The Covid-19 Pandemic: A Global Outlook

Edited by Dr Tarek Cherkaoui

TRT WORLD research centre

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Essays by
Assoc. Prof. Şener Aktürk
Michael Arnold
Mustafa Metin Başbay
Dr Serkan Birgel
Dr Tarek Cherkaoui
Ravale Mohydin

TRT WORLD
research centre

PUBLISHER
TRT WORLD RESEARCH CENTRE
May 2020

EDITED BY
Dr Tarek Cherkaoui

AUTHORS
Assoc. Prof. Şener Aktürk
Michael Arnold
Mustafa Metin Başbay
Dr Serkan Birgel
Dr Tarek Cherkaoui
Ravale Mohydin

DESIGNED BY
Erhan Ağırgöl

COVER PHOTO
Abdullah Coşkun - ANADOLU AGENCY

PHOTO CREDIT
ANADOLU AGENCY

TRT WORLD İSTANBUL
AHMET ADNAN SAYGUN STREET NO:83 34347
ULUS, BEŞİKTAŞ
İSTANBUL / TURKEY

TRT WORLD LONDON
200 GRAYS INN ROAD, WC1X 8XZ
LONDON / UNITED KINGDOM

TRT WORLD WASHINGTON D.C.
1819 L STREET NW SUITE, 700 20036
WASHINGTON DC / UNITED STATES

www.trtworld.com
researchcentre.trtworld.com

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Foreword

İbrahim Eren
Director General and Chairman, TRT

This edited book, The *Covid-19 Pandemic: A Global Outlook*, is a praiseworthy and timely effort by the TRT World Research Centre during these difficult times. I am proud to present this work, which has analysed various dynamics of the Covid-19 pandemic, ranging from its economic ramifications to its impact on the world order.

While domestic responses are still ongoing, it is important to examine how the virus has caused a dramatic change in the lives of billions of people. With climate change only worsening, this pandemic perhaps provides a snapshot of the sacrifices that may be necessary to save our planet.

A few countries, such as Turkey, have been blessed to have proactive governments and were able to provide an adequate response to the pandemic. These nations have been privileged to have proper planning, robust health infrastructure, and a competent body of medical personnel, which has allowed for the mitigation of the most severe impacts of the virus. However, in the majority of cases across the globe, this crisis has laid bare many other predicaments. The consequences of years of underfunded healthcare systems have been stark. Hospitals are overwhelmed, personal protective equipment stock is insufficient, and many emergency plans have proven to be deficient.

More research on Covid-19 still remains to be carried out. With the strong demand by an anxious population worldwide, I am positive that editors around the globe will be prioritising publications of coronavirus-related papers, and that the publications on this subject will quickly grow. It is indeed critical that nations know where weaknesses in their respective defences lie and address them accordingly.

Overall, the TRT World Research Centre has put forward this collection of essays in a timely manner. This edited book, with its insightful and far-reaching global outlook, is a valuable contribution to the literature currently available on the Covid-19 pandemic.

Preface

Pınar Kandemir
Director of Research and Training, TRT

The TRT World Research Centre has compiled this edited book from the contributions of a select group of distinguished authors. Its main scope concerns the Covid-19 pandemic and its implications on a global level. It is divided into two main parts - namely, macro and micro-level analyses of some of the most important dynamics of the pandemic to emerge thus far.

Covid-19 has thrown a spanner in the works for national governments across the world. Economies have ground to a halt due to a virus that is one ten-thousandth of a millimetre in size. In the meantime, various domestic priorities have had to be suspended in light of the pandemic. This makes these circumstances ample ground for an in-depth analysis, with the pandemic having ramifications on wide-ranging areas such as economic policy, supply chain diversification, and national budgets.

Think tanks are an important resource and have a fundamental role in keeping fast-developing affairs in perspective. They shape national policy agendas, bringing together new ideas and specialised knowledge with policymaking. The TRT World Research Centre is a think tank that produces multifaceted research to facilitate the development of more effective policy options while looking at the whole picture in order to advance pragmactic solutions.

With respect to the Covid-19 pandemic, the TRT World Research Centre has put forward this collection of essays, which examines the current environment and arrives at actionable conclusions. This special publication of the TRT World Research Centre includes seven contributions from its researchers and senior fellows, writing from diverse perspectives. This book offers a multi-disciplinary approach, ranging from international relations to economics. It also highlights various angles, such as the role of neoliberalism in the post-pandemic world, Turkey's multi-pronged response, and challenges in South Asia. While it is a collection of contributions, the whole offers a more exhaustive picture than the sum of its parts.

TRT World Research Centre has produced this book on the repercussions of Covid-19 while it is still in its formative stages. The multi-disciplinary perspective utilised also allows readers to engage with the concepts discussed from a variety of pertinent angles. The latter includes examining the new world yet to emerge; one in which people accept national boundaries are artificial, that chains are only as strong as their weakest link, and that epidemic preparation is worthwhile. Additionally, increased surveillance may be normalised, and the strength of the nation-state may be boosted. Indeed, the world is set to face turbulent times in the months and years to come.

TRT World Research Centre is proud to present this valuable contribution to the currently limited literature on the Covid-19 pandemic and its repercussions. There is much for policymakers to tackle, and we hope that our analyses can be enlightening and instructive in that regard. The world will come out of this crisis more resilient; pandemic preparation will be emphasised, and healthcare systems will see their funding increased. Nevertheless, it is unfortunate that a crisis of this magnitude was required to fast track these inevitable changes.

Editor's note

Dr Tarek Cherkaoui

The Covid-19 pandemic has taken the world by surprise, subjecting polities, economies, healthcare systems, and social structures to significant upheavals. At the time of writing, four months after the outbreak started, the pandemic has already caused hundreds of thousands of fatalities and infected millions of people around the globe. Moreover, tens of millions are being laid off, while hundreds of millions have been confined to their homes. Subsequently, many experts started to assess the costs politically, economically, and health-wise. Some foreceasts have even gone so far as to expect state failures, mass unemployment, class warfare, civil wars and international conflicts.

This book from the TRT World Research Centre is an endeavour to search for meaning through an examination of possible implications of the pandemic from a variety of angles and perspectives. On the micro-level, specific case studies are used in order to get a perspective of various responses from the four corners of the world. The book is a collection of seven contributions from the centre's senior fellows and researchers, offering a fascinating overview and diverse vantage points regarding the dynamics arising from the pandemic.

The book is divided into two parts. The first one focuses on the meta-level, seeking to understand the pandemic from a global point of view. In the first chapter titled 'Brace for Impact: The Coronavirus Pandemic and the Brave New World to Come', Dr Tarek Cherkaoui and Michael Arnold examine the systemic causes behind the spread of the virus, including the role of the World Health Organisation, the impact of neoliberal approaches to healthcare and the detrimental impact of the politicisation of the pandemic. The authors go on to examine potential political and social developments in the wake of the pandemic through a discussion on the role of the state, the allure of authoritarianism and the risks of increased societal surveillance.

In the second chapter, titled 'Covid-19 and the US Economy: Global Ramifications', Mustafa Metin Başbay discusses the impact of the coronavirus pandemic on the US economy thus far and provides a trajectory about what to expect in terms of economic damage in the short to medium term. Başbay proceeds to examine the global ramifications of coronavirus pandemic. Cautiously optimistic, the author expects that most of the economic damage can be short-lived, and the global economy will probably bounce back towards the end of 2020. However, the country-level effect will depend on governments' effectiveness in impeding the spread of the disease while supporting the economy.

In the third chapter, entitled After the Deluge: A Post-Pandemic Comparative Perspective on Politics and Society, TRT World Research Centre Senior Fellow and Associate Professor at Koç University Şener Aktürk provides a comparative approach. He examines the resilience of countries with different political regimes and state capacities. He also explores whether any particular socio-cultural tradition has been more effective in reinforcing societal strength in the face of the pandemic. The author concludes that the significance and potential consequences of the coronavirus pandemic are topics of considerable speculation from a comparative perspective.

The second part of the book explores global case studies in the fight against Covid-19. The fourth chapter, titled 'Managing the Pandemic: Turkey's Multi-Pronged Response to Covid-19,' was co-authored by Michael Arnold, Mustafa Metin Başbay, Dr Serkan Birgel, Dr Tarek Cherkaoui and Ravale Mohydin. The authors assessed various facets of Turkey's response to the pandemic, including mitigation efforts, economic stimulus and the resiliency of the country's national healthcare system. Turkey's active diplomacy in the midst of the pandemic was also scrutinised. Lastly, long-term preparedness was discussed along with potential openings for Turkish industry as discussions about supply chains and vaccines heat up.

In the fifth chapter, titled 'Between Economics, Epidemiology, and Social Behaviour: Europe's War Against Coronavirus', Dr Serkan Birgel examines the main political, economic, and social effects thus far discerned from the crisis. The outlook draws from recent developments in Italy, Germany, France, and Spain as part of a broader global discussion.

Ravale Mohydin examines the impact of the disease in South Asia. In her chapter, entitled 'The Coronavirus Pandemic in South Asia: Challenges and Responses, she studies regional statistics and highlights shared challenges in the region, while also examining country-specific concerns and vulnerabilities. Moreover, she explores how governments have tried to manage the spread of the virus, delineating socio-political and economic consequences in the process.

In the last chapter, entitled 'Under the Weather: Healthcare Systems in an Age of Pandemics', the author comparatively explores the situation of the healthcare systems belonging to four countries deeply affected by the Covid-19 pandemic, namely the United States, France, Italy and Spain. After a country analysis, specific metrics are examined to display the variances between these countries. Finally, a short projection of potential future scenarios is provided.

All in all, the future of globalisation, global health policies and practices, states' capacity, economic stimuli, and soft power contests are only a few themes covered in this edited book, which we hope will contribute to the growing body of literature on the Covid-19 pandemic.

Contributors

Assoc. Prof. Şener Aktürk

Şener Aktürk is an Associate Professor at Koç University in Istanbul and a Senior Fellow at TRT World Research Centre. He received his B.A. and M.A. from the University of Chicago, and his Ph.D. in Political Science from the University of California, Berkeley. He was a post-doctoral fellow in the Davis Center for Russian and Eurasian Studies, and a visiting lecturer in the Department of Government, both at Harvard University. His book, Regimes of Ethnicity and Nationhood in Germany, Russia, and Turkey (Cambridge University Press, 2012) received the 2013 Joseph Rothschild book prize from the Association for the Study of Nationalities and the Harriman Institute at Columbia University. His articles have been published in World Politics, Post-Soviet Affairs, Journal of Ethnic and Migration Studies, Social Science Quarterly, European Journal of Sociology, Turkish Studies, Middle Eastern Studies, Osteuropa, Nationalities Papers, Theoria, Ab Imperio, All Azimuth, Insight Turkey, Turkish Policy Quarterly and Central Eurasian Studies Review, among others.

Michael Arnold

Michael Arnold is a researcher at TRT World Research Centre. He holds a Bachelor of Arts in Military and Diplomatic History from the University of Calgary and earned a Master of Arts in Islamic Studies with a dissertation entitled "Overlapping Sacred Spaces: Islam, Pluralism and the Hegemony of 'Human Rights'". He is currently a PhD candidate in the Arab and Middle East History programme at the American University of Beirut. His research interests include modern Arab and Middle East political and social history - with a special focus on Lebanon - religious authority in Arab states, and the history of Islamic thought.

Mustafa Metin Başbay

Mustafa Metin Basbay is a researcher at TRT World Research Centre. His research mostly focuses on economic policy in the context of underdeveloped and developing countries. He holds a BA in Economics and a BA in Sociology, both from Bogazici University and is currently a PhD candidate in Development Studies at the University of Cambridge where he also completed his MPhil in Economics.

Dr. Serkan Birgel

Dr. Serkan Birgel is a researcher at TRT World Research Centre. He holds a PhD from the School of Geography and the Environment, University of Oxford, and a Master's degree in Geopolitics, Territory and Security from King's College London. His research interests include geopolitics and the natural resource / energy nexus – with particular emphasis on the Eastern Mediterranean region.

Dr. Tarek Cherkaoui

Dr. Tarek Cherkaoui is Manager at TRT World Research Centre. Dr. Cherkaoui has an extensive experience in strategic management, research, and consultancy across international media, tertiary education, and the creative industries throughout the U.K., Qatar, Malaysia, and New Zealand. He is an expert in international media and strategic communications, and holds a Ph.D. in Media and Communication Studies from the Auckland University of Technology in New Zealand, for which he was awarded the Dean's Award for Excellence in Postgraduate Studies. His research interests include international broadcasting, media discourse, international news framing, information warfare, public diplomacy, soft power, nation branding, image management, crisis communication, and political and military affairs – specifically within the MENA region. He has put forward several publications, including The News Media at War: The Clash of Western and Arab Networks in the Middle East (2017) (London: I.B. Tauris).

Ravale Mohydin

Ravale Mohydin is a researcher at TRT World Research Centre. With graduate degrees from Harvard University and the University of Pennsylvania, her research interests include the political economy of media, strategic communications, public diplomacy, political effects of entertainment media as well as South Asian politics and society.

Part 1:
A Global Outlook

Brace for Impact:

The Coronavirus Pandemic and the Brave New World to Come

By Dr Tarek Cherkaoui
Michael Arnold

Introduction

As the world continues to face the novel-Coronavirus pandemic, it is becoming increasingly clear that certain foundational aspects of our world are set to change. While we are still in the early stages, a new horizon is starting to come into focus, one that includes outlines of major changes in political and economic governance.

Crises such as what we are experiencing today provide us with the rare opportunity to look at society as a whole. In the past, global crises and plagues often dealt severe blows to the existing status quo. They caused tectonic shifts in the balance of power socially, politically and economically, provoking the downfall of ruling elites and nations, and leading to the emergence of new forces. Although we are still in the early phases of the Coronavirus pandemic, and its effects are yet to be assessed in toto, the fear it is causing in the four corners of the globe alongside its economic disruption is massive. Several experts have predicted that this crisis may accelerate the end of American global primacy.

For example, Stephen Walt stated: "Covid-19 will also accelerate the shift in power and influence from West to East. South Korea and Singapore have responded best, and China has reacted well after its early mistakes. The response in Europe and America has been slow and haphazard by comparison, further tarnishing the aura of the Western 'brand'. This has led others, such as Josef Joffe, to warn of the potential 'totalitarian appeal' in the aftermath of the crisis.

The many factors at play caution against any kind of concrete predictions; however, certain key elements are becoming apparent. These include the re-emergence of the state as the primary social and political actor, the allure of authoritarianism and the concomitant potential for increased surveillance, as well as intensified challenges to the reigning international system, which are increasingly challenging our perhaps naïve conceptions of globalism and the level of strength we have often attributed to the 'global order'.

Of course, we have not arrived at this point overnight. There are systemic causes of the crisis that can be more concretely identified than the potential consequences, which not only allow us to see things more clearly in hindsight, but also lend themselves to the development of prescription solutions to mitigate future global crises of a similar nature. Cuts to public health structures all around the world, fuelled by a blind faith in neoliberal logic, the lack of leadership on global health issues demonstrated by the World Health Organisation (WHO) – largely the result of political expediency – and the rise of political demagoguery and the resulting politicisation of the crisis have all contributed to making the pandemic worse than it may have been otherwise.

Healthcare workers are seen at the IFEMA Convention and Exhibition Center which has been turned into a temporary hospital with a capacity of 5,500 beds due to the coronavirus (Covid-19) outbreak in Madrid, Spain on March 22, 2020. (Government of the Community of Madrid / Handout - Anadolu Agency)

Global Systemic Causes

Neoliberalism and the foreclosure of public health structures

Neoliberalism has been defined as an ideology and set of policies favouring a sharp "reduction of state interventions in economic and social activities and the deregulation of labour and financial markets, as well as of commerce and investments." The problem with neoliberalism is that many people mistake it with liberalism. The reality is that the "neo" variant strips the traditional forms of liberal market ideals from wealth-redistribution mechanisms and most welfare-state attributes, social policies, and other safety nets, which were introduced in the mid 20th century in many nations to protect and enhance human life and dignity. It was in this context that health care became considered as a critical component of social policy along with education and social programmes.

The neoliberal paradigm has been imposed structurally around the world. The World Bank, the International Monetary Fund (IMF), amongst other international organisations, as well as the US government, have spearheaded this endeavour. Through stringent conditions on delivery of loans or aid, states were encouraged to implement privatisation combined with substantial public sector cutbacks. As a result, numerous economic and social prerogatives were dropped in favour of multinational corporations. This paradigm shift is the

primary cause behind the dismantling of global health structures, along with other social welfare and workforce protection measures.

In the US, the implementation of neoliberal policies was accelerated in the 1980s by the Reagan administration. These policies reduced the government's responsibility for the health of populations. For example, Medicare, Medicaid and other programmes in the US were deeply affected. Emphasis changed from enhancing public health capacity and the accompanying prevention and care activities to pouring more taxpayers' money into the more lucrative biomedical, biotech, and pharmaceutical solutions to disease. To make matters worse, the Clinton Administration removed the 'reasonable pricing' requirement for drugs made by big pharmaceutical companies that receive government funding. Such a decision has had a significant impact on both commercially developed Coronavirus test kits and vaccine development, both urgently needed at present.

Hence, Columbia University Professor Jeffrey Sachs questioned the American health care system's ability to respond effectively to a health crisis like the coronavirus pandemic, not just in terms of a lack of scientific research, but also by not having in place universal healthcare and allowing multinational corporations to dictate the availability and pricing of vaccines.

Spain, which has been badly hit by the Covid-19 pandemic, has gone through this process. After the 2008 financial crisis, the governing elites accelerated the implementation of neoliberal policies. In 2012, soon after winning the elections, the Partido Popular (PP) passed a law that significantly cut spending on health care, with reductions of 13.7 per cent in 2012 and 16.2 per cent in 2013. These massive budget cuts are largely responsible for the dire situation that the Spanish health system is now facing. While Spain is one of the primary hotspots of the global pandemic, the Guardian observed "the country lacked essential equipment. Ventilators, protective clothing for doctors and coronavirus tests are still only just being sourced."

A similar phenomenon was observed in France. As the director of the Institut Rousseau, Nicolas Dufrene explains: "In 1981, there were 500,000 hospital beds in France. In 2006, there were 450,000 beds, whereas in 2020 there are less than 400,000." After decades of neo-liberal policies, the French people, who used to believe that they have one of the best health systems in the world, have discovered that, in terms of acute care hospital beds, they are lagging behind other European countries, such as Germany (11.6 vs. 29.2 per 100,000 people). This difference explains why hundreds of French Covid-19 patients are currently being treated in Germany. It could also elucidate why, despite being the third-worst-affected country by Covid-19 in Europe, Germany's death toll has thus far remained far lower than Italy, Spain, and France.

It is worthwhile noting that there have been multiple speeds in the adoption of neo-liberal policies and concomitant austerity measures with a direct impact on public health capacities. Within the Organisation for Economic Co-operation and Development (OECD), the US has gone the farthest in this respect. It is the only OECD country without some form of universal health insurance. Healthcare coverage in the US is provided through a combination of private health insurance and public health coverage (e.g., Medicare, Medicaid). In 2014, nearly 32.9 million Americans had no health insurance in addition to millions of others who, in the words of Senator Bernie Sanders, are underinsured. Nor does the country have a universal healthcare programme. Therefore, it is expected that the US could have the highest fatality rate in the Covid-19 pandemic, far worse than China, Italy, and Spain.

The WHO's responsibility?

The global response to the Covid-19 epidemic has been mixed. The WHO has seen its actions amidst the rapid spread of the virus scrutinised. A series of failures in their strategy has drawn flak, including its perceived subservience to China and its lack of leadership.

The WHO's status has been on a slippery slope since the late 1980s, when many developing nations reduced their contributions to the organisation due to their rising debts. This situation was largely the result of World Bank and IMF structural adjustment policies, which reduced national budgets significantly. As a result, the World Bank stepped in on the WHO's turf, becoming the dominant international health player. Contributions from member states diminished significantly from 46% in 1990 to 21% in 2016–2017. In 2015, only 25% of the WHO's programme budget came from membership dues. Therefore, since the 1990s, the WHO has obtained most of its funds from public-private partnerships (PPPs), which entails that the WHO's agenda has become subject to the conditions of private donors and multinational corporations.

In the subsequent decades, while the organisation gained influence, it also lost sight of its priorities. Its 'corporate embrace' has epitomised its pivot towards neoliberalism in the last few decades, resulting in increased influence of private actors and their profit-making aims. Indeed, while the WHO has commendable attributes, its shortcomings have come to the front-front during this global pandemic.

With respect to Covid-19 and China's role, the WHO displayed undue deference to an authoritarian state with a past of covering up deadly illnesses. As a key funder of the WHO, China minimised the gravity of the virus and applied pressure on the organisation to not adopt a contrary position. China first knew about Covid-19 in late 2019, but did not acknowledge it officially and suppressed any damning information from doctors or whistle-blowers that wanted to raise the alarm. As China engaged in what amounts to a cover-up, they likewise did not admit to the human-to-human transmission capability of the virus until January 21, then already too late to stop or slow its spread around the world.

The WHO finally called a "public health emergency of international concern" on January 30, sitting on its hands until then as a result of excessive deference to China's government. This was a weighty failure by the world's preeminent international health institution, one that has had significant consequences. At the time of writing, there are over 800,000 active cases world-wide, doubling every few days, and the delayed reaction of the WHO in questioning the Chinese government's handling of affairs and failing to call a global emergency remain perplexing.

The lack of leadership shown by the WHO is another failure of its response. While China actively suppressed key information, WHO officials have claimed that the "world owes China a great debt" and have praised its efforts. They have chosen to instead focus on events after China alerted the world, with the cover-up and its significance overlooked by an organisation reliant on Chinese funding. A similar issue also surfaced during the SARS outbreak, when International Health Regulations (IHR) were then passed to allow the WHO to act on its own initiative, unilaterally declare outbreaks public health emergencies, and criticise nations that engage in bad faith handling of potential crises. Nevertheless, the IHR has proven to be toothless during this global pandemic with the WHO abdicating its leadership role and deferring to the inherently subjective decision-making of member states. Additionally, while the WHO labelled travel bans as ineffective, the many countries that flouted this recommendation by imposing widespread travel-bans were not criticised. It was a missed opportunity for the WHO to display leadership and not just be effectively reduced to handling the statistical aspects of the outbreak.

Furthermore, Tedros Adhanom's, the current WHO Director-General, questionable record as Ethiopia's Health Minister raises questions as to the extent to which the WHO's mandate has been politicised. In 2017, it was reported that the former Foreign and Health Minister of Ethiopia had employed a lobbying firm to shape his campaign for the position in the face of questions about his record. Perhaps most damning, during a 2008 cholera outbreak in Ethiopia's Oromia in which scores of people died, the Ethiopian government failed to declare an outbreak reportedly for fear of economic repercussions.

While the WHO has undertaken some positive actions during this pandemic, its failures have been laid bare. The WHO should have reacted sooner and not deferred excessively to one its major funders. China is indeed the largest contributor in terms of membership dues with $16.5 million for the year 2018 (followed by Brazil and Russia). Moreover, China is strongly advocating for an increase in voluntary contributions and earmarked funding from Chinese state agencies and corporate firms. As the Wall Street Journal put it, "China's importance to the WHO derives not so much as a current donor but as a future source of funds and a partner with which to tackle the biggest global health problems." In this context, the WHO's lack of leadership has been consequential, particularly regarding its decision not to criticise China for its cover-up.

From an aspirational point of view, the mandate of the WHO is an admirable one; global health governance is better served with an international organisation that puts collective needs at the centre. However, the gravity of the WHO's series of failures in dealing with the Covid-19 pandemic suggest strongly that a reform of the status and remit of this organisation should be high on the agenda.

US President Donald J. Trump declares a national emergency due to the Covid-19 coronavirus pandemic, in the Rose Garden of the White House, in Washington, DC, United States on March 13, 2020. (Yasin Öztürk - Anadolu Agency)

The rise of demagogues

The rise of demagogues in the global public sphere could not have come at a worse time. The global health pandemic caused by Covid-19 has laid bare the inexperience and ineptitude of populist leaders for all to see. A common strategy has formed: first deny and delay, then obfuscate, then flip-flop and blame others. This is captured in the responses of various leaders, including US President Trump and Brazil President Bolsonaro.

