbers of coronavirus cases and in the public reaction. In both countries, the pandemic has coincided with major systemic shocks – Brexit in the UK and the dramatic fall in oil prices in Russia.

The historically complicated political relations between the two countries risks having an adverse effect on cooperation. This further increases the importance of the dialogue between political analysts, as well as the need to identify new, promising opportunities for non-politicised cooperation such as the exchange of experience and best practices in healthcare and mitigation of emergencies, urban planning (which may need a revision to limit airborne virus transmission), and psychological relief for people in isolation.

Conclusions

A ‘new normal’ is needed. There have been calls to ‘build back better’ but perhaps more valuable is a slogan that emerged from the recent World Conservation Society conference: ‘The world not as it was but as it could be’. This optimism for the future is heartening, but a road map for getting there is still lacking.

The coronavirus pandemic and other key challenges that are likely to emerge across the coming decades cannot be solved with a tank or a missile. Ultimately, what is needed most is international cooperation. Securitising the problem adds to it rather than raising solutions.

Perhaps most importantly, the lessons learned from the pandemic need to be applied to climate change and other global challenges – they expose the same vulnerabilities about a lack of international cooperation, the impossibility of containment within national borders, and the need to work together for the common good. The coronavirus pandemic is not a security issue, it is a whole-of-society issue that is better approached through public safety rather than security mechanisms.

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