Demagoguery has been in vogue ever since the surprise election of Donald Trump as US President in 2016. Ostensibly a move against the so-called establishment, voters elected a populist demagogue who thrives on misinformation and bullying. This sentiment has led to the rise of other leaders who also appeal to people's prejudices, such as Brazilian President Bolsonaro. He likewise undertook a divisive campaign with a strong nationalist and ethnic pitch, and his inexperience was glossed over by voters wanting a candidate that seemingly wanted to fight for the man on the street.
The negative impact of these leaders on the spread of the coronavirus is clear. In Pres-

ident Trump's case, he "has likely failed to mitigate the…widespread outbreak in the US" with a response that has ranged from the implausible to the surreal. He initially denied the scale of the global crisis, delaying the forming of a coordinated, government-wide response. He claimed that it was the Democrat's "new hoax" and that the measures in place were sufficient. He then began obfuscating the impact of the virus on US soil, choosing the low-lying and rotting fruit of closing borders rather than adopting recommendations of social distancing and shutting down non-essential businesses. In the end, President Trump flip-flopped and began recognising the severity of the crisis, now holding daily press conferences to inform the public of current efforts. While these have a rally-like tone most days, it is a far cry from the initial minimisation and claims from the administration of "close to airtight" domestic containment. The President is also engaging in a regular blame-game, a roulette of sorts where responsibility is placed on everyone but him. China is blamed for the spread of the virus; governors are blamed for not treating the administration well; doctors are blamed for prioritising public health over the economy; the media is blamed for covering events; and Obama is blamed for the limited number of available hospital masks. Indeed, the Covid-19 clear and present danger has exposed the rhetorical acrobatic games of the Trump administration.

Likewise, President Bolsonaro has had a tough time applying the populist rulebook in this crisis. He denied the significance of Covid-19 and its rapid spread, initially referring to it as a "fantasy". As a result, he delayed any measures that could have mitigated the impact of the virus in Brazil. He then began obfuscating vis-à-vis the extent of the danger the outbreak poses, accusing the media of fuelling up unnecessary hysteria. He put Italy's death toll down to a colder climate and an elderly population, further neglecting the urgency of the situation. Finally, he also flip-flopped and is now encouraging people to be careful not to transmit the virus. Staying true to the Trumpist form, he has also blamed the media for its exaggerated reaction and blamed some Brazilian states for incorrectly adopting a "scorched earth" approach of closing down businesses and public transport.

While Covid-19 is wreaking havoc on healthcare systems and the world economy, the chickens are coming home to roost for demagogues. They have been forced to handle the consequences of their inexperience, with the usual strategy of falsehoods and intimidation showing their futility in the face of an invisible enemy. The rise of populism does not bode well for the future of democracy, and the pandemic has exposed its many faults.

Towards an Uncertain Future

One of the most salient questions that experts of all stripes are grappling with is whether or not the Covid-19 outbreak will mark the inauguration of a turbulent new political, economic, and social era. While there remain those whose faith in the apparent victory of the post-Cold War 'theology of progress' has yet to be shaken, even more liberally-minded observers seem to be coming around to what is increasingly a consensus that many as-

pects of the world are likely to change. Like global crises before, the aftermath of the Covid-19 pandemic is likely to see ideological and intellectual shifts with subsequent changes in approaches to policy making. What remains to be determined is what direction these shifts may take. We are still in the early days, therefore the temptation to forecast particulars should be avoided. We can, however, discern a number of broad outlines of questions and issues that we are likely going to have to face.

The re-emergence of the state

While reactions to the emergent pandemic have differed markedly, one thing that they all share in common is that they have been state-led. This requires some clarification as it may seem like a self-evident fact that central governments would take the lead in a crisis. However, the trajectory of international interdependency and what has effectively been an orthodoxy of devolution of powers associated with neoliberalism, as discussed above, tells us that things may have been otherwise.

The situation in the European Union (EU) is perhaps most illustrative of this. Firstly, as the crisis has played out, it has become clear that the nation-state has reasserted itself as the primary actor, over and above any supranational organisation, the EU included. As things stand today, it would appear as though states have respectively closed ranks and returned to an approach that prioritises national interests. Germany and France, for example, blocked the export of medical supplies in a bid to ensure their own capacity as the crisis grows, a move which drew criticism from fellow EU members. Furthermore, Italy's request for assistance in dealing with what has now become the epicentre of the pandemic was effectively denied by fellow EU-member states, leaving it to China to respond.

Hard hit countries have imposed harsh measures in an effort to stem the spread of the virus, leading to the shuttering of borders across the Schengen zone. EU officials have tried to demonstrate intra-European solidarity by banning the export of medical supplies outside of the Union, which as the German and French cases mentioned above demonstrate, were effectively superseded by national interests.

The same could be said about responses around the world in general. From China to Canada, the re-emergence of the state as the prime political actor is being observed in real time, bucking analytical trends that foresaw supranational structures and multilateral organisations as representing humanity's socio-political future. All over the world, states have been implementing and announcing social and economic measures that are largely unprecedented in the post-Cold War world that has been so thoroughly dominated by the laissez-faire logic of neo-liberalism.

In France, Germany, and Italy, Europe's three hardest hit countries, governments have an-

nounced unprecedented rescue packages worth hundreds of billions of Euros designed to mitigate the economic effects of the crisis for both industry and households. There has been talk of harnessing the European Stability Mechanism as an additional resource and Spain has recently called for a EU-wide approach akin to the post-World War II Marshall plan. However, it remains to be seen if EU initiatives, even if enacted, will be used to serve the bloc as a collective or merely to re-enforce the individual priorities of its member-states.

From North America - where the United States Senate has announced a 'bail-out' worth $2.2 trillion, far outstripping the $800 billion injection following the 2008 financial crisis, and Canada has announced the possibility of using a war-time production law to boost the manufacturing of medical equipment – to Asia, governments all around the world are announcing massive state-led economic interventions, the likes of which have not been seen since World War II.

The level of state penetration into social and economic affairs in response to the Covid-19 outbreak will in all likelihood endure. What we seem to be witnessing is the return of the state as the 'Leviathan', the supreme protector of public welfare. The post-Cold War orthodoxy of smaller government, privatisation and the elevation of the logic of 'technocratic management' to all things, public and private, may now begin to be rapidly unravelled. This is, of course, not wholly new. The 2008 financial crisis has had a lasting legacy, with the appropriateness of what can be termed hyper-capitalism increasingly questioned. The current crisis seems to have, in effect, burst the flood gates opened in the aftermath of 2008.

In this context, a number of interesting discussions have emerged, or re-emerged, to be more precise, regarding the state's role in ensuring public welfare. For example, the idea – in some form or another – of a universal basic income, or UBI, have been announced by the UK, Canada, and the United States, while states such as Indonesia and Malaysia and China are set to expand their flagship cash-transfer programmes. In a recent article published by the Brookings Institute, World Bank official Ugo Gentilini states that one-off cash transfers could play a significant in fighting the economic and social consequences of the Covid-19 pandemic. In the wake of what many experts say is likely to be a deep recession, the discussion is likely to expand to more permanent and universal forms of UBI, such as that proposed by Andrew Yang, the recent and unsuccessful candidate for the Democratic party nomination in the United States.

(Sefa Karacan - Anadolu Agency)

Towards a state of surveillance?

As the crisis has unfolded, governments around the world have imposed understandably harsh measures in an effort to stem the spread of the virus. These range from the above-mentioned closure of borders, travel bans, and mandated shutdowns. In some of the hardest-hit regions in Italy, Spain, and France, mandatory lockdowns have been imposed. In China's Wuhan, ground zero for the outbreak, a draconian 60-day lockdown seems to have had some measure of success in slowing down the spread of the virus. In the height of a crisis such as the world is witnessing today, the threshold for governments to implement what some have called 'draconian' measures is understandably reduced. At the same time, there are a number of interventions, which continue to raise some serious concerns and may provide a window into the future of surveillance.

China stands out almost archetypically in this regard. In addition to its strict lockdown of almost 50 million people in Hubei province, the Chinese state has introduced Covid-19 specific surveillance mechanisms, adding to the already widespread use of mass surveillance in in the country. Specifically, the authorities have introduced a QR code system consisting of three different codes to designate and inform authorities of the risk each individual poses for spreading the virus. Using data acquired from smartphones, the app categorises individuals as either being able to move freely, requires them to quarantine for seven days if they have travelled to a high-risk area, or mandates that a full quarantine is necessary.

In Hong Kong, ostensibly acting independently from the central government in Beijing, electronic bracelets have been fitted to travellers arriving at the territory's airport that are

synced with their smartphones in order to allow authorities to keep track of their locations. Should they happen to leave their quarantine area, a message is sent to security and health authorities and the individual is apprehended.

In Israel, Prime Minister Benjamin Netanyahu authorised the internal security service, the Shin Bet, to utilise the country's cyber monitoring mechanism normally deployed for tracking 'terrorism' suspects. In response to criticisms from opposition politicians, Netanyahu effectively forced the authorisation through via emergency decree, saying that "we have no choice… we are now fighting a war that forces us to take special measures."

Governments and corporations alike have deployed increasingly sophisticated technologies designed for mass surveillance, and what may be on the horizon is something right out of science fiction movie. What Yuval Noah Harari recently referred to as a transition from "'over the skin' to 'under the skin surveillance'", in the wake of the pandemic governments may increasingly have recourse to record not only our locations, travel habits, preferences, and so forth, but perhaps also biometric data up to and including the physiological reactions produced by our emotional responses. Data collection of this sort undoubtedly represents a challenge to privacy, but also – more importantly – arguably threatens the very meaning of what it means to be human.

While it may be true that these represent the darker side of the slippery slope of surveillance, history reminds us that short-term emergency measures have a habit of outlasting the emergencies that conceived them. In this sense, the Covid-19 pandemic may be remembered as a watershed moment in the history of surveillance as much as for the economic and human toll it wrought.

The allure of authoritarianism

The apparent 'success' of not just authoritarian states, but more importantly authoritarian-like measures, in stemming the flow of the outbreak has the potential to lead to what Josef Joffe referred to in a recent article for American Interest as the 'temptation of authoritarianism'. He argued that the apparent successes of the Chinese government in combating the outbreak have made some romanticise the type of state power and capacity that China was able to deploy. His argument echoed the sentiments of a highly circulated piece in the Atlantic from Zeynep Tufekci, in which she argued that an authoritarian allergy to bad news, coupled with what can perhaps best described as a sycophant syndrome that is characteristic of authoritarian regimes, resulted in meaningful action being significantly delayed. As Joffe points out, rather than locking up doctors, China could have closed Wuhan airport, which serves thirty-two cities around the world.

Other commentators, such as the Brookings Institute's Shadi Hamid, have been keen to point out the difference in terms of reaction to the virus between authoritarian states and

democracies, and even more keen to shoot down any attempts to make moral equivalencies between them. There has been an attempt to frame the post-pandemic world – whatever it turns out to be – as being characterised by an ideological battle between 'autocracy' and 'democracy'. Yet, it seems in some ways as though this perspective is itself stuck in the very paradigm that many rightfully argue may be under threat.

To posit the post Covid-19 pandemic future as an ideological battle between 'autocracy' and 'democracy' misses the mark mainly because it obscures the totalitarian nature of the modern state itself. In other words, the modern state that emerged in earnest in the 19th century has, arguably by its nature, extended authority over human beings in fundamentally unprecedented ways. This tendency derives largely from what James C. Scott refers to as the 'problem of legibility,' in his book Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed. By seeking to gain a 'synoptic view' of their respective peoples and societies, the modern state has been provided the capacity for large-scale social engineering projects by leaning on its ideologised faith in progress, science and rationality, and – more often than not – political authoritarianism. China's 'Great Leap Forward' and Russian industrialisation offer two examples where projects ostensibly meant to improve the lives of people went disastrously wrong. We should not be so naïve, however, to think that a slide towards authoritarianism requires an authoritarian political system. Emergency situations have a tendency to foster conditions that can lead to increasingly authoritarian measures, which have the potential to become more permanent fixtures in the socio-political landscape.

Modern states, whether 'authoritarian', democratic, or – like much of the world – somewhere in between, have consistently extended their reach over their respective societies, and there is no reason to think that this will change. The shift towards massive surveillance was already taking place, whether through corporate or state power or some combination of the two. What the pandemic does is merely accelerate a historical process that has been underway since the 19th century. This does not entail inevitability. However, to avoid moving towards what may turn out to be a dystopian endpoint will require political will combined with intellectual rigour and a high level of civic engagement. Whether we count ourselves to be living in a democracy, an autocracy, or one of the many grey zones in between, all of us will likely be faced with similar challenges as our anxieties and fears drive us towards accepting previously unacceptable solutions in the short and medium-terms without necessarily thinking through the long-term implications.

In countries such as the UK and France, concerns have already been raised in this regard. Emergency measures in the UK have set up a potential clash between personal liberties, privacy, and public health measures. Under these measures, authorities will have the power to detain individuals they believe to be infectious and to take samples of their blood or saliva by force. In France, there have been reports of stricter enforcement of the lockdown rules in the poorer, socially marginalised districts of Paris.

None of this is inherently deterministic of course. South Korea, Japan, and Taiwan have been lauded as models for the world to follow in their approaches to combating the spread of Covid-19. Measures taken by these countries have so far proven effective in 'flattening the curve'. From the beginning of the crisis, governments in these countries have communicated frequently and openly with their people. They have taken initiatives that have been strictly followed by their populations. The authorities in these countries seem to have maintained the trust of their populations; culturalist explanations aside, this appears to be a key factor here. Levels of trust in government in many Western countries – let alone countries with highly corrupt and oppressive political leadership – seems to be lacking. This is made increasingly difficult in societies, such as the United States, where conspiracy theories about the virus abound and where the highest authorities in the land have not only communicated ineffectively, but have also arguably spread misleading, if not down-right false, information.

Challenges to the world order

How the pandemic might shape geopolitics in the years to come remains an open question. In a more immediate time frame, one dynamic that we are currently witnessing, which will likely colour a significant part of the conversation in the near to medium-term future, is the issue of national isolation versus international solidarity. A pandemic is an example of a global emergency par excellence and requires a global strategy and a willingness to cooperate in order to facilitate an effective response. So far, these elements seem to be lacking on any kind of scale that would make such an approach effective, although these are still early days and there remains the possibility that this could emerge as the crisis evolves. A recent G20 meeting held by teleconference and hosted by Saudi Arabia – which chairs the G20 for 2020 – seemed to confirm that international diplomacy has been somewhat paralysed by the pandemic. Despite what US President Trump rereferred to as a 'tremendous spirit' amongst G20 member-states, no actual pledges or coordinated plans were made.

Certain actors will no doubt seek to exploit the situation in order to further an agenda that necessitates increasing the level of doubt in the international system. In this effort, they have had unlimited help – ironically – by those who have benefited the most from the post-World War II world order. It would seem as though the pandemic itself has accelerated a process in which the foundations of the international order have increasingly come into question. This includes notions of democracy, progress, freedom, and all the other catchwords associated with a post-Cold War agenda advanced by the US and its allies. For better or worse – and in many cases in may be the latter option – the pandemic is likely to increase this sense of uneasiness, providing an even wider path for the rise of revisionist, right-wing nationalist movements throughout the world. As the Director of the Moscow Carnegie Center recently wrote, "the Kremlin believes the shortcomings of the international response have validated key aspects of its worldview."

While we cannot be certain at this stage of the fate of the international system and its balance of power, it seems likely that the Covid-19 pandemic will only serve to accelerate the geopolitical shifts that have been taking shape in past years.

Conclusion

As the response to the pandemic unfolds in the next weeks and months, a clear picture of its aftermath will slowly begin to appear. If most of the reliable projections are correct, the spread of Covid-19 – even if slowed down – is likely to result in millions of deaths across the world, in addition to the widespread severe economic hardship that is predicted. The pandemic has exposed the frailties of the global order and the neoliberal logic on which so much policymaking over the last decades has been based. A sub-microscopic microbe is all it took to knock billions of humans off their illusion of security.

It will take a truly insensate world to pretend that our current systems, dominated by neoliberal capitalism and plutocratic leadership, are not badly flawed. Accordingly, unless sensible, practical, and effective options are put forward, the grip of the plutocracy on the world will not be lessened, and may even be strengthened, as the allure of autocracy is allowed to dull our senses.

The prospects for demagoguery will likely be undimmed. Demagogues have few, if any, moral qualms about bending reality to suit their narrative. Today, the ability to control enough of the masses to sustain power is profoundly affected by the psychological power of social media and the technological ability to fool any of us through a manufactured "reality". Although social media will not be a prominent part of the Covid-19 story, it will be a huge player in the writing of the history of the pandemic. It would be wise, for the moral health of the world, to find a way to keep the salutary benefits of unfettered communication free from the propaganda that often flows down the social-media pipeline. This may prove to be an insurmountable task, but the attempt to achieve it has not yet been made in earnest.

Interest in state-led measures as a means to alleviate economic insecurity, such as a universal basic income, will grow. That economic insecurity exists across much of the planet is now abundantly clear. States, one way or another, have responded to this pandemic by promising people money to stabilise their personal finances. Indeed, there is no other remedy. The benefits of having a safety net system in place at all times will not be immediately clear, but there will be more space than ever before to explore this concept. While questions abound, just as we look back today on the 1918 pandemic and grasp how it both damaged and improved the world, future historians will hopefully be able to say the same about this troubling time.

Covid-19 and the US Economy:
Global Ramifications

By Mustafa Metin Başbay

Background

A month ago, the Coronavirus Outbreak was thought of as a Chinese problem. Today, it is wreaking havoc across the globe. While it took 3 months to reach 100,000 cases of sick people globally, it took only 12 days to reach 200,000 and 4 days to reach 300,000. This is a warning for what we should expect in the coming days. Governments around the world are taking extraordinary measures in an attempt to slow the spread of the virus and relieve their overburdened health systems. Millions of people have been asked to stay home and limit their social contact. Many governments have closed borders and locked down entire cities. However, according to health official, we are still far from the peak and the situation is expected to worsen.

This extraordinary environment is tipping the American economy into what will probably become one of its worst economic crises since the Great Depression and will almost certainly lead to a global recession. Demand for goods and services has dropped significantly, forcing many businesses to cease operations entirely while others are barely active. Small and medium-sized businesses are already, willingly or not, closing, and big businesses are cutting employment. According to some estimates, half of all American jobs may be lost in the very near future, which will cut demand even further, creating a vicious cycle which economists are familiar with from depressions. Financial markets are in free fall everywhere and investors cannot see the light at the end of the tunnel. Some analysts expect a V-type recovery in the US after the virus is contained, however, this depends on economic response of the government as much as the efforts of health officials.

The American administration is deploying its entire economic arsenal in order to curb the economic impact of the outbreak. The US Federal Reserve will feed the financial market with unlimited liquidity while the government is working on plans to provide financial assistance to all segments of American society as well as key businesses. The ongoing situation seems to be unprecedented not only in terms of the depth of the economic crisis it is creating but also in terms of the state response to rescue the economy. Plans to distribute cash to all households represent unprecedented policy applications. It remains to be seen if these measures will be enough to stabilise the economy.

This paper first discusses the impact of the Coronavirus Outbreak on the US economy thus far and provides a trajectory about what to expect in terms of economic damage in the short to medium term. It then discusses American policy-makers' response to the ongoing crisis via monetary and fiscal channels, which aims to mitigate the economic consequences. Finally, it discusses the global ramifications of the Coronavirus Outbreak. The paper concludes that most of the economic damage can be short-lived and global economy will probably bounce back towards the end of this year, but country-level effect depends on governments' effectiveness in supressing the spread of the disease and use of measures to support the economy in the meantime.

An Unprecedented Crisis

The coronavirus outbreak is already affecting economies around the world in a number of ways. Firstly, spending. Even in this age of online spending, if you are unable to leave your house, it is a bit difficult to consume. So far, more than 80 million Americans in various states, including California, New York and Illinois, three of the largest states of the US, have been 'ordered' to stay home except to buy food and medicine. Moreover, employees are being asked to work from home and many more are in self-imposed isolation in line with government advice. Consequently, demand for vast economic activities including transportation, fast-food, hospitality, and leisure activities have drastically declined.

This lack of demand strains businesses. As people are spending much less, small shops struggle to pay the rents and wages and many are looking at the prospect of closing if they have not already. In some place, they are being forced to close by government decree. The governor of Pennsylvania, for instance, ordered the closure of all nonessential businesses, which means shop owners and chain stores will lose tremendous income for an uncertain period of time. As expected, this also feeds into unemployment, which will suppress demand even further. Therefore, there will be a broad-based loss of income and employment across the American economy.

Last week, applications for unemployment assistance in the US jumped by 33 per cent from the week before, surging to 281,000. This week, it reached 3.3 million. To put this into perspective, this is four times the record level in the American history, which was set in the 1982 recession. However, according to analysts, this is still the tip of an iceberg. There are 14 million jobs in the leisure and hospitality sectors alone in the US and a considerable share of these jobs will most probably be lost within a few weeks. Moody's Analytics reports that in total, 27 million jobs are at high risk due to the virus in the US. Along with leisure and hospitality, this includes jobs in transportation and travel, temporary help services and the oil industry. 52 million jobs are at moderate risk in sectors such as retail, manufacturing, construction and education. It is increasingly likely that approximately 10 million of these jobs will be affected either via layoffs or wage reductions.

According to JP Morgan analysts, the unemployment rate is expected to multiply in the coming weeks and reach 20 per cent from the current 3.5 per cent. This figure is on par with the Great Depression of 1929 and 2008 Global Financial crisis, and marks an ironic turn of events since late January, when President Trump's Commerce Secretary Wilbur Ross said the outbreak in China may "*help to accelerate the return of jobs to North America, some to the U.S...*" The American labour market is highly flexible, which contributes to the deepening of the effect on unemployment compared to European economies. In the US, employers are often not obliged to pay severance pay and most workers are on zero-hour contracts, meaning the number of hours they work is flexible and can be reduced

by the employers as they will. In other words, in times of crisis there are no breaks on layoffs which can limits the loss in employment.

The effects of the outbreak have extended to manufacturing as well. Honda North America became the first to announce that it is suspending production in its four US-based factories. Shortly thereafter, Ford closed one factory in Michigan after a worker tested positive for Covid-19. Most recently, several major car producers, including Ford, General Motors, and Fiat-Chrysler have declared that they will be partially shutting down their plants, in line with their agreement with the United Auto Workers union, which had asked car producers to suspend production to protect their workers from the spread of the disease. This mean 150,000 workers will now remain at home. This number is likely to increase as the virus spreads to different corners of the country. Already other producers, such as Tesla, are under pressure. Moreover, business activity in other segments of manufacturing is also on the decline.

All in all, the US economy is bracing for a major recession in the second quarter of 2020. Some estimates reach as low as a 30 per cent reduction in output compared to the same period last year. JP Morgan expects a more moderate reduction of around 14%. It should be said, however, that it is a little too early to make such estimates because we do not know how long and deep this trend is going to last and will largely depend on how successful countries can be in containing the virus. Most analysts seem to be optimistic and expect a V-type recession. In other words, they foresee a sharp recovery after the outbreak is taken under control. However, this may also turn out to be an L-type depression, similar the Great Depression of 1929, which means slow growth may last for some time.

President Trump seems overly optimistic about a swift recovery. Recently, he said he wants the US economy to be 'opened up' by Easter. Certain segments of business may go back to work at least partially, and some others may even continue to be fully operative, however, a return to complete normalcy by mid-April is not only improbable but, according to health officials, may also end up with a healthcare disaster and even larger economic costs in the long run. In the unlikely event of the Trump administration resuming businesses as normal, the spread of the virus will accelerate, causing mass hospitalisation and high mortality rates, which may also lead to panic and social disturbances. Furthermore, even if they do not attempt to reopen businesses earlier, such remarks signal to the markets that the Trump administration is taking the issue lightly. In all likelihood, a complete reopening will not happen until mid-summer at the earliest.

The timing of the recovery is important because US elections are scheduled to take place in the last quarter of 2020. Perceptions of American voters may have significant implications for the prospects for a second-term Trump presidency. If voters are convinced that recession was nothing more a short-term divergence from the long run trend, and the

government handled the situation well, this may benefit President Trump in his re-election bid. However, if the slow down continues after the pandemic is contained, Trump may face unexpected challenges in his bid for re-election. Regardless, by the end of 2020, we will see a smaller US economy and unemployment will be considerably higher.

Rescue Plan: A Comprehensive Government Response

The size and scope of the government response has to match the size and scope of the crisis. Some have made analogies with the 1929 Great Depression and the famous New Deal which followed it. After the 1929 Great Depression, millions of Americans lost their jobs and economic growth lagged for years to come. It took an extensive and deep government spending programme, named the 'New Deal', between 1933 and 1939 for the American economy to recover. President Franklin D. Roosevelt injected massive government funds to boost economic activities and break the vicious cycle between low demand and unemployment described above. The depth of the depression may indeed be comparable with the Great Depression, and having realised this, American policymakers seem ready to respond with a substantial economic package. The Government and the Fed have already acted to stabilise economic activity.

The first responder to the prospective crisis was the Fed. In an emergency meeting, the Fed lowered interest rates to near zero levels and announced the purchase of $700 billion worth of Treasury Bonds. These steps are critical because over the next few months, most businesses will need to borrow in order to survive and continue making their payments. Banks will need liquidity to provide credit to these organisations. Accordingly, the Fed is making it cheaper to borrow and pump money into the economy so the financial system can function as a cushion and provide the necessary support for real businesses to continue their operations after the pandemic is over. This is one big exception to the New Deal analogy because in 1937, the Fed did the exact opposite and increased interest rates, which axed Roosevelts efforts and led to the extension of the crisis until the end of 1930s. Lowering interest rates and pumping liquidity will help, however, it is nowhere near sufficient for countering the economic recession the US will be facing. In the global financial crisis of 2008, these monetary measures were, to some extent, effective because at the time interest rates were high and Fed had enough space to lower interest rates to create a substantial effect. However, after ten years of quantitative easing and low interest rates, erasing what is left of its benchmark interest rate will not be enough. The Fed went one step further and also enacted an emergency lending program, which was last used during the 2008 crisis. The Fed will use its emergency authority to provide direct loans - which may reach trillions of dollars of liquidity - to mutual funds to keep the money market operational.

To complement the monetary channel, notable economists have advised an aggressive fiscal policy response from the government, one that is similar to the New Deal. Kenneth Rogoff, for instance, who is an expert on government default and known as a defender fiscal conservatism in normal times, agrees that governments should spend enormously to avoid a complete economic shut-down. According to Rogoff, World War II is a better analogy for the current situation than the Great Depression, and just like in war, the government can and should spend without limit. He claims that an unemployment surge and growth slowdown will probably be worse than the 2008 crisis at least in the short run and, considering that the US is a 23 trillion-dollar economy, it will require the American government to commit trillions of dollars to help the economy survive a 2-3 month shut down.

Senate leaders and the White House have most recently finalised a 2 trillion-dollar package to rescue businesses and help workers during the epidemic. The legislation includes direct one-time cash payments of $1,200 to all adult Americans and $500 to children, which amounts to a check of $3,400 for a family of four. Furthermore, the package will provide $850 billion in loans and grants to small businesses and corporations, including airline companies and cruise lines, that have been affected by the pandemic, $150 billion in aid to local governments, and increased funding for an enhanced unemployment assistance programme for workers who lost their jobs due to the pandemic. It also includes an $100 billion spending programme on the health-care system and health workers so that they can build capacity for the epidemic as much as possible.

This is indeed a massive fiscal stimulus, surpassing anything we have seen in the past. However, it is highly likely that we will see more coming in the near future. Millions of private sector workers in the US do not have paid-leave and they will not have medical coverage once they are unemployment. Most recently, congress has finally made coronavirus tests free for all, but this does not help those who get sick because treatment is very expensive for those who are uninsured. Unless drastic action is taken, the current state of America's extremely market-based health care system and fragile labour regulations will probably multiply the suffering of the American people, financially and health-wise.

It may sound too early to talk about what will happen after the epidemic, considering that the US is still preparing for the perfect storm ahead of it, but there are already discussions of how to prevent the ongoing recession turning into a long-term depression. This would be a repeat of the Great Depression, when it took 10 years for the US economy to turn back to its pre-crisis levels in terms of economic size. The fact that the US has already had 10 years of low growth since 2008 makes this scenario even grimmer. Even before the pandemic, there were already calls for a paradigm shift in policy making to improve the economic outlook. Now, the case for a more proactive government which dares to use aggressive fiscal policies is stronger than ever. In fact, it is plausible to say that we have already entered an era where everyone expects governments, instead of central banks, to act in order to solve economic grievances.

Global Ramifications

As the US and Europe are heading towards a major recession, China is barely recovering from its own recession. In the first two months of 2020, Chinese industrial output fell by 13.5% compared to the same period a year earlier. In fact, even before the Coronavirus epidemic, China had already been experiencing a growth slow-down for a few years. Particularly following the escalation of trade disputes with the US, 2019 marked the lowest industrial expansion in China for last 18 years and lowest economic growth in 29 years. The Chinese economy was expected to make a comeback in 2020. Now, this is impossible. The Chinese economy is expected to grow around 1 per cent, which was previously estimated at 6 per cent prior to the outbreak.

The effects of a pause in Chinese manufacturing is obviously not limited to the Chinese economy. China is at the centre of global supply chains and accounts for 20% of global production, producing crucial inputs for major global companies and using high amounts of primary products mostly from developing countries. The disruption in the last three months in the Chinese economy, in and of itself, is a reason for a global slowdown with important consequences for both developing and developed economies. Even without the pandemic, global producers were under stress due to supply chain disruptions. Some critical intermediate goods are still in low supply and we do not know how long it will take for Chinese manufacturing to once again work in full capacity.

Even though China currently seems to have got the first wave of the disease under control, this does not mean that Chinese manufacturing is back on track. A big recession in the US and other Western economies will significantly reduce the demand for Chinese manufacturing products. In other words, Chinese manufacturing going back to normal does not mean anything if there is no one to buy the output. If anything, the problems of the Chinese economy are expected to deepen in the coming months. Unfortunately, this is true for other emerging markets as well. There will be a serious drop in global demand, especially for primary products, for at least two quarters. Of course, apart from this lack of demand, most emerging market economies are preparing to, or are already going through, their own epidemic crisis. Since the start of the crisis, $83 billion has already flown out of emerging market economies.

According to JP Morgan, the Euro zone will experience an even deeper contraction than the US economy. Their estimate s show that in the first and the second quarters of 2020, GDP will shrink by 15% and 22% respectively. However, unemployment will not rise as much as it will in the US. This is because European labour market, especially in countries like France and Germany, is stricter compared to the American labour market. Similar to the Fed, the European Central Bank has launched an $820 billion loan fund to finance government and corporate debt across the Eurozone. After the announcement, addressing criticism for weak action, ECB President said in a tweet, *"Extraordinary times require ex-*

traordinary action. There are no limits to our commitment to the euro. We are determined to use the full potential of our tools, within our mandate".

In the meantime, almost all European governments have already committed gigantic fiscal stimulus packages to help their economies. One extreme example is the British government, which announced a £350 billion bailout package for businesses as well as pledging to pay 80 per cent all wages up to a maximum of £2,500 so employers do not lay off workers. Underlining the conditions, Prime Minister Boris Johnson said, *"We must act like any wartime government and do whatever it takes to support our economy."* Germany has also announced a €822 billion package to rescue businesses and help workers and the self-employed during the crisis.

Despite massive spending packages, rescue plans, cash distribution, and unprecedented government intervention across the world, the global economy is expected to grow minimally in 2020. The IMF predicts that the global economy will probably contract in 2020 for the first time since 2009 and the recession will be as bad as the 2008 financial crisis. The IMF's Director, Kristalina Georgieva, while praising government efforts to contain the epidemic and stabilise their economies, pointed that more will probably be needed "*especially on the fiscal front*." Georgieva also said the IMF is ready to support government action in a substantial way and 80 countries have already applied for financial aid. The IMF has $1 trillion of lending capacity. The IMF also predicts that recovery at the global scale will start in 2021.

Outlook

As the coronavirus continues to spread, collapsing health-care systems across countries, rich and poor. Health officials agree that we are far from the end of this pandemic, and in the coming days and weeks, we will see more health systems failing to provide enough hospital beds and intensive care units for the sick. Consequently, hundreds of thousands of more people will get sick and death toll will exponentially rise. This obliges governments to take extraordinary actions to supress the spread of the disease and protect their citizens. Some countries are already in complete lockdown; others will follow suit without doubt.

The American economy is at a relatively earlier phase of the epidemic. If the epidemic follows the current trajectory, it will get substantially worse. One way or another, millions of Americans are cut off from the economy and will be so for some time. People will stay home, which means they will not be able to produce economic value, and neither can they spend as much as they used to. Consequently, the US economy is bracing for one of its worst ever economic depressions. National output will fall, unemployment will rise, and most Americans will suffer economically. This will be an unprecedented crisis not only in size but also in nature. Unlike other economic crises, the government does not try to

incentivise people to go back to work and businesses to invest. On the contrary, it is ordering them to be home and stay safe.

There is still a lot government can and should do. In this warlike situation, the Fed will provide unlimited liquidity to banks, local governments, and diverse businesses so as to keep them alive until the storm passes. It remains to be seen how successful this will be. The government will also provide direct cash support to all households and enhance the unemployment assistance. This will not only help them survive as long as they are not able to go to work but also incentivise them to stay home and slow the epidemic. The Senate has also enacted a massive fiscal stimulus plan to prepare the health system to build capacity for the coming crisis.

In the best-case scenario, the epidemic will be controlled and supressed sooner rather than later, and economic life will go back to normal after a swift recovery. Strong and timely economic interventions by the American state are crucial for this scenario to materialise. If the economic interventions are effective, this will help both the disease to be taken under control as quickly as possible and businesses to survive the shut-down so that they can be ready to hire people back when it is over. However, it is more likely that when the epidemic is over, full recovery of the American economy will require considerable time and a comprehensive government programme. We will see more discussions of what governments should do and less talk of free-markets self-correcting without government intervention. There will arguably be more proactive, Keynesian governments everywhere, trying to improve national economic potential.

After the Deluge:
A Post-Pandemic Comparative Perspective on Politics and Society

By Assoc. Prof. Şener Aktürk

Introduction

If we take March 12th, the day the incentivise declared the coronavirus (Covid-19) outbreak to be a pandemic, we have entered the second month of what appears to be the first pandemic that has been captured and covered, almost synchronously, around the world. This is certainly not the first, and unfortunately extremely unlikely to be the last, deadly pandemic in human history. As of April 28th, 2020, the coronavirus pandemic is reported to have killed approximately 211,000 people around the world. From the Black Death of the 14th century to the Spanish Flu of the 20th century, many other pandemics killed far larger a proportion of the world's population than the coronavirus is likely to kill.

There are nonetheless several peculiarities of the coronavirus pandemic, which might lead to greater transformations in domestic and international politics than those triggered by previous pandemics in the modern age such as HIV/AIDS or the Spanish Flu. The most immediate difference is the instantaneous global media coverage and the concomitant battle for interpreting the unfolding of the pandemic. Not a day passes without speculation about grandiose political and world-historical transformations the pandemic might trigger, although commentators differ greatly on what those transformations might be.

Democracy or Authoritarianism?

Among the first questions many observers asked following the recognition of the coronavirus outbreak as a pandemic is captured in one of the numerous comparative research projects that took off almost simultaneously with the pandemic: "Will democracy doom us or save us?" The question as to whether democratic or authoritarian regimes are more successful in dealing with disasters has attracted significant attention from scholars over the years. In fact, the claim that democracies are far better in fighting disasters, ranging from earthquakes to epidemics, is very commonly accepted and thus this argument quickly resurfaced in the discussions around the current situation. Some may, and already do, view the coronavirus pandemic as an opportunity to test the hypothesised linkage between democracy and disaster prevention around the world. Despite the purported advantages democracies have over autocracies, some observers also feared and speculated that the coronavirus pandemic might erode democratic regimes, including in the United States.

There is also the opposite, albeit less popular argument, that authoritarian regimes might be more successful in fighting natural as well as man-made disasters, including climate change. The purported success of the highly authoritarian, if not totalitarian, Chinese regime in fighting coronavirus, which the regime actively employed in a global public relations campaign, worried Western democracies, triggering publications and research projects meant to investigate whether "authoritarian or democratic countries handle pan-

demics better." There is also research suggesting that some natural disasters, such as major storms, "deteriorate democratic conditions" and create "oppressive governments," but there is also preliminary research that suggests the opposite. Finally, there is also a more convincing historically-rooted claim that epidemics often lower economic inequality, which might also support a more consensual form of government to the extent that lower inequality increases the bargaining power of the average citizen. Without passing any judgment on whether the evidence amassed on either side is conclusive or not, it is fair to say that there is no consensus on the answer to this question as of yet.

At this early stage of the pandemic, there is no discernible pattern of a democratic or authoritarian advantage in terms of cross-national fatality figures linked to the coronavirus. For example, among the four countries that were hit hardest in the first wave of the pandemic in March 2020, two of them are undoubtedly authoritarian polities (China and Iran), whereas the other two are almost universally considered to be consolidated democracies (Italy and Spain). Moreover, among these four, the democratic countries reportedly had much higher fatality rates per capita than the non-democratic ones, although there is reason to suspect that China and Iran may have deliberately reported lower than actual fatality figures, with one study arguing that the coronavirus cases in China "may have been four times the official figure," suggesting a magnitude of falsification that is not possible in an even minimally open or semi-democratic country with a competitive political regime.

State Capacity and Healthcare Systems

Beyond the popular debate over the effect of regime type on disaster management, the coronavirus pandemic is likely to rekindle another long-lasting, albeit somewhat more academic and technocratic debate on the measurement and impact of state capacity. For many decades now, some have argued that what matters more in explaining variation in states' ability to achieve their goals is not their regime type, but rather their infrastructural capacity and institutional design. Samuel Huntington's famous book, Political Order in Changing Societies, published more than fifty years ago at the height of the Cold War, begins with the following crisp statement: "The most important political distinction among countries concerns is not their form of government but their degree of government." There are many debates and disagreements about how exactly one can measure state capacity. "State capacity is a quality conspicuous both in its absence and presence but difficult to define," as Cullen Hendrix stated in his work on different measurements of state capacity, including no less than "15 different operationalisations of state capacity." For example, [the] ability to successfully collect taxes (e.g., tax revenue as a percentage of GDP) and the ability to conscript soldiers are among the common measurements of state capacity.

It might be considered common sense to think that greater state capacity would result in a more effective fight against the coronavirus pandemic. However, even if true, this proposition alone hardly provides a clear-cut measurement. Relatedly, the dimension of state capacity that makes the most difference in fighting a pandemic is unclear. Does the existence of a large conscript army, one of the common proxy measurements for military capacity, and/or the success in collecting a larger share of taxes matter more in fighting the coronavirus? With the exception of healthcare capacity, which I briefly discuss below, there is no definitive answer regarding whether - and which - other dimensions of state capacity would make a remarkable difference in fighting the coronavirus pandemic, let alone a clear recipe for augmenting relevant aspects of state capacity.

Healthcare systems are readily recognised as one of the most important aspects of state capacity as it relates to anti-coronavirus efforts. The cross-national variation in terms of capacity, ownership, provision, and regulation of healthcare around the world, including in the advanced industrialised Western polities most affected by the pandemic, namely, France, Italy, Spain, and the United States, is significant. As critically reviewed by Tarek Cherkaoui, this variation is not primarily a result of variation in healthcare expenditure. For example, the United States spent more than three times as much on health per capita ($10,586) than Spain ($3,323) in 2018, and yet both Spain and the United States had 2.4 acute care hospital beds per 1,000 people in 2017. In short, spending vastly more money on health per capita does not necessarily guarantee higher healthcare capacity. Some countries provide healthcare benefits primarily or exclusively through public health care systems, whereas some provide them primarily through private insurance schemes, and yet many others offer a combination of public and private healthcare schemes. Then there are the institutional legacies such as the "network of health centres formed by the Soviet Union in the 1920s" to fight the bubonic plague, which may now support efforts to fight the coronavirus in about half a dozen post-Soviet states including Russia, as reported by the New York Times. In short, the coronavirus pandemic provides a global test of the comparative advantages, disadvantages, and efficacy of various private and public healthcare systems. Nonetheless, state capacity and healthcare infrastructure are not the only features that factor into the struggle against the coronavirus; societal norms and hygiene practices may also play an important role.

Culturalist Explanations: Do Confucian, Islamic, or Scandinavian Norms Help in the Fight Against the Coronavirus?

What if rather than, or at least in addition to, state capacity and more specifically health-care infrastructure, other societal features provide a comparative advantage to some countries over others in their fight against the coronavirus? For example, South Korea is widely praised as being among the most successful countries in containing the spread of coronavirus early on and minimising coronavirus related fatalities as a result. Similarly, Vietnam is often cited and discussed as another success story in terms of its response to the coronavirus pandemic. Likewise, Taiwan's success has been recognised and arguably advanced because of its geopolitical and symbolic significance as the democratic alternative to Beijing's public relations campaign presenting itself as a model for fighting the pandemic. In addition to these three, Japan, Hong Kong, and Singapore, each with a different political system, have all been discussed as success stories, prompting the Financial Times to ask what lessons can be drawn from the East Asian experience in containing the coronavirus.

The perception and/or reality of East Asian countries' success in fighting coronavirus, regardless of their very different political and economic systems and geopolitical orientations, led some observers to suggest differences in cultural and religious traditions, specifically Confucianism, that purportedly gave East Asian countries an advantage over Western countries.

"Lee Sung-Yoon, an international relations professor at Tufts University, said traditions of Confucianism in countries like China, South Korea, and Singapore gave 'the paternalistic state a freer hand in exercising authority' during an emergency… Mr Lee said the use of tracking bracelets to enforce the coronavirus quarantine in Hong Kong and South Korea would likely not be tolerated in Italy or Sweden." (Christina Zhou, "Why are Western countries being hit harder than East Asian countries by coronavirus? *ABC News*, 24 April 2020).

In various early comparisons of East Asia versus Western Europe, the "Confucian emphasis on respect for authority [and] social stability" was noted. In this vein, Bruno Maçaes argued that one witnesses "the clash of civilisations" in East Asian and Western reactions to the coronavirus pandemic. More specifically, after identifying "Singapore, Taiwan, Hong Kong and South Korea" as "the most successful societies in tackling Covid-19 through social distancing and similar suppression measures," Greg Sheridan singles out the Western tradition of "civil disobedience" as the main cultural factor underlying alleged Western failure in combatting the coronavirus. *The Economist* likewise identified "privacy" as "the

EU's unofficial religion," which it argued is now being challenged by governmental measures against the pandemic. However, many others strongly disagree with the claim that Confucian religious-cultural values, such as obedience to authority, are responsible for the purported success of East Asia in containing the pandemic.

There is also a popular version of the religious-cultural values argument among Muslims, although less noted in the Western media. American Muslim academic and activist Khaled Beydoun tweeted that "the whole world is imposing 'Sharia Law' without even knowing it" in response to various measures taken to fight against the pandemic, such as "continual washing of hands, zero-interest loans, limited touching, use of bidets, helping the poor financially." Likewise, in response to an Islamophobic tweet about the dangers of Muslim immigration to the United States, Johana Bhuiyan of the *Los Angeles Times* noted that "everyone's washing their hands five times a day", "covering their face", "not shaking hands," and "avoiding bars" to protect against the coronavirus, and quipped that "you're all Muslim" in a tweet that got more than 35 thousand retweets and 180 thousand likes. In a similar vein, Craig Considine wrote in *Newsweek*: "Do you know who else suggested good hygiene and quarantining during a pandemic? Muhammad, the prophet of Islam, over 1,300 years ago."

Other practices common amongst Muslims, such as not entering the house with shoes on, became more widespread and/or recommended as a protective measure. Also, practices that are specific to some Muslim countries, such as the use of Ottoman-era colognes as hand sanitizers, have been noted for their role in the fight against coronavirus. Given these developments, Murat Sofuoglu of TRT World summarised the hopeful mood among many Muslims by asking whether "Islam's emphasis on hygiene make a difference in a pandemic." At the same time, some other observers, such as Germany's *Handelsblatt*, suggested more recent phenomena such as digitalisation, online shopping, and social media usage to explain why Turks have been rather successful in "social distancing."

Confucian values and Islamic hygiene are not the only religious-cultural norms that have been emphasised as providing an advantage in fighting against the coronavirus pandemic. Scandinavian, more specifically Swedish, norms were also suggested as already providing the necessary "social distancing" recommended to prevent the spread of the coronavirus. In this vein, Swedish journalist Lisa Bjurwald wrote: "skype-based relationships? No hugging? For Swedes, that's not social distancing. That's just life." As such, Bjurwald maintained, "we were practising the coronavirus lifestyle long before the virus hit." Such a coronavirus-compatible Swedish lifestyle is at least in part a result of Sweden's large territory, low population density, and dispersed settlement, as Bjurwald noted, and all of these factors, cultural, demographic, and geographic may have played a role in Sweden not adopting as strict political-administrative measures to enforce social isolation as some other European countries. On the other hand, the fact that Sweden has recorded a much

higher infection and death rate per capita than all of its Nordic neighbours so far can be interpreted as preliminary evidence disconfirming the alleged advantage of the Swedish way of life in the fight against the coronavirus pandemic. In short, many commentators have made arguments suggesting that Confucian, Islamic, and/or Scandinavian (perhaps more generally Lutheran) cultural values and lifestyle may provide advantages in fighting the coronavirus. Similar to the arguments based on political regime type, state capacity, and healthcare systems mentioned above, only time will tell whether any of these religious-cultural arguments will be confirmed or disconfirmed as the cross-national variation in coronavirus-related fatalities takes shape in the coming months.

Social Distancing, Herd Immunity, or Local and National Quarantines?

Countries cannot radically overhaul their healthcare systems or state capacity overnight, let alone change their religious and cultural traditions, while facing an ongoing pandemic. That is why much of the heated discussion once the pandemic was well underway focused on the ideal policy response(s) governments should adopt to effectively contain the infection and minimise fatalities.

In a popular op-ed and simulation that appeared in the *Washington Post* and contributed to the global popularity of the epidemic-related idiom, "flatten the curve," Harry Stevens argued that among four different potential approaches to the coronavirus pandemic, which he labelled as a free-for-all, attempted quarantine, moderate distancing, and extensive distancing, the two forms of social distancing appear to be the more successful in simulations, with "extensive [social] distancing" being the best method in limiting the number and peak of infections.

In the critical early days of the pandemic, however, many policy-makers in the Western, and especially the Anglo-American world, most notably and explicitly in the United Kingdom, seemed to advocate a policy that came to be known as "herd immunity." The policy aiming to reach "herd immunity" as soon as possible most closely resembles the "free-for-all" scenario in Harry Stevens' simulations mentioned above. The discussion of this approach was widely criticised as a major health policy debacle and the UK government was later reported to have backed off from the plan.

Another policy option that became rapidly popular, if not hegemonic, as the coronavirus spread exponentially in many parts of the world has been quarantines of various scales, also known as "lockdowns," ranging from very local to regional to national. Local or regional quarantines have been implemented in a number of places early on, most notably in Wuhan and other cities of China as early as January 23rd, 2020. Italy also imposed local

lockdowns in late February "covering eleven municipalities of the province of Lodi in Lombardy, and affecting around 50,000 people." However, by March 8th, much of Northern Italy was placed under a lockdown, affecting approximately 16 million people. Two days after that, a national quarantine was announced, the first of its kind at the national level during the coronavirus pandemic.

The relative merits and demerits of different approaches and policies have been the topic of the most heated debates. While lockdowns and extensive measures of social distancing appear to have slowed the increase in the rate of fatalities and, hence, helped to "flatten the curve" almost everywhere they were implemented, critics of lockdowns or extreme measures of social distancing argue that the economic downturn that such measures will lead to is likely to result in as many, if not more, fatalities than the coronavirus pandemic otherwise would in some of these countries. Many policy-makers, who are obliged to take both sets of considerations very seriously, have sought to balance these risks by imposing the optimal amount of quarantines and social distancing measures while simultaneously allowing as much economic activity (production, consumption, distribution, etc.) as possible.

After the Deluge

Many commentators speculate that the coronavirus pandemic will trigger momentous political, economic, and social transformations, although they differ vastly on the direction those transformations might take. However, more comparative historical oriented scholars have already indicated some useful patterns. One such pattern noted above is the tendency of epidemics to lower economic inequality, in part by making capable workforce more scarce, and hence increasing the bargaining power of employees against employers. On another positive note, based on historical patterns, Barry Posen argues that in general, "sickness slows the march to war" among all parties involved and it is very much possible "that the coronavirus crisis will last long enough to change the world in important ways, some of which will likely dampen the appetite for conflict for some time—perhaps up to five or ten years." Thus, adopting these optimistic interpretations of the likely consequences of the pandemic, after the deluge, the survivors may reasonably expect to live in a more equal and peaceful world.

It would be reasonable to assume that a significant increase in the bargaining power of workers and ordinary citizens would be accompanied by a more vocal demand for free and universal healthcare provision in countries where this does not already exist. However, all good things do not necessarily go together, and it is not possible to know whether free and universal healthcare would be a benefit provided as part of a responsive democratic political platform or a benefit accompanied by an increasingly intrusive authoritarian state.

The aftermath of the coronavirus pandemic might also witness an increased demand for

residential dispersion away from overcrowded urban city centres, especially in East Asia, Western Europe, and North America, which have had some of the highest rates of fatalities. Residential dispersion in and of itself might not necessarily be a negative development, however, if it is accompanied by more voluntary isolation, such a trend may lead to a further decline of civil society and social capital, which was already very low in some regions and/or declining for decades in others. Another common societal pattern following pandemics in history has been the rise of messianic and millenarian sects, which include religious-spiritual cults but also secular revolutionary movements.

There are also more specific geopolitical developments that were already underway, which the coronavirus pandemic might accelerate. One such development concerns the future of the European Union. The other concerns the future of China, both developments being critical to the future structure of the international system and balance of power. In the view of some scholars, such as Wolfgang Streeck, the European Union was already "a liberal empire [that] is about to fall" due to Brexit. If anything, the coronavirus pandemic has augmented demands for exiting the European Union in the member states hardest hit by the disease. Italy is a prime example of this phenomenon. According to Elis Gjevori writing for the TRT World, a "new poll in Italy already shows the political impact the coronavirus is having on Italy and their relationship with the EU with 88 per cent saying that the 'EU is not helping us'," and "Germany and France were condemned by other EU member states for blocking the export of vital medical supplies, calling into question the bloc's solidarity in times of crisis." In short, many among the elite and the masses perceive the unfolding of the coronavirus pandemic as a test for European solidarity that EU member states have so far failed.

The coronavirus pandemic is widely expected to have significant economic repercussions as well. If anything, the coronavirus pandemic has augmented fears in the West of a coming Chinese hegemony. In this vein, David Wallace-Wells asked whether the coronavirus is "ushering in a Chinese future" while Patrick Wintour, the Diplomatic Editor of the Guardian while discussing the "winners and losers in new world order" shaped by the pandemic, similarly worried about "state responses to the virus shifting the balance of power between China and the West." From a more strictly economic point of view, David Kelly, Chief Global Strategist at JP Morgan Asset Management, claimed that "the overall outlook for East Asia is quite good relative to other regions of the world… in economic terms and probably in market terms in the second half of 2020." There certainly was an anticipation of China's rise to regional, if not global hegemony among many analysts before the coronavirus, however, the pandemic seems to have triggered a more open discussion of this prospective. However, the fact that the pandemic began in China, leading to accusations by many leading figures around the world that China failed to alert other countries in time or suspend international flights from Hubei to prevent the global spread of the coronavirus, might have significantly eroded any soft power China had accumulat-

ed over the years.

The political, economic and social consequences of the coronavirus pandemic are numerous and still unfolding. Much depends on which countries will survive the pandemic with comparatively fewer fatalities per capita and a smaller contraction of their economies. Such economic and demographic outcomes will likely facilitate or perhaps accelerate wider domestic political, societal, and international transformations.

Part 2:

Responses to the Covid-19 Pandemic: Global Case Studies

Managing the Pandemic:

Turkey's Multi-Pronged Response to Covid-19

Dr Tarek Cherkaoui
Dr Serkan Birgel
Michael Arnold
Ravale Mohydin
Mustafa Metin Başbay

Overview - Turkey as a Pandemic-Response Case Study

Introduction

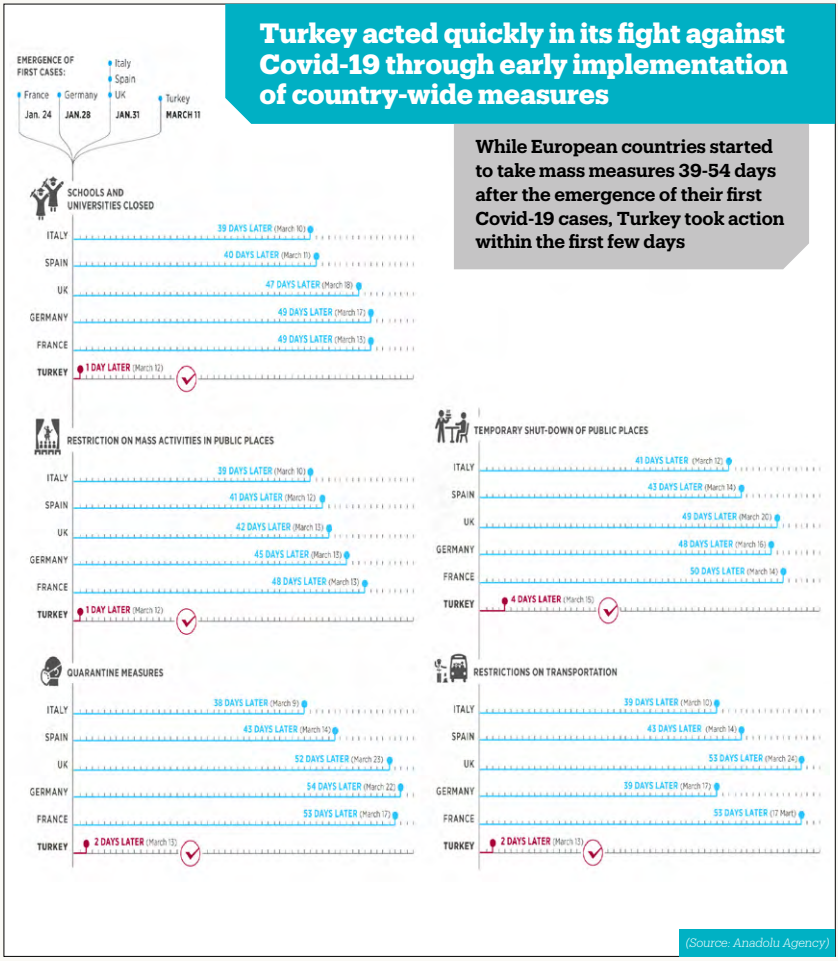
As the world continues to deal with the immediate impact of the Covid-19 pandemic, Turkey provides an interesting model of how the outbreak can be handled both domestically and internationally. Although the number of confirmed Covid-19 cases in Turkey puts the country in the top 10 in terms of caseload, the death rate is lower, and the recovery rate remains higher than most of the other countries on this unfortunate list. Perhaps most importantly in terms of the human cost, the death rate increase is half of what it is the United States, the country most hard-hit pandemic. Moreover, the country has now reached a testing capacity of nearly 40,000 per day according to the Health Ministry, putting Turkey into the top 10 countries in terms of the testing rate, as well as the total number of tests carried out. Increased testing capacity has allowed health authorities to take necessary measures to identify, isolate and treat Covid-19 infected patients which seems to be bearing fruit as the daily confirmed infection rate in the country is reportedly down from 15 to 9 per cent among people tested, according to official statistics. With early signs pointing to relative success in managing the pandemic, this report presents a detailed overview of Turkey's response and preparedness in several key areas, including healthcare, international cooperation and the economy.

A quick response

Early measures taken by Turkish authorities following the first confirmed cases of Covid-19 on March 11th included the closing of schools and universities, most cafes and tea houses, targeted curfews (initially for citizens 65 years of age and up and then extended to those under 20), promotion of social distancing practices, and the quarantining of over 10,000 pilgrims returning from Arabia, all of which significantly helped Turkey avoid an Italy, Spain or US-like disaster. Measures taken in response to the first confirmed cases only tell part of the story, and despite some setbacks and what could have been missed opportunities early on, Turkey's overall preparedness has given it a fighting chance and effectively managing the pandemic many other countries have not had.

In early January, as the potential global threat from the virus was becoming abundantly clear, the Turkish Ministry of Health established the Coronavirus Scientific Advisory Board,

consisting of experts in numerous fields including infectious diseases, virology and intensive care medicine. Later on, in January, thermal cameras were installed at airports and passengers arriving from China were subject to additional screening and possible quarantine. By February, as the virus was spreading rapidly through Iran, Turkey's neighbour, border crossings were closed, and flights to and from China were suspended. International travel was severely restricted by mid-March, and although critics have been quick to argue that the government did not suspend international travel early enough, the timing of Turkey's decision largely coincided with other countries that have not faced the same criticism that Turkey has.



Institutional preparedness

Turkey's longer-term level of preparedness is perhaps the most notable element that has become apparent, as the virus spread throughout the country. As discussed in more detail in the following sections, heavy investment in the health sector over the last two decades at a time when many advanced economies were retreating from investing in publicly funded social welfare programmes, resulted has resulted not only in a universally-accessible health care system but has also provided a bulwark against the potential overwhelming of the system witnessed in Europe and the US. The construction of 'city' hospitals in Turkey's major metropolitan areas are also now proving their worth.

Most recently, Turkish President Recep Tayyip Erdogan opened the Basaksehir City Hospital with a capacity of 2,686 hospital beds. Speaking at the event, Turkey's Health Minister, Fahrettin Koca said that, "just as all city hospitals in Turkey, all the beds at Basaksehir City Hospital – 2,686 beds – have intensive care equipment, and all can be used for intensive care when necessary." This is a critical point that should not be overlooked. While many countries continue to struggle with ICU capacity issues, Turkey's 47 ICU beds per 100,000 people have put such anxieties to rest barring a massive surge in the hospitalisation rates. Significant investment in health care infrastructure has put Turkey ahead of the curve when it comes to dealing with some of the more difficult challenges the pandemic has posed to health care capacity in other countries, which will be examined more thoroughly in the sections below.

Steps taken by countries to fight the Covid-19 pandemic

As the challenges posed by Covid-19 have become more apprarent, states have taken a variety of measures in many areas, including: healthcare services, work arrangements, the economy and educational institutions.

(Source: Anadolu Agency)

International cooperation and leadership

One of the most notable aspects of the pandemic has been the stark demonstration of the level of interconnectedness that rapid globalisation has brought us over the last few decades, the good, the bad and the ugly of it. Today, largely unprecedented challenges have been put not only to national governments but also to international organisations on how cooperation can be maintained or even enhanced in a time of crisis. These challenges present both unique opportunities to foster global solidarity as well as the potential of being exploited by authoritarian and populist leaders. Recent measures taken by Hungary's Viktor Orban as part of his 'Enabling Act' have served to stifle the free flow of information that is so crucial to successfully manage the Covid-19 pandemic. While critics of Turkey's government have been quick to accuse its leadership of prioritising political survival over the health of its citizens, the facts unequivocally do not lend support to this arguably exaggerated perspective. Not only has the Health Minister been providing detailed daily updates on the situation, but tools have also been developed – such as the creation of a coronavirus contact-tracing mobile app – to keep Turkish citizens up-to-date on the latest information, ensuring their ability to take measures to protect their own health.

Despite facing one of the highest confirmed caseloads of Covid-19 in the world, Turkey has demonstrated a high level of international cooperation amid this ongoing global crisis. As discussed below in the section on International Responsibility, the country has responded to numerous requests for assistance, particularly with regards to filling supply gaps in medical equipment, from around the world. Some notable examples include the UK, Spain and Italy – all NATO allies – as well as regional partners in the Balkans and even rivals such as Israel. Despite the often-negative rhetoric often directed at Turkey regarding its approach to international diplomacy and politics, as will be discussed below, the country has maintained consistency in its geopolitical worldview and diplomatic outlook, which reserves a significant place for 'humanitarian diplomacy'.

Turkish Industry and Technology Minister Mustafa Varank (Front C), wearing a face mask as a preventive measure against the coronavirus (Covid-19), poses for a photo with the Turkish engineers of the domestic respiratory devices at the opening of the first phase of the Basaksehir City Hospital in Istanbul, Turkey on April 20, 2020. (Raşid Necati Aslım - Anadolu Agency)

Mobilising industry and managing the economic impact

The economic consequences of the pandemic are only beginning to be understood. In a recent report published by the International Monetary Fund (IMF), the global economy is set to contract by as much as 3 per cent in 2020 as a result of the pandemic. This would be worse than during the 2008-2009 financial crisis. Recovery is not predicated upon wishing-away the pandemic, but on:

"Substantial targeted fiscal, monetary, and financial market measures to support affected households and businesses domestically. And internationally, strong multilateral cooperation is essential to overcome the effects of the pandemic, including to help financially constrained countries facing twin health and funding shocks, and for channelling aid to countries with weak health care systems."

As discussed in detail in the section on Turkey's economic response to the pandemic, the country faces a significant risk from a global recession, particularly as it comes off the back of Turkey's recent recovery from its own recession and ongoing issues with current

account balances. According to the Moody's rating agency, the pandemic could make the economic situation in Turkey even worse: "the risk of an acute balance-of-payments crisis has been magnified by the coronavirus outbreak, as illustrated by an acceleration in capital outflows and dwindling foreign exchange reserves." In response, Turkish authorities have announced measures (discussed in detail below) to provide relief to both affected households and businesses across the country by deploying both monetary and fiscal measures designed, among other things, to provide emergency credit to industry and relief to families impacted by the economic slowdown. Maintaining consistency with regards to the policy of preferring alternatives to dealing with the IMF, Turkey has instead sought credit swaps amongst G20 member-states and other means of alleviating its financial burdens without having to succumb to an IMF bailout, with the inevitably difficult conditions that would accompany it.

Furthermore, Turkish industrial power has been maintained despite the economic slowdown and has shown its strength at meeting immediate needs medical equipment and adapting to newly emerging supply-chain conditions. A case in point is the manufacturing of ventilators discussed by President Erdogan at the opening of the Basaksehir City Hospital on April 20th. According to the President, Turkey will produce 5,000 medical ventilators by the end of May.

This demonstrated capacity of Turkish industry also holds huge potential, as the world moves into a post-pandemic phase. As the IMF estimates a 7.5 per cent reduction of GDP in the Eurozone in 2020 and 6.5 per cent in the UK, Turkey's main export market and source of tourists, Turkey can potentially reap the benefits of what will undoubtedly be increased investment in health infrastructure by supplying badly-needed equipment via its innovative manufacturing capacity, and its geographical proximity to the Euro-zone. As a reliable and stable trading partner to the EU, Turkey has massive potential to take advantage of what will likely be a reconsideration of the dependency of supply chains from China, and may itself become a manufacturing hub not only for the health sector, but also for high-tech industries in the Eurozone.

While there are lessons to be learned, both in terms of the response to the pandemic itself and its potential aftermath, Turkey's approach thus far has demonstrated a high level of preparedness and sophistication. This particularly relates to Turkey in contrast with other emerging economies, but also increasingly when compared to Europe and the United States, particularly in terms of cooperation and regional leadership. The following report provides a detailed outline of Turkey's response thus far and seeks to assess future opportunities and lessons learned so far accompanied by an understanding that the situation remains fluid. For Turkey as for much of the rest of the world, the next weeks will prove critical in terms of the human toll taken by the pandemic, as well as the effectiveness of measures taken.

Turkey's Healthcare System

Responsive healthcare

Ever since news of the pandemic broke worldwide, with Turkey's first confirmed case registered on March 11th, the country has been introducing and enforcing a number of public healthcare measures, escalating curfew and lockdown measures on the most vulnerable, combined with various social assistance programmes, to combat the outbreak. The Government had, for example, stockpiled the medicines hydroxychloroquine and favipiravir a month and a half before the first confirmed case emerged. Only a day after the first case was registered, schools and universities were closed in favour of online education. But it is the country's overall advanced public healthcare system that has been the backbone of a comparatively successful campaign thus far against Covid-19, with a mortality rate of 2.15% as of April 18th.

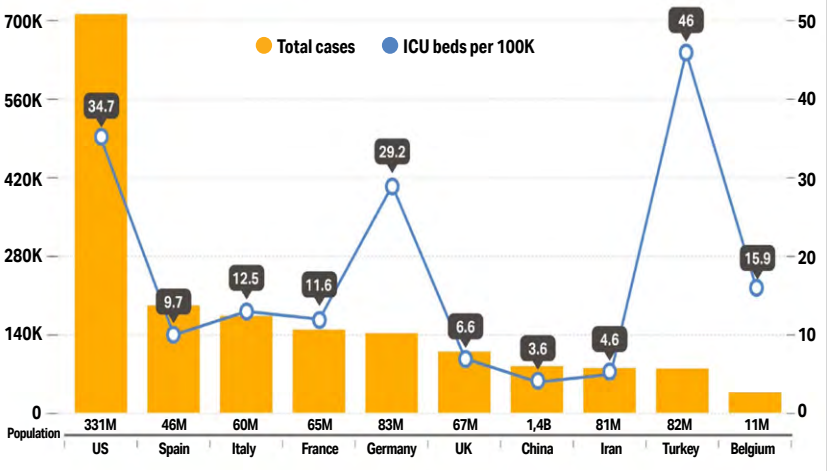
As the Turkish Health Minister Fahrettin Koca has publicly stated, the country does not rank as high as other countries in terms of doctors per 1000 people or general health capacity (ranking below the OECD and European average – though no shortages of beds have been reported or are envisioned to occur). A major strength of the Turkish public healthcare system amidst the pandemic is the number of intensive care units (ICU's) in the country, which at a figure of 40 ICU's per 100,00 people, surpasses that of other countries such as Germany, France, the U.K., the U.S.A, and China. In addition to existing capacity, the first stage of a 2,682-bed hospital is set to enter service in Istanbul's Ikitelli district on April 20th, whilst two 1000-bed field hospitals are being built over a period of 45 days to add further capacity in a city that has thus-far reported the largest share of the country's confirmed cases. Turkey is also one of several counties in pursuit of a vaccine against Covid-19. Though human trials have indeed started elsewhere, Turkey hopes to join the effort as soon as possible, having on the 14th of April completed the first phase of laboratory antigen tests.

As explored here by TRT World on a piece on the state of the U.S. healthcare system, the mere number of doctors is an inadequate measure to understand the effectiveness of a particular state's healthcare system, with issues of access and affordability (amongst other factors), clearing being significant factors essential to consider. The Turkish Health Minister expressed that the country was fortunate with regards to ICU capacity, but that Turkey was also ready for "every possible scenario in terms of physical or technologic infrastructure". In total, Turkey's 'healthcare army' as it has been referred to, comprises of around 500,000 medical staff combined with 360,000 support personal. On April 14th, by

Presidential decree, the Turkish government extended its universal free access to healthcare to Turkish citizens (but also refugees and residents), in need of treatment against Covid-19, regardless of social insurance coverage. The country is also now distributing a weekly quota of free face masks to be delivered either through the country's postal system or collected in person at a local pharmacy. A Coronavirus Social Sciences Board has also been established to help reduce what has been termed as the sociological and psychological detriments of the pandemic upon society.

The WHO praised the initial batch of preventative measures Ankara took in the early days of the outbreak, saying that Turkey had been "very lucky, vigilant and cautious". The country's first confirmed case was reported on March 11th, after most of its neighbours had reported outbreaks, allowing the country to be relatively behind the epidemic curve when compared with its near neighbours, and therefore being afforded a window of opportunity to prepare. The country was quick to introduce travel bans alongside quarantines for those returning from abroad. Rumours that the country had hidden cases of the outbreak were quickly quashed by the often-critical Turkish Medical Association (TBB).

ICU beds per 100,000 in countries with most Covid-19 cases

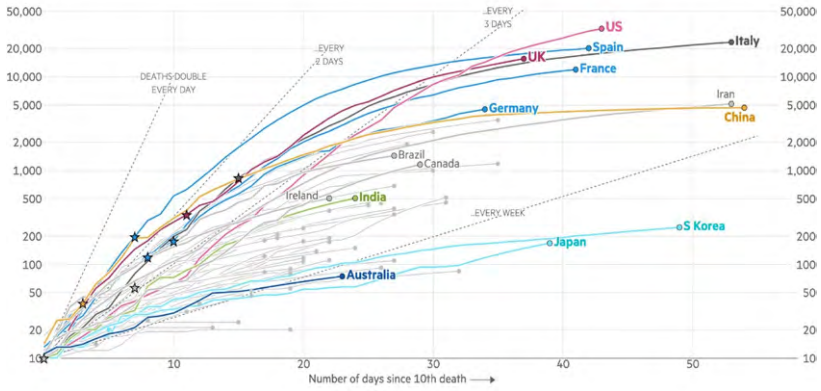


(Source: TRT World (19/04/20)

It is flawed to compare and contrast the spread of the novel coronavirus between states by the number of confirmed cases, largely due to the differences in the number of tests that have been conducted (largely limited to symptomatic cases rather than asymptomatic), and the possible suppression of figures attributed often to states such as China and Iran. There also seems to be a divergence in terms of death rate calculations. In the U.K., for example, Covid-19 deaths in residential and nursing homes may not be reflected in official figures dispensed by the Government. Turkey's total number of fatalities thus far pales in comparison to that of the more affluent nations of the world such as the U.S., as well as European states such as Germany, France, Italy, Spain, and the U.K. In terms of mere testing, Turkey currently ranks 7th in the world with around 600,000 conducted. Beyond confirmed cases, death rates and recovery rates must undoubtedly also be considered, Turkey's performance by these measures being comparatively better. In contrast to statements made elsewhere, Turkey is certainly not "like Italy and the United States". A more insightful comparison may be made between the number of patients in intensive care and those who go on to be intubated.

Mortality Rate Graph

Cumulative number of deaths, by number of days since 10th deaths. Stars represent national lockdowns ★



Turkey's Death Toll as of 7th May was 3584

(Source: Financial Times (18/04/20)

Turkish President Recep Tayyip Erdogan attends the opening of the first phase of the Basaksehir City Hospital via video conference in Istanbul, Turkey on April 20, 2020. (Murat Kula / Anadolu Agency)

Prior healthcare sector reforms

Turkey's healthcare system has come to be highly valued by the government. As expressed by Turkish President Erdogan, Turkey's healthcare sector ranks only second to the defence industry in terms of its overall importance to the country. At a time when austerity measures in the U.K. have arguably rendered the health sector ill-prepared to deal with a global pandemic, the major reforms that the Turkish public healthcare sector has undergone over the years has unquestionably strengthened the country's healthcare sector (though more remains to be done); a development that has fortuitously coincided with the pandemic. More so, the nature of the healthcare reforms introduced has been such that Turkey has come to have the capacity to send large quantities of healthcare-related equipment abroad. The process to reform the Turkish healthcare sector is often dated back to the year 2003, when the country introduced its Health Transition Programme (HTP), with the support of the World Bank Group, in order to scale-up access to high-quality, effective, and efficient healthcare. The Turkey of old seems unrecognisable today with, for example, infant mortality rates that were as high as 26.1 per 1000 live births now a thing of the past, the current infant mortality rate being 8.2. With what some critics had formerly lamented as vain 'mega projects', the emergence of large-scale 'city hospitals' as part and parcel of this transformation has turned out to be a key advantage for the capacity and effectiveness of the Turkish healthcare system. A public-private partnership model has been prevalent in the construction and operation of these facilities. 10 new hospitals in some of the densest urban areas were on the government's agenda and presumably will go on to be completed.

Beyond these developments, Turkey's healthcare system is comparatively well-advanced such that the country has begun to emerge as a medical tourism hub, with around 760,000 patients recorded under this category for 2019, and plans to extend this figure to 1.5 million by 2023. Turkey has also put the lessons it has learned in public healthcare transformation to good use abroad, with 12 Turkish hospitals having now been constructed in countries such as Niger, Sudan, Somalia, Bangladesh, Palestine, Syria, Kyrgyzstan, and Libya, combined with various cooperative agreements sealed with other states. The field hospital in Bangladesh's Cox's Bazar established in 2018, for example, has served Rohingya refugees who have had to flee ethnic persecution in Myanmar. The divergence in performance between various healthcare systems around the world should be compared and contrasted so as to highlight best practice, and to enhance the preparedness and prudence of any particular country's public healthcare system for future. Differences in effective healthcare response should signal where appropriate aid and support should go; a sentiment encapsulated well by Turkey's drive to send medical aid to several countries around the world.

The issue of refugees is also pertinent to consider. Refugees around the world are in a particularly precarious state, vulnerable for many reasons to the spread of Covid-19; be it in cramped, overcrowded, makeshift tent villages or as undocumented individuals, fearful of seeking medical aid and financial support. Turkey's universal healthcare system has for many years now offered free healthcare to all registered refugees hosted in the country. In numbers, there are 180 health centres dedicated entirely to refugees. 410,000 Syrian children were born in Turkey over the last eight years, and around a million surgeries and 1.5 million general medical services dispensed. Expatriates in certain countries such as Turkey, but also Lebanon and others, who are by no means as generally affluent as developed Western nations, have voiced satisfaction and a feeling of greater safety than many of their compatriots in their home countries where health systems have at times been overwhelmed and feelings of confidence in government responses are lacking.

A novel treatment protocol

As of mid-April, the number of Covid-19 tests has steadily increased to around 40,000 per day, although the number is lower than the total number of tests carried out in major developed countries such as the USA and Germany. Each country's testing approach, as well as the reporting of official figures, have shown divergences worldwide. On the former, it should be kept in mind from the outset that the number of tests administered is not the be-all and end-all of the subject. The number of tests conducted by each government will undoubtedly produce a clearer and useful picture of just how widespread the outbreak has been. With a greater handle on the magnitude, intensity, and distribution, of the pandemic, governments can then make better-informed decisions as to when lockdown

conditions can gradually be eased. However, to state an obvious point that sometimes seems to go amiss, to test negative once is no guarantee of immunity. More so, the reversal of lockdown measures would have to be combined with prudent measures, such as enhanced monitoring and the maintenance of social distancing, as well greater care for the elderly and those with existing medical conditions. Complicating the outlook further are fears of a second wave of infections, as well as reports that have emerged from South Korea, for example, indicating patients who have previously cleared of Covid-19 have gone on to test positive at a later stage. The Turkish Health Minister has attributed Turkey's relatively lower mortality rate to healthcare capacity and a variety of treatment protocols. The country emphasises contact-tracing instead of wide scale testing and has come to prefer delayed intubation with, as reported by CNN, the use of high-frequency oxygen for extended periods, as well as the use of the experimental anti-viral drugs earlier than other countries. On contact tracing, the Ministry of Health launched on the 19th of April a new smartphone application so that people can detect and monitor local outbreaks.

There is a wider discussion to be had about the exact method employed to calculate death and mortality rates, as well as confirmed infections; the former being understandably a function of the sheer number of tests conducted. On the latter, the TBB has voiced concern that the official mortality statistics may not include cases that indicate Covid-19 by other means, but only where the standard application of polymerase chain reaction (PCR) tests used to detect the coronavirus' RNA test positive. This relates to the distinction between case fatality rates and infection fatality rates. The Turkish Health Minister countered that PCR testing is the preferred approach for countries that possess the ability to do so, and Turkey uses the recommended international coding mechanism associated with this capability; one that has been standardised across the country in both private and public healthcare facilities, in line with the newly-established Coronavirus Science Committee of the Ministry of Health. The Health Minister himself explained further that all individuals with symptoms associated with Covid-19, as well as those who have interacted with said individuals, are considered as possible cases, all of whom are then subjected to the PCR test (which Turkey also manufactures), as well as the early administration of hydroxychloroquine. With a possible peak expected in the upcoming week or so, it remains the case that the point in time in which the most will be known about the novel coronavirus will be at the end of the pandemic.

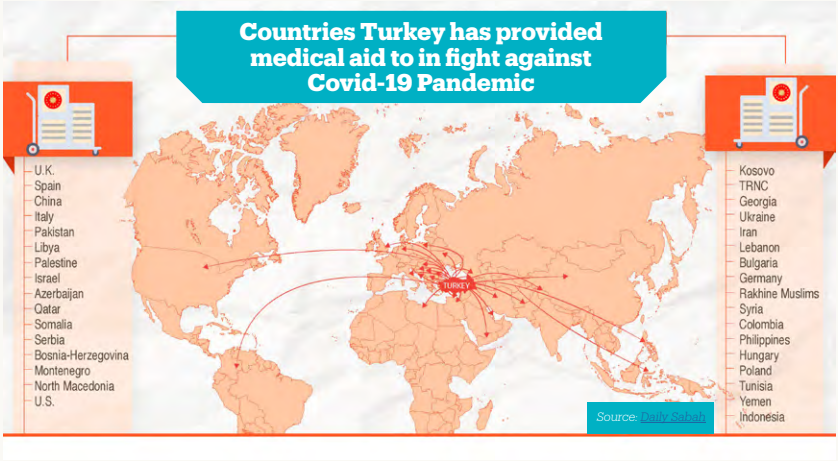
Turkey's 'Humanitarian Diplomacy'

With most worldwide diplomatic events being cancelled this year due to the coronavirus pandemic, and New York, the global centre of diplomacy, becoming the hotbed of the disease in the US, the coronavirus pandemic has dramatically altered international diplomacy. In an unprecedented time such as the coronavirus pandemic, many countries are utilising soft power and humanitarian aid as a means of conducting diplomacy. As US President Donald Trump cut funding to the World Health Organisation (WHO), accusing the international organisation of mismanaging the response to the pandemic, highlighting a lack of global leadership and coordination. Indeed, the response even within the European Union was disjointed, with each nation seemingly taking action considering its own priorities only, even when it comes to post-pandemic economic plans.

Amidst this apparent lack of cohesion in a time when perhaps all countries need help in one form or another, Turkey has responded to 34 of the more than 90 countries' requests for medical equiptment, and has consulted many more regarding effective management of the coronavirus outbreak. This is due to two reasons specific to these requests. Firstly, Turkey has been relatively successful in managing the outbreak in the country. Secondly, because Turkey has the capacity to be able to respond positively to requests for help.

Turkish military cargo plane carrying medical aid packages to support the fight against the coronavirus (Covid-19) pandemic arrives in Podgorica, Montenegro on April 08, 2020. (Sasa Matic/Montenegrin Government - Anadolu Agency)

As discussed above, the country has been introducing and enforcing a number of public healthcare measures, escalating curfew requirements on the most vulnerable, combined with various social assistance programmes, to combat the outbreak. These included stockpiling of required medicines, early closure of schools and universities, and fortifying an already advanced healthcare system. As a result, Turkey finds itself in the position of being able to deliver humanitarian and medical aid, as well as consultation by sharing experiences and lessons learned with countries that request help. According to Daily Sabah, Turkey has provided medical support to Azerbaijan, Bosnia-Herzegovina, Bulgaria, China, Colombia, Georgia, Germany, Hungary, Indonesia, Iran, Israel, Italy, Kosovo, Lebanon, Libya, Montenegro, North Macedonia, Pakistan, Palestine, the Philippines, Poland, Qatar, Serbia, Somalia, Spain, Tunisia, the Turkish Republic of Northern Cyprus (TRNC), the United Kingdom (UK), the United States of America (US), Yemen, and the Rohingya Muslims, since the pandemic began,



Humanity over all

Even though the purpose of diplomacy is to "secure the goals of national interest as defined and specified by the foreign policy of the nation", it is important to note that Turkey's humanitarian aid efforts have not been limited to countries that are usually aligned with Turkey and include countries that have historically been at odds with it. To illustrate this, as Turkey provided much-needed aid to Palestine while President Erdogan himself assured his Palestinian counterpart of Turkey's staunch support, it also helped Israel - a country Turkey has had strained relations and a long history of disagreement and misalignment with. According to Presidential Spokesman Mr İbrahim Kalın, "We didn't differentiate between countries or regions, and we won't. This is independent from our political relations," while stressing that the coronavirus pandemic was an emergency.

Another example is Turkey's aid reaching NATO countries such as the UK, USA, Spain and Italy. Even though NATO-Turkey relations have been affected negatively by political and security issues such as NATO's reticence when it came to Turkey's purchase of Russian S-400 missiles, Turkish aid to NATO countries did not seem to be affected. Two Turkish cargo planes carried medical supplies to the badly impacted UK in early April, followed by deliveries to Italy and Spain, both ravaged by the pandemic. Memorably, medical and protective equipment sent to the UK was accompanied by a quote by Sufi mystic Rumi: "After hopelessness, there is much hope and after darkness, there is the much brighter sun".

According to the Italian Foreign Minister Luigi Di Maio, Turkey's help in the coronavirus pandemic was very important to Italy and his country was very grateful for the solidarity displayed by Turkey's leaders and the Turkish people. Michael Ryan, Deputy Assistant Secretary of Defence for European and NATO policy at the Pentagon highlighting cooperation amongst NATO countries, also added that "Spain and Italy were grateful for this help. I do not know whether Turkey has helped another country in Europe, but if it has, I would not be surprised. Turkey is a very generous country". On the other hand, an Italian politician Matteo Salvini complained that "Italy needed help as it has been given a slap in the face", as Europe did nothing but watch the [Italian] stock exchange collapse.

This is reminiscent of Turkey's response to the Syrian refugee crisis. Turkey's open-door policy for Syrian refugees earned Turkey the title of the world's largest refugee-hosting country. Since 2011, the Syrian civil war has left almost 4 million Syrians dispersed throughout Turkey. According to international experts, Turkey did a 'remarkable job' and showed 'great resilience' by absorbing a total number of refugees that equals the entire population of Croatia, constituting almost five per cent of Turkey's population, providing for Syrian refugees when it came to accessing food security, employment, health and education.

According to Amnesty International, while Turks make up only one per cent of the global population, Turkey hosts 15 per cent of the global refugee population. This is especially poignant given that many EU countries have not taken up the responsibility of hosting refugees. According to The Guardian, "the Mediterranean is the theatre where tensions between Europe's ideas of human rights do battle with continental politicians' anxiety" about migration. Recently, Greece, being a passageway for refugees on their way to the EU, was heavily criticised in particular for refugee camps in deplorable conditions as well as increasingly anti-refugee policies.

Turkey's history of humanitarian diplomacy

Turkey has a long tradition and history of providing humanitarian assistance to countries facing difficulties regardless of political considerations. For example, in 1941 Turkey provided medical aid to the Greek army upon Greece's request despite having fought against it only two decades prior during Turkey's 'war of liberation'. Having provided humanitarian assistance to many countries since Turkey is now recognised as one of the largest humanitarian assistance providers in terms of percentage of gross national income.

One of the cornerstones of the ruling AK Party's approach to foreign affairs involved a need for a humanitarian foreign policy with the collapse the post-WWII 'west-centred' world order and the emergence of a multipolar world with new regional players such as Turkey. Ibrahim Kalin, spokesperson for the Turkish Presidency, wrote that the Turkish leadership has emphasised that "the current global order has to be based on principles of justice and equality as a precondition to finding sustainable long-term solutions to current conflicts". Such focus on humanitarian diplomacy from the highest levels of government has led to Turkey branding itself as an actor that 'advocates justice, conscience, and fairness' around the world, approaching foreign policy with a touch of humanitarianism. To implement this foreign policy approach, Turkey has focused on humanitarian diplomacy via demand-driven aid policy, expanding both development assistance and humanitarian aid with respect to geographic location as well as the scope of activity. Since 2002, when the AK Party came to power, Turkey has become internationally recognised for its approach to international humanitarian assistance.

Humanitarian diplomacy as an aspect of Turkey's foreign policy includes humanitarian aid and cooperation in the context of the present coronavirus pandemic, but in the past it has also been a combination of aid, peace-building, development projects and business development while engaging many Turkish and local stakeholders, creating opportunities for both state-to-public and public-to-public diplomacy efforts. Turkey also insists that it is an 'apolitical' party for the countries it helps and that its aid is given with no political conditions attached. Turkey does not expect receiver countries to meet conditions attached to the aid or development assistance. Compared to other countries' development assistance, such as the US Kerry Lugar Bill, an Act of Congress that was signed into law that authorised the conditional release of $1.5 billion per year in non-military aid to Pakistan between 2010-2014, Turkish aid is not designed to make vulnerable countries make difficult choices or sacrifice priorities in order to access much-needed help. The significance of this is not lost on receiver countries, and the resulting goodwill is potentially the difference between effective and possibly destructive public diplomacy efforts.

Post-pandemic Turkish diplomacy

Given Turkey's historical appreciation for, and current implementation of, humanitarian diplomacy as a foreign policy approach, what does that mean for Turkish diplomacy in a post-pandemic world? There are two aspects to consider: the first consideration is how the pandemic may change diplomacy and the second consideration is whether humanitarian diplomacy will become more recognised for its merits that include building status of and creating or consolidating the provider country's identity as well as promoting its interests in the world.

Given that Turkey had already recognised the need and value of humanitarian diplomacy consisting of aid, development assistance, business opportunities and peace-building efforts as a successful foreign policy approach, the global pandemic has presented Turkey with an opportunity to implement its vision of being a regional leader and reliable provider of equipment and expertise. That translates to the validation of humanitarian diplomacy as a successful foreign policy approach given the recognition of Turkey's efforts and the resulting goodwill for Turkey, which may last well into the post-pandemic period. Essentially, providing much-needed help and assistance during the global pandemic is only going to strengthen Turkey's claim and position as a global humanitarian and diplomatic leader. In terms of whether humanitarian diplomacy will gather importance as a practice, the "importance of "soft power" in diplomacy will increase, and above all, the scientific and technological potential" of countries will matter. Again, Turkey's focus on humanitarian and medical aid, as well as efforts to deliver a vaccine and ability to contain the death rate from the coronavirus relatively well compared to other more developed nations are going to be considered markers of leadership in a post-corona world.

Additionally, given that Turkish humanitarian aid does not have any political strings attached by design, either now or before, the potential impact on international relations is likely to be positive as receiving countries are likely to appreciate the fact that they are not required to meet any political or economic conditions now or in the future to qualify for help, conditions that may be particularly exploitative in the middle of a pandemic. According to Naomi Leight-Give'on, while writing for the University of Southern California's Center for Public Diplomacy on the impact of 'aid diplomacy' on how countries are perceived:

"The global public is watching to see which nations step up in times of crisis—and which are absent. The countries that are deemed the most altruistic—ones with no apparent ulterior agendas—stand to gain the most."

It is clear then that humanitarian diplomacy is an effective soft power tool and is not necessarily linked with economic power. In the case of Turkey providing humanitarian assistance to countries all around the world, while shouldering the responsibility of more than

85,000 confirmed cases of Covid-19 amongst its own citizens without seeking the help of international organisations such as the IMF, Turkey is emerging as a global leader.

(Orhan Şeref Akkanat - Anadolu Agency)

Turkey's Economic Response to Covid-19

Covid-19 continues to cause major challenges for economies around the world, rich and poor. Some economic activities have been suspended entirely while others affected directly or indirectly by travel bans, social distancing measures, and curfews. Health experts still cannot say for how long the pandemic, as well as the strict measures taken to contain it, will continue. Uncertainty has exacerbated the economic impact and has forced governments to act in aggressive and sometimes novel ways in order to slow the pandemic while trying to limit the economic shock caused by the measures.

As discussed above, Turkey's government has acted quickly to curb the spread of the virus. The country adopted a partial, goal-oriented approach to shutdown measures. Certain aspects of the economy, as well as schools, were promptly closed, but most of the production is still operative. Stay-at-home orders are imposed on vulnerable segments of society, but many working-age adults still attend work, particularly for those who are unable to work from home.

So far the country's health system seems to have been very successful in limiting the human damage of the pandemic, which allows the current strategy to continue. Nevertheless, the pandemic has still taken its toll on Turkey's economy as many businesses and households have already been significantly impacted. To take the pressure off of affected sectors and mitigate the economic impact, the government has enacted a rescue plan, which utilises fiscal and monetary channels. The fact that Turkey had been recovering from a recession before the Covid-19 outbreak makes the government's job harder but Turkey's young and vibrant population and strong health system stands as an advantage.

Turkey's economic stability package designed to lessen Covid-19 impact

The economic stability package introduced in Turkey to soften the economic and social impact of the Covid-19 pandemic includes measures to help families and private firms

TAX AND OTHER PAYMENTS

- Over two million taxpayers' value-added tax and premium payments, which totaled some 53.6 billion Turkish liras ($7.9 billion), were postponed for six months
- The income tax payments of 1.9 million additional taxpayers were postponed, as they were counted as facing Force Majeure
- Taxpayers aged 65 or above, were allowed to make tax payments and declarations at postponed dates
- Payments of accommodation taxes, previously scheduled for this Summer, were postponed to January 2021
- Easement and revenue sharing payments for renting hotel rooms were postponed for six months
- Cuts in municipality budgets were postponed for three months, allowing access to 3 billion ($445 million) Turkish liras in additional funding
- Flexibility was allowed for rent payments of properties owned by special provincial administrations, municipalities and their subsidiaries

BANKING

- Banks will postpone the principal and interest repayments of firms facing cash flow disruptions
- State lenders announced a low-interest credit package of up to 10,000 Turkish liras ($1,478) for families with monthly incomes under 5,000 Turkish liras ($743).
- Companies will be provided with loans on the condition that they retain employees.
- The country's banking watchdog provided flexibility for late loan repayment.
- Exporting firms will receive support funds from banks for their stocks to protect their capacity utilization rate.
- The Credit Guarantee Fund limit was doubled.
- The maximum credit viability for house loans was raised from 80% to 90%.
- Companies failing to meet financial obligations in April, May and June, were included under Force Majeure conditions.
- The government-backed credit insurance limit was raised from 25 million Turkish liras ($3.7 million) to 125 million Turkish liras ($18.5 million)

EMPLOYEES AND PENSIONERS

- Minimum wage support -- 75 Turkish liras ($11) per personnel -- will continue for 12 months for around 7.8 million people.
- The public and private sectors began instituting flexible and remote working schedules
- The government will pay 60% of staff salaries for three months for firms forced to reduce or suspend operations due to the pandemic.
- Untenured teachers and qualified instructors will continue to receive additional lesson fees.
- The minimum pension increased to 1,500 Turkish liras ($221)
- 1,000-lira payments ($148) will be provided to 4.4 million families in need.
- The current two-month compensation work period was extended to four months.
- Health care employees will receive maximum performance payments for three months and the country will employ 32,000 new health care staff

(Source: Anadolu Agency)

Fine-tuning the shutdown

Turkey's government has followed a calculated approach to shutdown measures. While being one of the countries in terms of having taken early measures to curb the spread of the disease, the government did not shut down the entire economy but instead adopted a gradual and partial approach. The government closed all schools only one day after the first positive case was identified in the country, and travel bans and social distancing rules were enacted much faster than most other countries, however but production and most businesses remain active.

Many retail businesses where people gather in small places (e.g. restaurants, cafes, barbers etc.) have been closed. The government also announced a stay-at-home order for those who are over 65, which was later extended to those below 20. Moreover, a travel ban has been imposed on 31 metropolitan municipalities, which accounts for three-quarters of Turkey's population, meaning that Turkey's major cities are effectively cut off from the rest of the country and each other, significantly limiting the flow of people. Recently, the government has also started implementing 48-hour curfews in metropolitan cities over weekends.

Despite these measures, large parts of the Turkish economy are still open. Construction, manufacturing, and agriculture are fully operative. Government offices are open although they adopted a more 'relaxed' work schedule with non-essential officers working in rotations or shorter hours. Provided that they observe social distancing rules, those between 20 and 65 years of age can still go to work as usual, except for some white-collar jobs which have switched to working from home. Arguably, this partial and calculated approach gives the government the advantage of limiting the rise in unemployment and damage to the economy in general.

Despite this partial approach, so far Turkey seems to have been very successful in its fight against the disease. Death per case statistic is comparatively much lower than European countries and the US, and the health system is far from reaching its capacity. Perhaps, this success in the containment of the virus allowed a more relaxed approach to the economic measures. If the situation deteriorated, we would probably have seen stricter measures.

One major source of concern for Turkey is tourism. In 2019, 51.8 million people visited Turkey, making Turkey one of the most popular destinations globally. The sector accounts for 12% of Turkey's GDP and a big share of its foreign currency inflows. This is crucial considering Turkey's foreign currency holdings have already been in decline since the economic turbulence in the summer of 2018. Although the country has swiftly improved its current account balance, its short-term debt obligations are still quite high compared to its reserve currency holdings.

To limit the economic damage of the pandemic, the government has announced an Economic Stability Package. Measures in the package can be divided into two broad categories. First, the fiscal response includes spending for vulnerable households, fragile businesses, and capacity building in the health system. Second, the monetary response, which involves regulations that maintain credit flow to the private sector.

The fiscal response

At the first instance, the government announced a 100 billion TL ($14.5 billion) fiscal rescue package, which amounts to around 3% of Turkey's GDP. A quarter of this amount is allocated for doubling the credit guarantee fund to support credit flow to companies. The rest is being spent on several key support channels, including cash assistance to households in need, subsidy for workers on unpaid leave, preferential credit for affected businesses, and postponement of tax payments by individuals and companies, among other measures.

As part of the social assistance programme, 4.4 million families in need will receive a 1,000 TL payment from the Ministry of Family, Labour and Social Services. The first round of the payments has started, and 2.3 million families already received their payments. These payments are likely to continue next month unless there is a quick return to normalcy. Furthermore, the lowest pension pay for the retired has been raised to 1,500 TL from 1,000 TL.

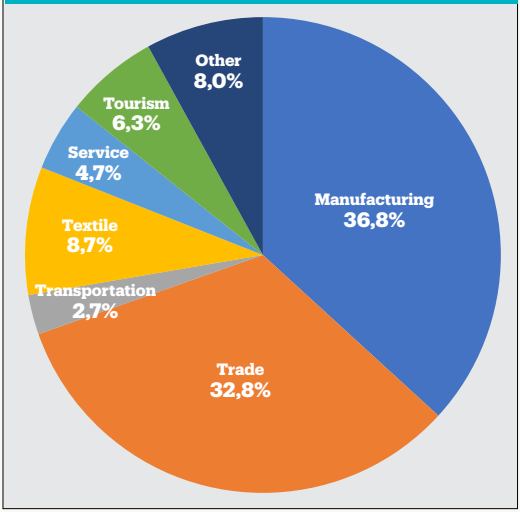
In a radical move, Parliament has banned lay-offs for 3 months to stop the surge in unemployment. For firms that reduced working hours, the government has activated a short-

(Mehmet Emin Mengüarslan - Anadolu Agency)

term work allowance. So far, 700,000 workers, out of more than 2 million applicants, have benefitted from the programme within the range of 1,752 TL to 4,381 TL. Workers who are sent on unpaid leave and do not qualify for the allowance will receive 1,170 TL monthly payments from the government. Those who have already been laid-off before the legislation will receive benefits from the Unemployment Assistance Fund. The exact amount of assistance depends on the recipients' salary in their last job.

A key measure is low-interest, long-term credit support for affected businesses. So far, more than 67,000 businesses, out of 92,000 applicants, have received preferential credits. The total amount has reached 59 billion TL ($8.5 billion). Almost all the firms benefitting from the programme are small and medium-sized businesses. 36.8% operate in manufacturing, 32.8% in trade, 8.7% in textile and the rest in transportation, services and tourism (See figure 1).

Figure 1: **Sectorial Composition of Government Credit Support**



Credit support with favourable conditions has also been extended to small shop owners. So far, 335,000 small shop owners, out of more than half a million applicants, have benefitted from preferential government credit. Total credit payment to small shops has reached over than 8 billion TL ($1.16 billion). On top of that, around 2.7 billion TL ($388 million) has been distributed to 126,000 shop owners through debit cards (Paraf) from state-owned Halkbank.

Households are also entitled to personal credit support. Families with a monthly income of less than 5,000 TL qualify for a consumer credit of either 5,000 TL, 7,500 TL, or 10,000 TL depending on their circumstances. Recipients of the credit will not be obligated to start paying back the credit for six months and payments will be made in 36 instalments. As of mid-April, 2.1 million applicants have received a total of 12.1 billion TL ($1.75 billion).

As part of the package, the government has also made some quick investments in the health system during the limited time it had to prepare for the pandemic. Specifically,

32,000 additional medical personnel have been hired, and performance payments for existing staff have been raised to the maximum limit for 3 months. Two hospitals specifically designed to deal with Covid-19 patients are currently being built in Istanbul.

Last but not least, the government has postponed value-added tax, payroll tax and social security premium payments of affected companies as well as personal and corporate income taxes of 1.9 million individuals for 6 months. Total tax revenue that is postponed accordingly reaches 53.6 billion TL ($7.9 billion).

The monetary response

In an emergency meeting on March 17th, Turkey's central bank lowered its policy rate by 1 per cent to 9.75 per cent. After a sharp decline in domestic and foreign demand for commodities due to the Covid-19 pandemic, fears that lower rates may lead to higher inflation seem to have faded. In fact, in the wake of the swift recovery of inflation rates in 2019, the bank had already realised some dramatic reductions in its rates. Prior to the pandemic, real rates were already close to negative territory.

Early April, in an attempt to boost liquidity, the Central Bank purchased 9.3 billion TL ($1.5 billion) of government bonds in the derivative market. More than half of this amount (5 billion TL) has been channelled to the country's Unemployment Insurance Fund, which is understandable considering the fund is expected to come under strain in the weeks to come. The Central Bank has also lowered the foreign currency reserve requirements by 5% for banks meeting real credit growth targets. The Central Bank will be providing these banks with $5.1 billion worth of foreign currency and gold. As mentioned above, public banks have already extended low-interest loans to various critical sectors at their maximum capacity. Furthermore, they postponed all loan payments (principal and interest) by firms for a 3-month period.

The Central Bank has enacted a new support channel for inventory financing of exporters whose surpluses started piling up in warehouses after the pandemic hit Turkey's main export, most notably in Europe. The bank will backstop exporters by postponing up to $7.6 billion worth of rediscount credit repayments for a maximum of 90 days. The support fund is hoped to preserve capacity utilisation and employment retention by exporting firms.

There has been criticism directed towards the country's private for not contributing enough to the credit flow since the Covid-19 crisis began, choosing instead to channel their deposits to money markets or foreign derivatives. Most recently, Turkey's Banking Regulation and Supervision Agency (BDDK) announced a new regulation, which, beginning from 1 May, obliges private banks to provide more credit to the private sector. In particular, a weighted average of new loans, new purchases of securities, and central bank

swaps are supposed to equal the banks' deposits on a monthly basis.

Other regulatory changes include an easing of regulation in the mortgage market. Specifically, BDDK has lowered the legally required down payments for mortgage credits from 20% to 10%. Additionally, minimum payments for individual credit cards have been lowered to 20% while all repayments on loans for housing, vehicle purchases, and consumer spending have been postponed. Furthermore, all bankruptcy proceedings have been suspended, and dividend distributions by firms have been limited to 25% of 2019 profits.

Most recently, Turkey's Central Bank Governor has been in talks with other central banks for new swap agreements. Most other developing economies have applied to the IMF in order to meet their growing foreign currency needs in the face of the Covid-19 crisis. Considering Turkey's cautious approach to the IMF, due in large part to the conditionalities of funding by the agency, other arrangements, such as a swap line from the US Fed or the Bank of England, may indeed be reasonable for keeping country's options open. In fact, there was an expectation for an enlarged swap agreement between G20 countries, including Turkey. Fahretting Altun, President Erdogan's head of communications, suggested on Twitter recently that all central banks of the G20 group should be included in a generalised swap arrangement. Another possibility is that Turkey could secure financing from the World Bank.

Cautious optimism

There are a lot of uncertainties ahead. A pandemic creates an economic situation which many economists are not experienced to deal with. Furthermore, no one, including health experts, knows how the pandemic will unfold in the coming weeks and months. The novel character of the crisis requires equally innovative and subtle economic interventions from governments and monetary authorities. Covid-19 is causing considerable economic damage, and governments have a duty to alleviate their citizens' hardships. Businesses need help to survive the perfect storm ahead so they can continue employing people and swiftly recover production afterwards.

Arguably, thanks to its demographic advantage and strong health care system, Turkey have more space for manoeuvring under these extraordinary conditions. The government has enacted fiscal and monetary stimulus channels to mitigate the economic impact of the pandemic. The measures provide businesses and vulnerable individuals with cheap credit and subsidy support as well as postponing tax and loan payments. The Central Bank is deploying its entire arsenal to provide the markets with enough liquidity. A specific source of concern for Turkey is foreign exchange holdings. Accordingly, authorities are trying to meet the country's foreign exchange requirements via new swap lines and financial arrangements.

All in all, there is every reason for cautious optimism in Turkey's fight against the Covid-19 Pandemic. The country's strong health system enables the government to follow partial and calculated measures without having to shut down the entire economy for a prolonged period, which will probably limit the economic damage. The country's production remains partially active and an overwhelming majority of the population is still engaged in creating economic value. In this respect, Turkey holds an advantage over many other countries that have been heavily impacted by Covid-19.

Moving Forward

A positive balance sheet

While international responses were often late and disjointed, the Turkish authorities put forward a strategy that was adequate to the realities of the country. The goal consists of striking a balance between protecting public health, preserving the economy, and safeguarding national security. All the steps undertaken were designed to reach this multifaceted balance.

Turkey could have become one of the global epicentres for Covid-19, as it is a global hub for tourism and air transportation, as well as sharing a long border with Iran (a regional hotbed for Covid-19). However, the Turkish leadership adopted a resolute approach, undertaking a series of effective actions, which were designed to absorb the shock of the pandemic and mitigate its devastating effects economically, socially and health-wise.

The Covid-19 outbreak exposed the frailties of health systems around the world, not least from several Western nations. The latter have witnessed severe shortages of protective masks and respiratory equipment, as well as lack of testing. Turkey has not yet faced such issues. Over the course of the last decade, Turkish authorities have invested substantially in the health sector and upgraded the country's hospital facilities. For instance, statistics put forward by the Organisation for Economic Co-operation and Development (OECD) reveal that Turkey has more hospital beds per 1000 inhabitants than the United States, the United Kingdom, and Canada. Also, with 46 ICU beds per 100,000 people, Turkey has the highest ICU capacity ratio among the most affected countries, surpassing the US, Germany and other European countries.

The strategy of the Turkish leadership was not reactive but proactive. Entire medical cities were built over the last five years around the country under the impetus of the Turkish President. This drive is exemplified by the Basaksehir City Hospital in Istanbul, whose first phase was officially opened by President Erdogan on April 20. This hospital city is the biggest of its kind in Europe, can cater to some 30,000 patients per day, and all its beds can be converted into ICU units.

First phase of the 'Başakşehir City Hospital' opens in Istanbul

City hospitals have a vital role in fighting Covid-19 with their high-tech equipment, physical infrastructure and bed capacity. Başakşehir İkitelli Şehir Hospital will assume a vital role in combatting the disease

- **2,682** BED CAPACITY
- **90** OPERATING ROOM
- **725** EXAMINATION ROOMS
- **456** INTENSIVE CARE UNITS
- **28** DELIVERY ROOMS
- **16** BURN UNITS
- **8,134** CAR PARK CAPACITY
- **OVER 1 MILLION SQUARE METER** INDOOR AREA

- 5 labs to serve on **5,608 square meter (some 60,000 square feet) indoor space**
- It is planned to become operational with **full capacity on May 20**
- The hospital **have an important role in Turkey's fight with the pandemic**
- It houses **8 different hospitals**
- All hospital beds are equipped **to be used in intensive care units**
- With 2,068 seismic isolators, it will **the hospital with 'the highest number of seismic isolators in the world'**

(Source: Anadolu Agency)

Other decisions also reveal the level of Turkey's relatively high-level of preparedness. Turkey stockpiled one million units of the medicines hydroxychloroquine and favipiravir. This was done one-and-a-half months before any cases were confirmed in the country. Even the medical protocol followed in Turkey for the use of hydroxychloroquine was innovative, as this medicine is dispensed at the beginning of the treatment because Turkish doctors observed this drug is more efficient in the early phases of exposure to the virus. Therefore, Turkey's health infrastructure, combined with a competent and abundant medical personnel gave a positive impetus to the country's fight against Covid-19.

Turkey was not only able to confront the pandemic, but also engaged in fervent international humanitarian diplomacy, assisting about 30 nations around the world, including Spain, Italy, the UK, and the US. By playing this role at such a critical juncture, Turkey reinforced its status as a force for good and a key international player. This positive stance contrasts with questionable tactics used by some other countries to obtain stocks of medical supplies and respirators, which were deemed by Germany's interior minister as modern piracy acts. Ankara's constructive engagement contrasts with Brussels' inability to assist even the EU's founding members, let alone other nations in Europe.

New frontlines

While the accomplishments outlined are indeed admirable and put Turkey in a good position in comparison with other nations, there are at least two critical frontlines that need utmost consideration moving forward:

The vaccine battle

The next key fight is the vaccine battle. Turkey must work towards producing a Covid-19 vaccine. Firstly, the Turkish public will not feel safe entirely, and the wheels of the economy will not turn completely until there is an efficient treatment, whether a vaccine or antiviral. A vaccine will allow the protection of a large number of people, including those who are in the frontlines of the fight against the coronavirus, such as medical personnel, agents of public safety or supply chain employees. In this case, even if the virus re-emerges or mutates, Turkey would be able to confront it with relative ease. This, of course, would be the case with an effective vaccine no matter where it is produced and would be of tremendous benefit to the entire world. However, there have been questions raised regarding the ability to mass-produce a vaccine fairly.

Secondly, vaccine production is paramount for health security. It is well known that four multinational pharmaceutical corporations, namely GSK, Johnson & Johnson, Pfizer and Sanofi, control nearly all the vaccine manufacturing industry worldwide. These firms largely avoid developing vaccines for pandemics because of their limited profitability. While some of these companies have expressed interest in manufacturing a Covid-19 vaccine,

there are many questions about their ability to produce efficient vaccines quickly. Moreover, there are growing concerns about the vested interests that some philanthropist foundations have in global health, including the Bill & Melinda Gates Foundation. Some authors have expressed scepticism towards what they consider philanthrocapitalism. This view is derived from the track record of these organisations and their ruthless monopolistic business practices. Such criticism is also grounded in the belief that "the corporation from which the philanthrocapitalist's foundation wealth was derived may not have paid the federal statutory income tax rate or state taxes, and the tax rate paid may have included deductions for expenses related to morally or legally questionable management practices".

In this context, the connection between the World Bank, the World Health Organisation (WHO), the Bill & Melinda Gates Foundation, its vaccine partner The Global Alliance for Vaccines and Immunisation (Gavi), and the vaccine production process for Covid-19 presents potential conflicts of interest. Some international NGOs, such as Médecins Sans Frontières (MSF) and Oxfam, have criticised the work of Gavi, arguing that the latter pushes the agenda of big pharmaceutical companies. An article published in the Guardian stated that "MSF and Oxfam also believe the decisions made by Gavi are skewed by the presence on its board of pharma companies – GSK-Bio has just been replaced by Crucell, which earns more than a third of its income from the pentavalent vaccine for diphtheria, tetanus, pertussis, hepatitis B and Hib, which is bought by Gavi".

The fact that the Bill & Melinda Gates Foundation is a founding partner of Gavi, and has made several commitments to Gavi totalling USD 4.1 billion to-date, speaks volumes to its ability to drive Gavi's agenda. The fact that the Bill & Melinda Gates Foundation has become the WHO's second-biggest donor over the past decade says a lot about its lobbying power within this international organisation. Critics argue that "Gates priorities have become the WHO's. Rather than focusing on strengthening health care in poor countries — that would help, in their view, to contain future outbreaks like the Ebola epidemic — the agency spends a disproportionate amount of its resources on projects with the measurable outcomes Gates Foundation prefers, such as the effort to eradicate polio". By influencing the direction of global health and transforming Gavi into a major customer for drugs and vaccines in poor nations, while partnering with the World Bank on several projects, the Bill & Melinda Gates Foundation has established a complex web of interests that does not seem to align with philanthropic endeavours. Therefore, if an anti-coronavirus vaccine were to be produced under this scenario, one of the problematic aspects that would potentially emerge would be price gouging. This means that Turkey (and numerous other countries) would be paying a hefty financial price while being subjected to other conditions concerning quantities, delivery timeframes etc.

Thirdly, if the Turkish pharmaceutical industry manages to produce a Covid-19 vaccine, this will be a huge feather in the cap of the country and will raise its profile internationally. Turkey faces a razor-sharp global competition. US pharmaceutical companies are racing

to produce a vaccine, while China's Academy of Military Medical Sciences has approved an initial vaccine for phase II trials. In the meantime, other European firms are also stepping up their efforts. In fact, the US president tried to get the Germany-based company CureVac to move its research wing to the United States and develop the vaccine "for the US only".

The post-coronavirus new economic order

The Turkish leadership has been sensible as to finding the right balance between protecting public health, preserving the economy, and safeguarding national security. The fact that the Turkish authorities did not consider a full lockdown for a long period is in line with the conclusion reached by Norway's Covid-19 task force in its report published on April 7. The report compared a long-term hard lockdown with a 'slowdown' and concluded that the long-term cost of a full lockdown would be devastating.

Turkey is in a race against time to contain the pandemic. As the crisis passes and the curve begins to flatten, the focus will be on accelerating the wheels of the economy again. The faster this transition is done, the better for the country to stay competitive. In the interim, the crisis has forced the US and Europe to have second thoughts about relocating their industries to China. Many multinational firms are thinking to rebuild their supply chains, make them shorter, and closer to their markets. Thus, doing business with China, which is increasingly being perceived as a competitor rather than a partner, is going to be more challenging than in the past. Additionally, trade wars between the US and China have driven a wedge between both sides. Turkey is projected to capture a share of these markets given all the incentives it presents, including its geographical location, the advanced level of its industrialisation, and the reliability of its workforce.

Furthermore, Turkey needs to preserve and enhance its position as a hub for key industries and the global supply chain. Ankara has already pursued a policy of investment in public transport and has considerably increased its capacity in this area. The country has also developed its medical infrastructure, its food industry and various other service sector industries, which are expected to be the major winners of the post-Covid economic order. Finally, the government should also support pioneering technologies, whose importance has been revealed by the Covid-19 crisis, namely delivery drones, long-haul driverless trucks, and automated production for critical industries.

While many people around the world, particularly in the US and Europe, have lost trust in their national leadership, Turkish people have reportedly become more confident in theirs as the fight against Covid-19 continues to be rolled out. Each nation's journey is indeed different, however, the road to success for all will depend decisively on responses to a complex combination of medical, social and economic questions.

Between Economics, Epidemiology, and Social Behaviour: Europe's War Against Coronavirus

By Dr Serkan Birgel

Introduction

This essay offers a concise overview of the latest developments in Europe in light of the SARS-CoV-2 coronavirus outbreak. The discussion is broadly structured around the interweaving economic, social, and political, impacts across the countries of Italy, Germany, Spain, and France. Beyond an inordinately serious global public health crisis, the outbreak is set to have profoundly detrimental impacts on the world as countries rally to confront the crisis. 'Modernity' and 'our way of life' are said to be under threat, lest some semblance of normal economic activity does not resume soon. The state of affairs has placed extraordinary pressure on governments as they seek to respond to the crisis both in the near and long-term whilst a vaccine is desperately sought. In tandem, political debate has been generated by those wonderstruck by the presumed successes of authoritarian and technocratic regimes. Totalising causal associations have been deduced between various ideologies in the abstract and the effectiveness of public health care responses on the ground, aptly captured in the simple binary of capitalism versus coronavirus. The comparison has been worsened by the perceived sluggish approach of liberal democratic orders around a globalised world which, without care, presents the danger of entirely obfuscate the entire gamut of ills of contrasting polities, such as the Chinese Communist Party. Critique must be applied where critique is due, constructively where possible.

Though the initial source of the outbreak is understood to be Wuhan , China (which will soon have its lockdown restrictions removed as new infections reach zero), the epidemic, driven by a failure to act decisively against the initial spread of the outbreak from its source, has firmly established footholds across the world. At the time of writing, the Johns Hopkins Coronavirus Resource Centre records 472,790 people that have been infected globally across more than 190 countries, with 21,313 reported deaths thus far. 114,911 have recovered. These figures are subject to rapid change. Italy, and as of late Spain, have now reported a higher death toll than China, both of which are now epicentres for what the World Health Organisation (WHO), has classified as a global pandemic that will affect most, if not all, aspects of life. Spain, with hundreds of deaths of its own, has called for EU-wide Marshall Plan to marshal resources across the bloc to reverse the adverse socio-economic impacts of the disease. The line echoes that of the Organisation for Economic Co-operation and Development (OECD), which has called the current crisis the "third and greatest economic, financial and social shock of the 21st Century". Germany, amongst other measures, has banned social gatherings of more than two people, Chancellor Angela Merkel has placed herself into quarantine after contact with a doctor who later tested positive for the coronavirus, erstwhile the exponential growth in cases there has been said to have slightly flattened off; one of a few glimmers of hope reported around the world. France, as in elsewhere around the world, announced a national lockdown, with Paris now left looking deserted following the combination of stay-at-home measures and global travel restrictions, as elsewhere around the world.

Most, if not all countries, have responded in a piecemeal approach with gradually stricter measures, with policymaking seemingly strewn between epidemiological, economic, and social behavioural concerns. The difficulty in finding a balance between these factors increases, as the moving target at hand continues to exact higher tolls across the world. Interestingly, at the broadest of levels, a strong correlation can be observed when total confirmed cases per million is juxtaposed with GDP per capita. In other words, the more affluent countries in the world have higher confirmed cases of Covid-19, the main reason for which is said to be limited testing. The exact causal pathways for this relationship require of course further explanation, with the ease of travelling or more elderly demographics also part of that discussion. Though a range of restrictive measures have been taken throughout Europe, on every occasion the growing toll coronavirus has taken on societies is announced, so too does the alarm and the subsequent wish to enforce total lockdowns in a bid to get ahead of the spread. Research from Imperial College, London, understood to have helped change the U.K. government's trajectory, asserts that "the effectiveness of any one intervention in isolation is likely to be limited", with multiple interventions balanced across time and in response to the spread of the disease, being the most effective way to substantially impact transmission. Yet around the world, people high on obliviousness or a false sense of security continue to flaunt advice and in doing so, give further credence to the idea of an enforced lockdown across Europe and elsewhere. What remains to be seen are the exact political, social, and economic effects of a pandemic that all governments have been challenged by. Though these effects cannot wholly be predicted now, and though some concrete measures taken may be sensationalised at the ideological level, beyond the damage the pandemic has caused thus far, a debate rages on as to the possible future effects on all walks of contemporary life, as now explored.

Political

Much of the general critique of what has been perceived as sluggish or lethargic inaction in certain countries across the world borne from a rightful sense of worry and urgency cannot mean that an opposing political ideology is wholly good. That, in essence, is an unliveable counter factual. Still, a debate concerning continental Europe has emerged on the efficacy of 'Western liberalism' (a critique perhaps more accurately levied at the nature of contemporary globalisation), versus the seemingly better performance of the more authoritarian states around the world. The latter point is of course subject to intense scrutiny itself, particularly as figures for the virus are downplayed, and where the crisis may represent an opportunity for further unwarranted restrictive measures in authoritarian states, but an exploitable opportunity for European populists too. But part of what generates and sustains this debate is the abstract nature of a conversation predicated upon an idealised and hierarchical Western liberalism without self-critique, shocked first by the recent financial crisis but ostensibly again by the spread of coronavirus. The contours of this discourse have even been informed by the highest authorities in global public health. "It's

not easy in a liberal democracy", Walter Ricciardi of the World Health Organisation (WHO), remarked of possible steps including lockdowns to combat the spread of the epidemic. Yet such a rationale is surely surface-level, devoid of the myriad of other factors that can compound stasis in the face of crisis that need not at all be associated with abstract ideological debates. The effectiveness of various militaries in the West in enacting measures such as border closures or erecting field hospitals in light of what has been often labelled as a 'war against coronavirus', may indeed be unusual to see but cannot be taken as a precursor of authoritarian tendencies. The lockdown in the region of Lombardy, which has become the epicentre of the outbreak in Italy, has been enforced by the army, whilst in a state of emergency in Spain, the Spanish army has also been mobilised. "The state is here", asserted Prime Minister Giuseppe Conte, as the government prepared to wind-down all but essential economic production. Such drastic interventions need not be associated with authoritarianism, and though for the future humankind may not be faced with a dramatic binary of totalitarian surveillance and citizen empowerment, debate is necessary to guard against the possibility.

That such criticism of 'liberal democracy' can be voiced in the first place is the paradox of democracy, criticism of which best serves its defence. Curiously, some have argued that the present state of lockdowns across Europe, including Italy, Spain, Germany, and France, represent a dangerous incursion upon civil liberties, an assessment surely made by minds that are not cognisant of the nature of the threat faced, nor the temporary nature of the measures invoked. Such a line of reasoning is, more than anything, a teething problem against suppression and general social distancing measures which have proven effective and will surely be relaxed in due course. Perhaps what is really the target of critique is still authoritarianism, but this time asserted to be in the West, rather than the ideals and virtues of liberal democracy. What may be even more interesting is how fundamental a techno-scientific fix may be to both economic systems and the 'ways of life' or the notions of 'modernity' which are seen to be underpinned by it. Understandably enough, in times of emergency once sharp ideological divisions may be blunted, with the more austerity-driven governments now heavily increasing their public spending. The debate now centres on how important austerity has been in terms of the ability to respond to such crises, how the public heath sector may have been weakened, and whether meaningful change will occur in both political thought and economic structure.

Economic

TRT World Research Centre has previously published its initial assessment on the possible economic effects of the novel coronavirus here, with a focus on China and the U.S., developments which will surely have global reverberations. Then as now, it remains too early to predict the exact costs of the crisis, as well as even the opportunities afforded to some by the crisis. As time goes by, more definitive forecasts emerge with, for example, the latest global Purchasing Managers' Indices (PMIs) presaging a recession akin to

the 2007-2009 financial crisis. How this may translate into gross domestic product (GDP) figures and how this may be offset by government reactions such as income subsidies, tax deferrals and debt repayment holidays remains to be seen, particularly now as of late March when most countries are said to be in or about to enter the worst phases of their outbreaks. Amidst additional stimulus packages announced across the bloc by member states and the European Investment Bank, the European Central Bank in particular recently launched a 750 billion-euro bond purchase scheme including, according to Reuters, countries with low-credit ratings that would not normally benefit from such schemes, whilst borrowing and other restrictions have been eased to fight the pandemic. There are also rumours of the European Stability Mechanism, the bloc's 500 billion-euro sovereign bailout fund might be harnessed. In any case, it remains hard to chart assuredly the economic impacts of a moving target both in Europe and elsewhere, with new policies gradually devised as the scale and spread of the pandemic develops, together with the various lockdown measures governments have introduced for now.

Before further discussion on the possible economic impacts is to be had, the wider collateral damage from a global economic downturn beyond those immediately related to the pandemic, must also be considered. For example, the global financial crisis of 2008 has been related to an additional 500,000 cancer deaths between 2008-2010, as well as a dramatic spike in suicides around the same period. This disposition further complicates measures to be taken against the pandemic, especially as the supposed peaks of the epidemic are yet to be reached. Taken on its own, this line of reasoning can downplay the potential effects of the pandemic in favour of a swift return to business-as-usual, as has been advocated by U.S. President Donald Trump. The crisis at hand has also reignited established debates across spectrums of political ideology, such as but not limited to the idea of universal healthcare and universal basic income. Fascinatingly, the European Green Deal could further emerge as a more resilient economic structure, which seems all the more imperative given today's struggles.

The initial downturn in economic activity in Europe is immediate enough to notice, but what remains to be seen is just exactly how damaging the pandemic may be in the long run. Meanwhile, there have been a number of ardent pledges and developments in response to the crisis. France has thus far opted not to wind-down economic activity in a manner similar to that of Italy and Spain, and the President of France, Emmanuel Macron, asserted that "no company, whatever its size, will face the risk of bankruptcy". This is part of a multi-pronged strategy of unlimited budgetary support said to be worth 45 billion euros. Cooperate tax deferrals and parachute payments for workers have also been part of the exceptional measures announced. Italy announced that it would close down all but essential production, signalling the onset of a serious economic sacrifice. One initial assessment for the country was that if normality returns by June, GDP for 2020 can be expected to fall between 2-3%, which as noted in the *Economist*, is less than the 5.5% fall in 2009

following the global financial crisis. A former Chief Economist from the Italian Treasury, Lorenzo Codogno, has said that daily GDP figures were running 10-15% below normal levels, but that pending the duration of the strict measures there, "it's impossible to make a serious forecast of GDP for the full year". A fiscal rescue package of 25 billion-euros has also been announced, including one-off payments for the self-employed, redundancy payments, freezes on lay-offs, and cash bonuses for those still at work.

In Germany, the economy there has been described as 'in shock', with projected economic contraction being as high as 20%, and a recession to last for at least two quarters, although again much depends on the length of the shutdown. The German government expects GDP to shrink by approximately 5% this year. A 750 billion-euro stimulus package is also being drawn-up to mitigate the direct impacts of the pandemic; an initial step including a debt-financed supplementary budget and a stabilisation fund for loans. Additionally, both Germany and Spain seem to be in the process of enacting tighter investment screening policies, particularly in light of the attempted takeover of Germany's *CureVac* by the U.S. Spain has called for a bloc-wide Marshall Plan that would channel massive public investments across the E.U., and has also advocated the use of 'coronabonds'; European debt issues that would share risk across all E.U. countries. A common debt instrument has been called for by multiple E.U. leaders, including those of France and Italy.

Elsewhere, Spain has announced 100 billion-euros worth of state loan guarantees, with a range of other commitments including credit guarantees and direct aid totalling 200 billion-euros. Spain had declared a state of emergency in early March that is now set to be extended; exceptional measures which have reportedly been problematised by the coalition government's socialist and anti-austerity factions. Considering also the importance of tourism to Spain and other similar Mediterranean destinations, the outlook is particularly bleak. Across all cases, uncertainty reigns at just how long all these various measures will remain in place. Europe as a whole is in a better position to respond to the crisis in its immediate neighbourhood, especially when the situation there is juxtaposed with the likes of Syria or Gaza, where infections have recently been reported.

Social

The major concern is that states across the world fortunate enough to not be at the initial forefront of the outbreak and are behind on the epidemic curve are merely delaying the onset of similar circumstances such as that of Italy, with gradually more serious approaches enacted only once the situation becomes worse. Again, it seems the hesitancy may emanate from a need to introduce stricter measures in a gradual approach so to avoid panic, the unprecedented process to galvanise public resources, and balance its approach as new data comes in. Various 'lockdown' strategies have been announced across the world, yet in most cases a lockdown refers not the enforced, draconian type but a restriction on all but the most essential reasons for leaving the home such shopping

for food and medicine. In response to the continued upsurge in cases and deaths, together with flouting of government advise, again, as elsewhere around the world, Italy is set to double-down on its lockdown strategy by curtailing all non-essential economic activity for a period of two weeks. By late March, Italy introduced some of the toughest measures on the continent. Curiously, a debate has also raged on about whether or not testing for the virus has been too-aggressive, needlessly counting asymptomatic positives.

Germany sealed its borders, and the E.U. as a whole has temporarily blocked the admittance of non-E.U. nationals, which complements the wide-ranging flight bans introduced around the world. Interestingly, in early February the WHO advised against "restrictions that unnecessarily interfere with international trade and travel", and later that "travel bans to affected areas or denial of entry [...] are usually not effective in preventing the importation of cases but may have a significant economic and social impact". Nevertheless, it seems the vast majority of countries have gone on to do just that. In France, the initial appeal to 'national solidarity' did not quite work as planned, as in elsewhere in the world, emphasising the need to enforce or incentivise social distancing or lockdowns. The same pattern was repeated in the U.K., and in a similar manner in Turkey with persons over 65's who went against the government's insistence that they stay at home. Some may decry the moves as that of a paternalistic state, others may see the necessity. The strict moves are necessary to mitigate the spread of the disease and defer and flatten the peak of the epidemic curve to a point where hospital capacity has more of a fighting chance. There are growing calls for a fuller range of strict measures to be introduced now, including that of enforced social distancing, extensive case finding, isolation/quarantine, and contact tracing. With healthcare systems overloaded around the world, perhaps the pandemic may galvanise the future expansion of the healthcare centre. In Spain, for example, members of the Military Emergency Unit found abandoned elderly patients and corpses left in retirement homes, although with hospitals and funeral services understandably overwhelmed, health workers were instructed to leave bodies in place. What remains to be seen is whether or not the social impacts concerning the realisation of how precarious the human condition is may then translate to economies organised around more sustainable, ecological concerns centred around human well-being, which need not be a signal for wholesale ideological change but the recalibration of global capitalism, and perhaps even a reversal of the social distancing of the U.S. from the global world order.

Conclusion

This essay has outlined the contours of some of the major political, economic, and social, effects and debates the SARS-CoV-2 coronavirus outbreak has incited thus far. With examples drawn from Italy, Germany, Spain, and France, the article has attempted to match some of main tenants of the fallout, proven or projected, with the situation on the ground. A great deal of the conversation emanates from idealised ideologies in the abstract seamlessly translated into the various political, economic, and social, effects of the pandemic.

The political debate can be crude and the reality far more complex, with the situation exploitable by both populists of West and authoritarian regimes around the world. From the economic perspective, the double-edged sword of globalisation may alert decision-makers to the sheer interconnectivity of the contemporary global system, at the expense of zero-sum paradigms at the nation state level, and help build resilience to such shocks in the future, with added emphasis on initiatives such as the Green Deal in Europe. From the social perspective, the shock of the pandemic and the precariousness of life may encourage alternative social habits, and a renewed interest in techno-scientific developments and the economic basis of modern ways of life may emerge for years to come.

The Coronavirus Pandemic in South Asia:
Challenges and Responses

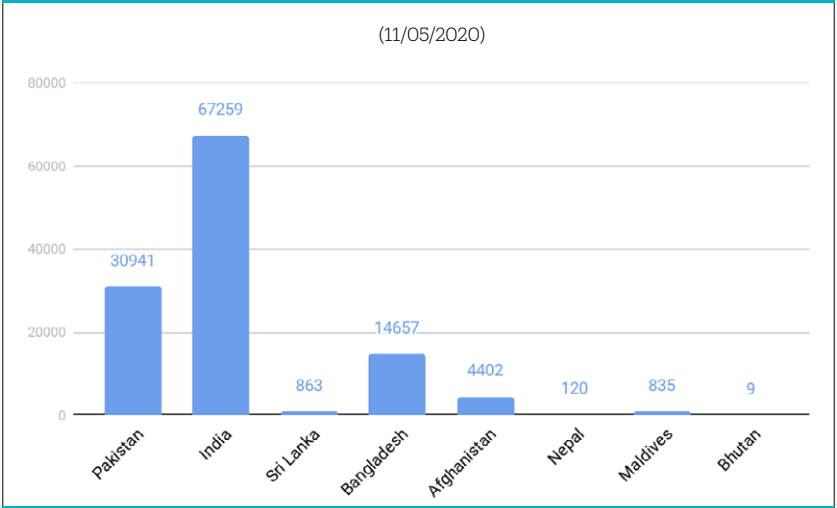
By Ravale Mohydin

As Covid-19 creates havoc around the world, and with the World Health Organisation (WHO) describing it as a 'pandemic', governments have had to scramble to manage the spread and impact. South Asia, namely Pakistan, India, Bangladesh, Sri Lanka, Nepal, Maldives, Afghanistan and Bhutan have begun to experience what is being described as 'phase three' of the Covid-19 pandemic as of late March 2020. This development comes after the disease spread widely among local communities. In contrast, during 'phase two', the transmission was predominantly traced back to arrivals from foreign countries. As the coronavirus spreads, the fight against this disease has accelerated both in terms of prevention and cure. This essay will outline some of the key common challenges as well as advantages associated with South Asia when it comes to fighting Covid-19, along with some unique country-level priorities.

Regional Statistics

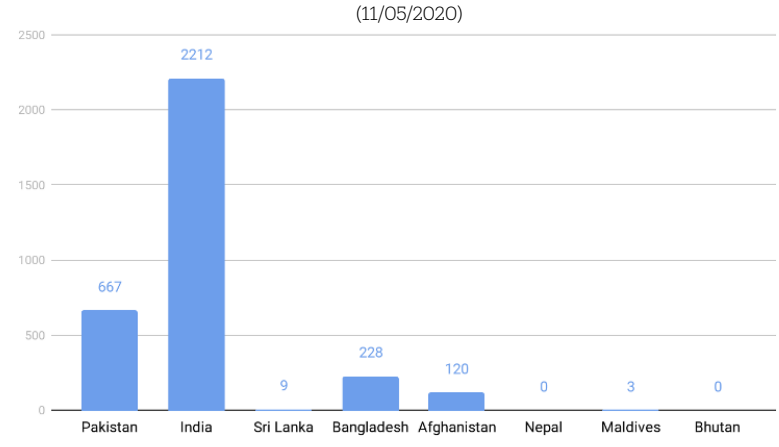
As of May 11th 2020, South Asia's Covid-19 cases have remained low compared to, for example, the European Union, the United States or China. Nevertheless, cases are continuing to rise, and according to some experts, are about to grow exponentially.

Confirmed Covid-19 cases in South Asian countries



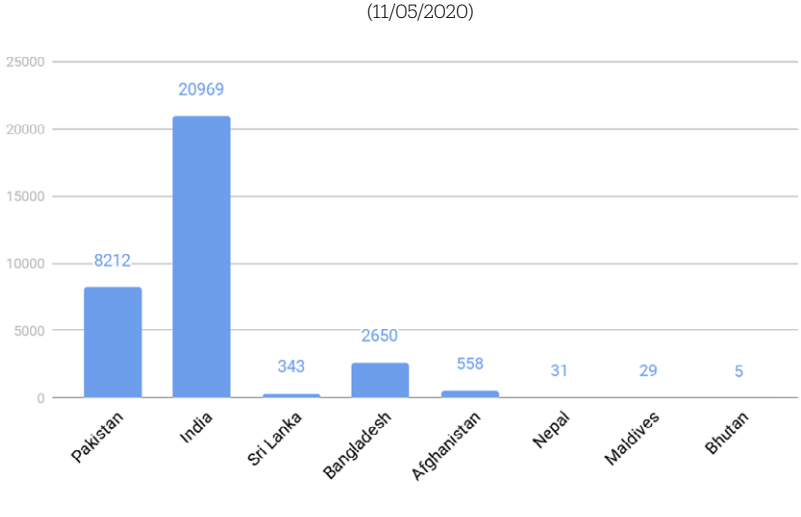
Source

Confirmed deaths in South Asian countries



Source

Confirmed recoveries in South Asian countries



Source

Given the above figures, Pakistan and India have the highest number of confirmed cases, with the highest fatality rate in Afghanistan and the lowest fatality rate in Sri Lanka, Nepal, Maldives and Bhutan with all countries reporting zero fatalities. Nepal has also reported the highest recovery rate.

However, there are concerns that confirmed cases of Covid-19 are under-reported in South Asia. This may be due to multiple factors, including high costs of testing for cash-strapped governments and lacking health infrastructure that may have led to a lack of testing, and consequently, detection of the disease.

Shared Advantages

Considering countries in the region fair similarly on multiple demographic, socioeconomic and human development indicators, this section focuses on common advantages that may be at play in South Asian nations' fight against the novel coronavirus. Firstly, the median age across South Asia is 27.6 years. As the novel coronavirus is believed to be deadlier for the elderly, who are also more likely to be hospitalised and thus potentially overwhelm health systems, this may be an advantage.

Secondly, South Asia as a region may be what is come to be known as 'behind the curve' when it comes to Covid-19 infection and having learned from other worse affected regions, may be able to apply lessons learned effectively to 'flatten the curve'. As of March 26th 2020, despite the low numbers of cases of novel coronavirus regionally, Sri Lanka has imposed a strict indefinite curfew, India has imposed a 21-day complete lockdown, Nepal has closed its borders, and while Pakistan and Bangladesh have not compelled lockdowns, social distancing measures have been undertaken. Furthermore, the military has been deployed in both countries to help civil administrations enforce preventative measures. Even in Afghanistan, the Taliban who have been historically sceptical of global health organisations, have confirmed that it was ready to cooperate with the WHO.

Common Challenges

According to World Bank data, population density in South Asia was 380 people per km^2 in 2018, making it one of the most densely populated regions in the world. This makes social distancing very difficult, as many people live in close quarters with their families and neighbours and share facilities such as toilets. Lack of access to clean water and disinfectants is common, and with regional air pollution reaching alarming levels, managing a full-blown novel coronavirus outbreak is expected to be a nightmare.

On top of that, South Asian countries do not have advanced healthcare systems. For example, India has one doctor per 2000 people (the WHO recommends a doctor-patient

ratio of 1:1000), while Pakistan has approximately 2000 ventilators in preparation for the Covid-19 outbreak. Somewhat ironically, both are reported to have rapidly expanding nuclear weapon arsenals. South Asian countries tend to historically underspend on health care. Quarantine arrangements have been lacking severely in multiple countries, including India and Pakistan. In the case of Pakistan, the poorly managed quarantine facilities on the Pakistan-Iran border were considered the source of most positive cases of Covid-19 in the country.

Given the massive constraints, governments have opted for measures such as enforced lockdowns and curfews. While they can be considered pre-emptive measures in order to avoid what is likely to be an unmanageable situation, the impact of such measures on the economies of South Asia is expected to be enormous.

This is firstly since, as data from the International Labour Organisation (ILO) shows, most South Asian countries have very high numbers of informal workers. For example, Nepal, India and Pakistan have informal employment rates of 91%, 81% and 78% respectively. As per the ILO, informal employment is defined as 'all remunerative work (i.e. both self-employment and wage employment) that is not registered, regulated or protected by existing legal or regulatory frameworks, as well as non-remunerative work undertaken in an income-producing enterprise. Informal workers do not have secure employment contracts, workers' benefits, social protection or workers' representation'. That means that in India, for example, which has implemented a 21-day lockdown with no measures such as government food or cash transfer programmes, more than 8 out of 10 people (81%) are employed informally. This is significant as many informal workers do not have job security, and lockdowns mean loss of critical income. Experts are warning that lockdowns and curfews without support measures in place may lead to a desperate situation, particularly for informal workers earning daily wages. This is already evident in India where many daily labourers believe the lockdown amounts to an 'order to starve', particularly when backed up by the threat of policy violence. Food security is also a problem in Sri Lanka, where a curfew has been imposed. It is not unreasonable to expect conflict, potentially in the form of riots or violent protests, to follow soon after. Such workers are also more likely to seek out work, thereby increasing their risk of infection and possibly becoming carriers.

Secondly, some economies in South Asia, such as Nepal and the Maldives are heavily reliant on tourism. In Nepal, more than a million jobs are generated by the industry. Tourism has become the main driver of the economy in land-locked Nepal. The novel coronavirus outbreak in neighbouring countries as well as in countries that are the source of much of Nepal's tourism (India, the United States and China) has generated panic in the country. Nepal, with just three confirmed cases of Covid-19 as of March 26th 2020, with no deaths and one person having recovered already, has sealed its borders as a preventative measure. However, this is likely to create havoc for the country's economy as more time passes.

Case Studies: India and Afghanistan

India

The Indian government was quick to undertake preventative measures such as airport screenings and flight restrictions as early as late January as the novel coronavirus spread in China. The country, however, did not ban incoming international travel until mid-March 2020, and that led more than 80,000 arrivals from the Gulf States and elsewhere to pour into India every day. This led India to enter 'phase three' from 'phase two' of the Covid-19 spread, with local community transmission gaining traction over cases being traced to arrivals from foreign countries. The country is the most densely populated out of all South Asian countries, with millions of people living in extremely close proximity, many without access to clean water or disinfectants. Immunocompromised people are documented to be more likely to experience the more severe forms of Covid-19, and with more than a third of Indians being hypertensive and 10 per cent diabetic, along with rampant malnutrition, the Indian government was potentially neglectful by delaying banning all incoming international travel.

Delhi police officer wields his baton against a man as a punishment for breaking the lockdown rules after India ordered a 21-day nationwide lockdown to limit the spread of the coronavirus (Covid-19) in old Delhi, India on March 29, 2020.
(İmtiyaz Khan - Anadolu Agency)

While it can be justified given that such a move would have had negative economic impacts, particularly as many countries did not consider travel bans necessary before mid-March 2020, India's ruling Bharatiya Janata Party (BJP) led by Prime Minister Narendra Modi encouraged the utilisation of unscientific measures for both prevention and cure for Covid-19. BJP leaders threw multiple parties where cow urine was touted as prevention and cure. At such events, local BJP leaders drank cow urine to spread the message of its usefulness to combat Covid-19. Along with cow urine, yoga has also been touted as a cure. After a prominent guru extolled the benefits of yoga, the Chief Minister of Uttar Pradesh, Yogi Adityanath, recommended it for several diseases including Covid-19. Indian ministries issued advisories recommending traditional medicines and remedies for Covid-19 on 29th January 2020. Unfortunately, this is not unique to the current situation. Given the massive popularity of Prime Minister Narendra Modi and his party in India, such actions carry grave danger when it comes to disinformation and misinformation. In a developing country such as India with high Internet connectivity and low levels of literacy, where effective health communication is a difficult task at the best of times, irresponsible statements from the ruling government can have disastrous consequences.

According to a group of scientists quoted in The New York Times, instead of the official numbers of 649 confirmed novel coronavirus cases and 13 deaths as of March 26th 2020, the actual number in India was estimated to be more than 21,000 infections. This divergence was likely due to the lack of testing, which remains the trend even in May 2020.

Indian Administered Kashmir has been under lockdown since August 5th 2019, following the decision to revoke Article 370 of the Indian Constitution that had given special rights to Jammu and Kashmir. A lockdown and communications blackout followed immediately after as Kashmiris were expected to protest against what many of them saw as an attempt to alter the demographics of their region. Some have - somewhat jadedly - offered consolation to Kashmiris, as the novel coronavirus spreads through India leading to a country-wide lockdown, that they have had significant experience with lockdowns so it may not be as hard for them. However, considering Kashmir still does not have access to 4G Internet technology that the rest of India does, consequences of the Covid-19 outbreak may be compounded. Firstly, there is a consequent lack of access to information on preventive measures. Secondly, Kashmiri children do not have access to online education, as the rest of India does. Kashmiri children have not had access to schools since August 2019, and the lockdown is only going to exacerbate the issue. Thirdly, Kashmir's economy, already devastated by the Indian government crackdown since August 2019, is going to be further impacted as the communication blackout does not allow for working from home. Additionally, there are thousands of young Kashmiri boys and men who have been jailed and allegedly tortured since August 2019. Given that many countries (Afghanistan and Pakistan being regional examples) are considering releasing prisoners from overcrowded jails to reduce the risk of coronavirus transmission, no such initiative has been taken by the BJP when it comes to Kashmiris, despite calls to do so.

As of May 11th 2020, 861 confirmed cases emerged from the Kashmir Valley, with 9 confirmed deaths. However, the BJP government refuses to reinstate full internet services in the region, despite several international calls to do so, including by Amnesty International India's Executive Director Avinash Kumar:

'The situation in relation to the coronavirus is constantly evolving. To ensure its full communication to the people of Jammu and Kashmir, the government of India must urgently lift internet restrictions in the region and ensure real-time preparedness of the people against the spread of the virus. The responses to coronavirus cannot be based on human rights violations and a lack of transparency and censorship.'

Afghanistan

Afghanistan has, as of May 11th 2020, 4402 confirmed Covid-19 cases. Though the numbers are unexpectedly low, this is likely to be linked with lack of testing as is the case in India. Afghanistan is particularly vulnerable to a Covid-19 outbreak due to multiple factors.

The first factor is that thousands of Afghans are entering the country from neighbouring Iran every day in a bid to escape the disease outbreak there. Most of the positive cases are returnees from Iran. The Afghan government has yet not ordered the closure of the Afghanistan-Iran border. Considering Pakistan, which received almost a million pilgrims returning from Iran, has linked most of the cases in the country to them, it is likely that not closing the border as well as lacking screening facilities, is leading to many cases of Covid-19 entering Afghanistan undetected. Given that there is a severe lack of screening, a lack of proper quarantine measures appears to be a natural by-product. The Afghan government's inability to ensure preventative measures in anticipation of a Covid-19 outbreak has increased the risk of coronavirus transmission in the country.

According to the acting provincial public health director of Kandahar Province, Muhammad Zaeem Zmarial Kakar, many Afghans do not adhere to recommendations provided by the Afghan government for several reasons. These include low literacy levels leading to an inability to comprehend the seriousness of the threat to fatalistic beliefs and rumours based on pseudo-religious reasoning such as Muslims being immune to the novel coronavirus. A lack of trust between the Afghan government and some factions of the Afghan public cannot be ruled out as a contributing factor. These reasons present significant challenges to healthcare workers and public health professionals working on developing preventative measures for the country. Additionally, health communication related to the novel coronavirus has not been context-specific in Afghanistan. For example, many advertisements feature hand sanitizers, which are not at all common in the country. Hand washing is advertised, but most cities in Afghanistan lack public toilets.

This is very similar to the unsuccessful messaging employed by the United States in Afghanistan. In the early 2000s, when the Bush administration launched its 'war on terror' programming that aimed to win Afghan public approval for US policies, some themes deployed by the US military included 'the war on terror justifies US intervention', 'Taliban are enemies of the Afghan people, and 'monetary rewards are offered for turning in weapons and/or capturing Taliban leaders'. US researchers found much of the communication material used to be inefficacious as it was developed without considering the local socio-cultural landscape. For example, many Afghans did not know what US dollars looked like, so material that offered monetary rewards in dollars was woefully ineffective. Using footage of the actual attack on the World Trade Centre elicited the same response, as much of the Afghan rural population had not even seen a television, much less New York. Similarly, images of the Taliban used in the material were images of everyday Afghans. Many Afghans did not know what the Taliban leaders looked like and were likely to associate material showing targeting of Taliban with targeting of all Afghans.

Additionally, political instability threatens to increase Afghanistan's vulnerability to Covid-19. After a long drawn out election in Afghanistan, Afghan President Ashraf Ghani and his political rival Abdullah Abdullah both claimed victory and the United States had to mediate to resolve the problem by propagating an inclusive government that would accommodate both, as was done in 2014. However, the U.S. Secretary of State Mike Pompeo was unable to mend fences between the old rivals and consequently the United States announced cuts in financial aid to Afghanistan, starting with a cut of $1 billion in aid to the country in 2020. Considering Afghanistan is cash strapped, uses US aid for even basic expenses, and is amidst a political crisis that may compound national unity issues, such a loss of resources could be disastrous for Afghanistan. In recognition of this fact, the United States pledged $15 million for help in the fight against Covid-19, but questions remain whether it will be enough.

Recommendations

Given common advantages and challenges, as well as country-specific priorities and vulnerabilities outlined above, South Asia, having entered 'phase three' of the pandemic with the virus spreading widely among local communities and less likely to be traced back to arrivals from foreign countries, could benefit from the following:

- Instead of enforced lockdowns and curfews, it may be more beneficial for national and local governments to focus on encouraging social distancing measures. To be effective, awareness campaigns should be conducted on multiple platforms, including television and online.
- Internet provision must be declared a human right and necessity for all to ensure effective health communication for all. In this context, the communication blackout in Kashmir must be lifted.

- Effective health communication materials need to be developed, keeping in mind the socio-cultural context. Given that South Asia is a deeply religious region, it may help the national and local governments to enlist the help of religious leaders or at least monitor their messaging related to Covid-19.
- Prioritise preventative healthcare over curative by investing in testing. Testing has been shown to be very effective in terms of enabling tracking and isolating those infected, thus limiting the spread of the disease. Regional governments can direct limited resources towards testing, instead of scattering said resources in multiple directions, especially as South Asia does not have a very high number of confirmed cases as of yet.
- Provide safe and sanitary quarantine facilities. Quarantine facilities must be particularly focused on ensuring women, children and minorities are safe from harassment and exploitation.
- Encourage national and local media to not create panic by adhering to guidelines related to reporting disasters, including reporting reliable data, featuring trusted experts and ensuring all news is thoroughly fact-checked. Irresponsible reporting may potentially lead to food hoarding, price gouging, and discrimination towards any particular group, amongst other unsavoury outcomes.
- Media professionals must avoid politicking at the expense of the potential victims, as was witnessed in the case of Pakistan recently. They must focus on providing vital information to their audiences, instead of on playing blame games or prioritising partisan politics.

Under the Weather:
Healthcare Systems in an Age of Pandemics

By Dr Tarek Cherkaoui

Introduction

Covid-19 has had a colossal impact on the world. Beyond the public health war waged by governments, economic contagion has likewise emerged as a significant issue. Indeed, a virus ten-thousandth of a millimetre has ravaged health systems and brought the world to a standstill. A strain of coronavirus, Covid-19 is an infectious respiratory disease that has spread all over the world, sickening over 1.2 million people in 183 countries. The World Health Organisation (WHO) labelled it a 'pandemic' on 11 March; healthcare systems on the frontlines of this crisis have consequently been overloaded and are under threat of collapse.

This essay comparatively explores the situation of the healthcare systems belonging to four countries deeply affected by the Covid-19 pandemic, namely the United States (US), France, Italy and Spain. After a country analysis, specific metrics are examined to display the variances between these countries. Finally, a brief projection of potential future scenarios is provided.

Root Causes

The Coronavirus pandemic and its effects are ravaging countries across the globe, pushing healthcare systems to their limits. States, which were believed to have some of the best medical infrastructure in the world, have seen their capacities stretched and their vulnerabilities exposed. News media continue to reveal the shocking situation in various Western countries, whereby hospitals lack personal protection equipment, medical supplies and respirators but also funding and qualified personnel to handle a pandemic of such a scale.

In a recently published co-authored paper, global systemic causes were explored in order to better understand the present situation. Neoliberal ideas adopted by governments around the world, in particular, with their concomitant austerity measures were identified as one of the key culprits. Neoliberalism as an ideology, which was embraced and marketed around the world by wealthy elites, informed much of the logic that led to cuts in the budgets of public health institutions until the latter reached an impasse. Neoliberalism is an ideology that values economic growth and corporate profits above any criteria of fairness, equitability, compassion, or sustainability. According to Professor Mickey Eliason, neoliberalism "involves an erosion of government regulation and funding of health and human services and replaces government funding and oversight with a private market economy. This for-profit orientation shifts the system from an emphasis on human rights and quality to one of cost-savings and efficiency and makes all variety of health services into goods for sale." By turning health care into a for-profit business and patients into clients, the less favoured segments of the population were deprived of their access to health services. As Professor Sue McGregor explains, "health care policy is comprised

of government decisions affecting cost, delivery, quality, accessibility and evaluation of programmes, traditionally funded through taxation, designed to enhance the physical wellbeing of all members of the population, with special focus on children, elders […] and women. The health status of a nation can be a reflection of the health care policy in place."

During the present Covid-19 pandemic, numerous reports have been related about medical staff having to take life-and-death decisions. They have been put in situations where they have to decide rapidly about who lives and who dies. They have to choose who will have access to care, under what scope of service, and under which quality of care. These quick decisions in life-threatening situations are putting many people's lives at risk. Things could have been entirely different had governments not decided to jeopardise public health under the mantra of the free market and privatisation. This situation prompted Academic Noam Chomsky to declare: "Why is there a coronavirus crisis? It's a colossal market failure. It goes right back to the essence of markets exacerbated by the savage neoliberal intensification of deep social-economic problems."

Over the past decades, several authors have tried to warn the general public about the clear and present danger that neoliberalism represents to public health. There is a vast body of literature that discusses this issue, including books such as The Deadly Ideas of Neoliberalism, Dying for Growth, Sickness and Wealth, Infections and Inequalities, Pathologies of Power, Blind Spot, The Body Economic: Why Austerity Kills, and Global Health, Human Rights and the Challenge of Neoliberal Policies. However, the problem with neoliberal policies is that they were not only based upon a hegemonic discourse emanating from the upper echelons in Washington D.C. and other key Western capitals, but they also relied on key international institutions such as the World Bank, the International Monetary Fund, and other prominent United Nations agencies to push these agendas forcefully all around the world, most notably via structural adjustment programs.

In Western countries, the complete forfeiting of public health systems did not take place due to the strong resistance of vocal components within the civil society. However, neoliberal lobbies still endeavoured to take control of this infrastructure gradually. Such a strategy is explained at length in the book titled *Health Care Under the Knife*, whose authors describe the four axes of health system under neoliberalism, which include a step-by-step approach: 1) health system austerity, 2) a retreat from universalism, 3) a rise in cost-sharing, then 4) health system privatisation.

Under this light, this present study aims to compare and contrast health coverage and quality health care among four Western nations, thus exploring where gains have occurred or progress has faltered across these countries. To avoid providing skewed analysis based on conflicting information, this document relies primarily upon OECD data.

Country Analysis

USA

The US has the most Covid-19 cases in the world by far. Its healthcare system is funded through a mixture of the public and private sectors. There is no universal healthcare, therefore this system relies on for-profit private businesses significantly more than other industrialised countries. In fact, healthcare facilities are mostly owned and operated by private businesses. The government funds Medicare for senior citizens over 65 years-of-age; Medicaid for some low-income citizens; the Children's Health Insurance Program; and the Veterans Health Administration. This hybrid system entails that most people get their insurance through their employers, which can be insufficient and is one of the main reasons medical bills are the leading cause of bankruptcy in the United States. High costs or time off of work can be devastating – as seen during this pandemic with the resulting unprecedented unemployment claims – and the lack of universal healthcare is seriously consequential in this regard. In 2018, it was estimated that 30.4 million people were uninsured, and a December 2019 Gallup poll found that "25% of Americans say they or a family member have delayed medical treatment for a serious illness due to the costs of care."

France

France has the fifth most Covid-19 cases in the world. France, contrary to the US, offers universal coverage to all its residents. Obligatory health insurance contributions fund this highly accessible system, while private options remain available for supplementary coverage. Unemployed people are covered, as are foreigners and ex-pats if they had lived in France for longer than three months. It is generally affordable due to government-set caps and fees, but people do pay high taxes to maintain this universal system. The Ministry of Social Affairs, Health, and Women's Rights organises this system and is responsible for administering healthcare services. The central government's responsibilities include "allocating budgeted expenditures among different sectors," and the ministry "is represented in the regions by the regional health agencies, which are responsible for population health and health care." This pandemic has shown both the benefits and shortcomings of its centralised system. The former include how centralisation facilitates a coordinated response, and the latter includes poor strategic decisions, such as reducing its national medical mask stockpile from 1.2 billion in 2012 to 140 million in 2020, and the fact that centralisation can "hinder local initiative."

Italy

Italy has been hit hard by the Covid-19 pandemic; it currently has the fourth most cases in the world and the highest number of deaths. Its rate of cases initially far outpaced its neighbours, and other countries have analysed its response for lessons. Italy's healthcare system offers universal coverage to all citizens and foreign residents, and it is the central government that collects and allocates tax revenue to fund the system. Some services require a small co-payment, such as for procedures or specialist visits. Voluntary, private health insurance options are available, but they are not widely used and remain supplementary to cover aspects not covered by the state. Health services are delivered by the 19 regions and two autonomous provinces, and they have autonomy in terms of the overall structure of their systems, which limits robust national coordination. Inequity between regions is a concern and, as regions are allowed to generate extra revenue, not all state hospitals are similarly equipped. Indeed, the overwhelming demand created by Covid-19 has shown shortcomings in Italy's healthcare system as "in the most affected regions, the National Healthcare Service is close to collapse—the results of years of fragmentation and decades of budget cuts, privatisation, and deprivation of human and technical resources."

Spain

Spain has the second most Covid-19 cases in the world and the pressure on its healthcare system has been significant. It has universal healthcare for all residents and the provision of services is decentralised, giving regions control. It is essentially free with small co-payments for specific services. People can use optional, supplementary private insurance to access more types of treatments – an estimated "18% of the population has a private healthcare plan". The current system has three levels: Central, which is where tax revenue is organised and includes the Ministry of Health that oversees factors like long-term strategy and national coordination; Autonomous Community, where there are 17 in Spain responsible for regional health services; and Local, where a more local perspective is used to manage the

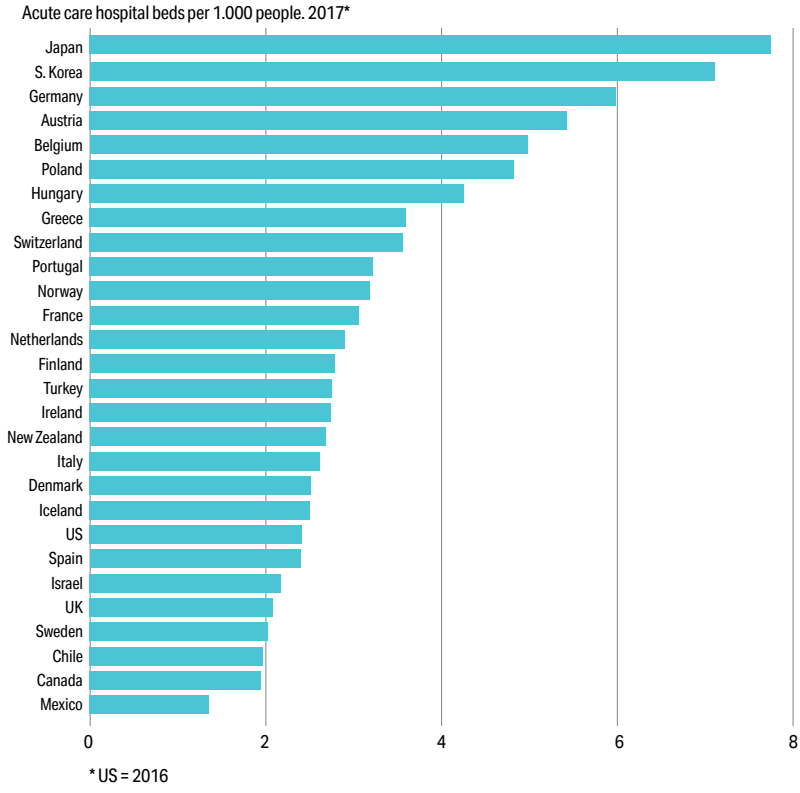
Healthcare workers are seen at the IFEMA Convention and Exhibition Center which has been turned into a temporary hospital with a capacity of 5,500 beds due to the Coronavirus outbreak in Madrid, Spain. (Government of the Community of Madrid / Handout - Anadolu Agency)

provided health services. One of the downsides of this system is that there is limited coordination between Autonomous Communities. Indeed, the pandemic has caused this dynamic to come to the forefront, as well as years of considerable national underinvestment which has impaired the resilience of health systems "by depleting their ability to respond to surges in need for health care with sufficient health professionals, intensive care unit beds, protective equipment, diagnostic test kits, and mechanical ventilators."

Comparative Analysis

The following graphs compare the healthcare systems of the aforementioned countries via various relevant metrics.

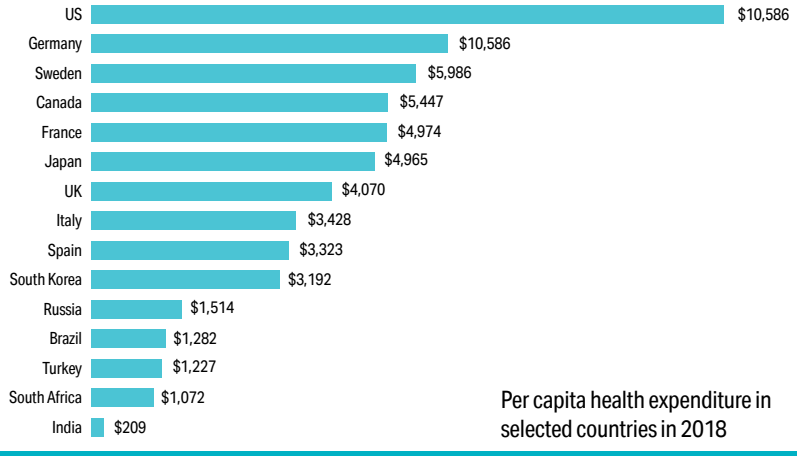
Acute Care Beds



Source: OECD

This graph shows the number of acute care hospital beds per 1,000 people in different countries. France has **3.1**, Italy has **2.6**, and the US and Spain have **2.4**. As this graph exhibits, some countries are better equipped than others concerning bed capacity and surges in demand.

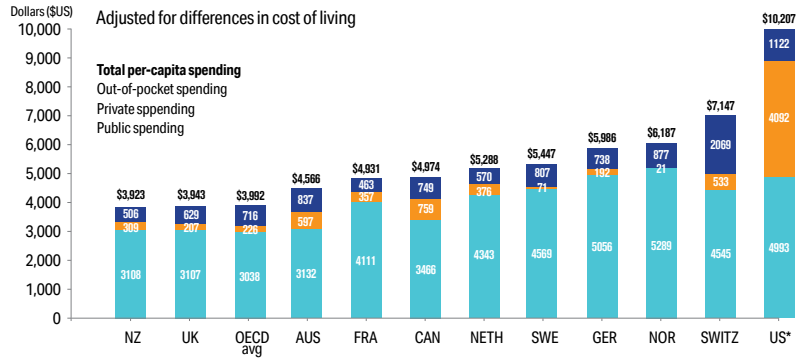
Health Expenditure per capita



Source: OECD

This graph exhibits the stark difference in efficiency between the healthcare system in the US and other developed countries. Expenditure per capital in the US is nearly double that of Germany. This is while providing no universal coverage and having millions of people uninsured. Per capita, the US spends **$10,586**, France spends **$4,965**, Italy spends **$3,428**, and Spain spends **$3,323**.

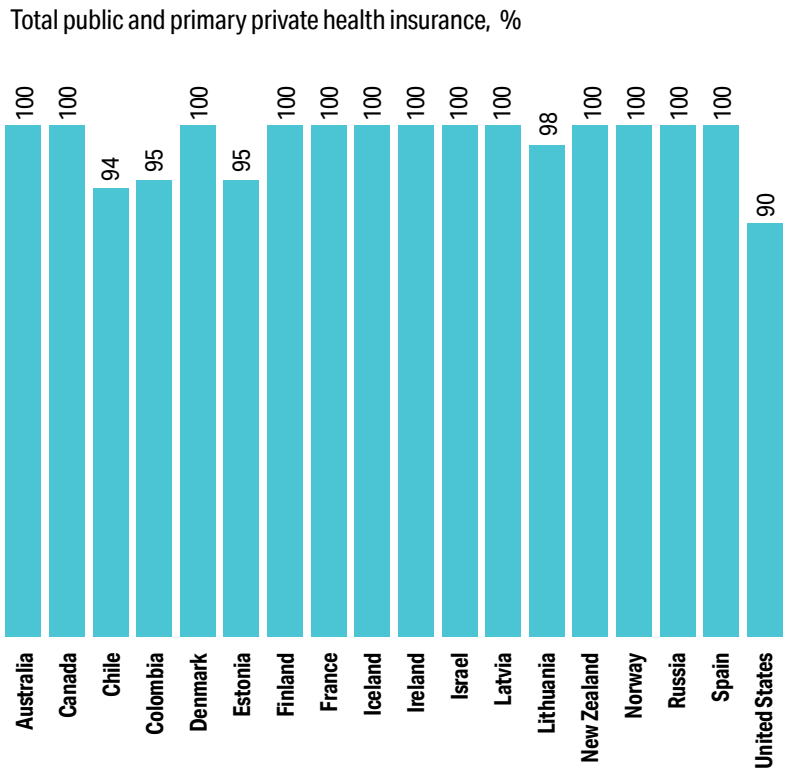
Source of Funding per capita



Source: OECD

This graph dovetails with the above, as it displays the onus placed on the input of private businesses to respective healthcare systems. The US has by far the highest figure at **$4,092**, with other OECD countries having significantly lower private expenditures due to the existence of taxpayer-funded universal coverage.

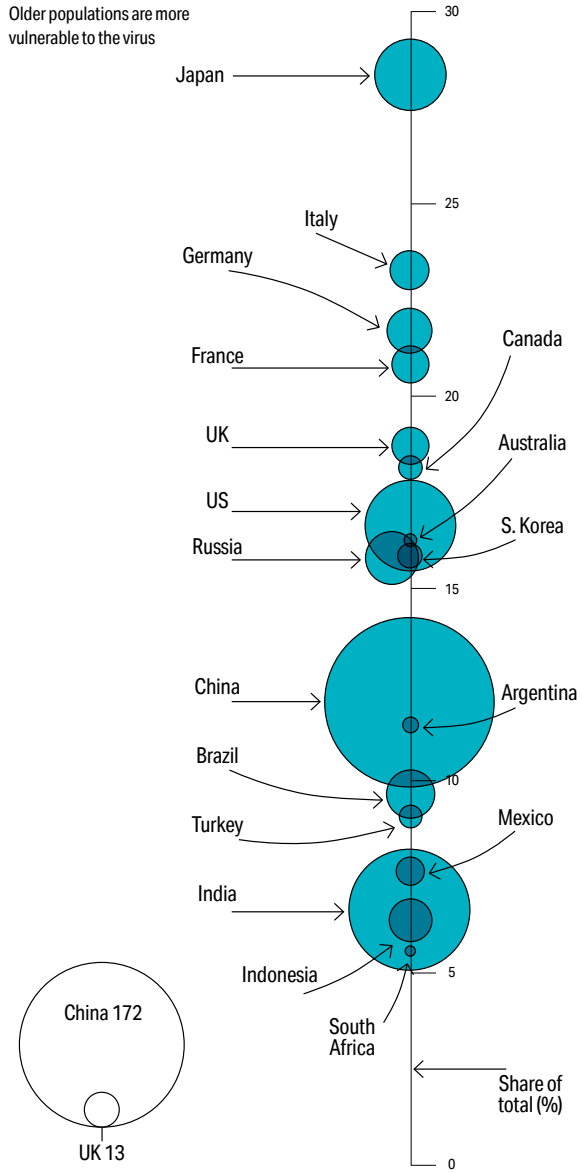
Health Insurance Coverage *(OECD, 2016)*



Source: OECD

This graph that shows that many people remain uninsured in the US healthcare system due to a lack of universal coverage. With 10% of its population uninsured, many people are forced to delay important medical claims. Moreover, as coverage tends to be tied to employment, in a pandemic situation like we are seeing today, losing a job means losing healthcare too. This is not the case in most other industrialised countries.

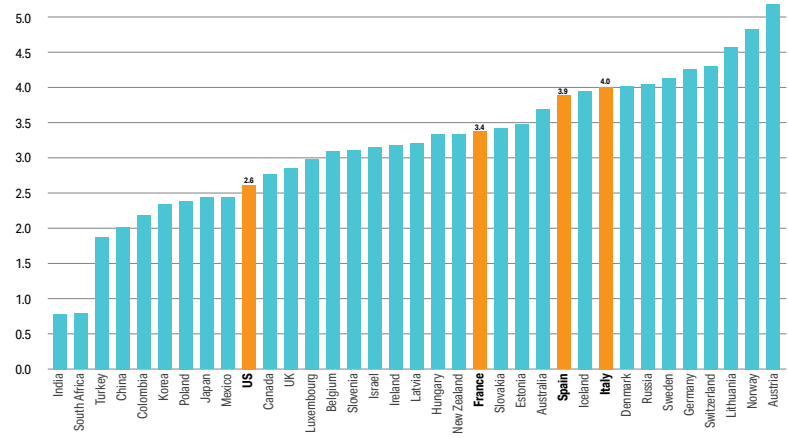
Rate of population that is 65 years of age or older



Source: OECD

The Covid-19 pandemic has disproportionately affected senior citizens. Some countries have a larger population over 65 years old, such as Italy with 23% of its total population. France and Spain have slightly smaller percentages of senior citizens at 20.4% and 19.6% respectively. The share in the US is 16.2%, however, due to its much larger population base, there are more senior citizens overall.

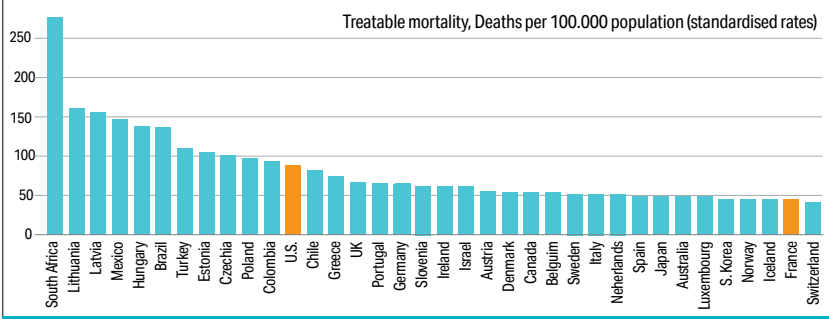
Rate of doctors per 1,000 inhabitants



Source: OECD

Some countries have more doctors per 1,000 inhabitants, which is beneficial when facing a pandemic. More staff means being better prepared, especially with doctors and nurses increasingly getting sick themselves. Italy has a higher proportion of 4 doctors per 1,000 inhabitants, while Spain has 3.9 and France has 3.4. The US lags far behind at 2.4, another indication of its inefficient system and allocation of resources.

Treatable Mortality *(OECD, 2015)*



Source: OECD

tive and timely health care." In this graph, the US has a treatable mortality rate of 87 per 100,000 people, the highest of the four countries surveyed. Italy shows a rate of 55 per 100,000, while Spain and France show 53 and 48 respectively.

Possible scenarios

The comparative approach adopted offers robust metrics to compare and contrast key components of the health care performance especially in light of the current Covid-19 pandemic.

Even with a global gross domestic product of almost US$100 trillion, the most advanced health systems, which are supposed to sustain the hardest shocks, do not seem adequately prepared. As there is recurrent speculation that the reach of the virus and the damage done so far is only the beginning, and that Covid-19 may return in force in the fall of 2020, uncertainty remains the only certainty. Depleted public health structures combined with the current economic crisis will only worsen the situation and undermine further any existing societal safety nets.

The situation in the US remains the most alarming. An erratic leadership with possible links to multinational pharmaceutical companies trying to market an untested antimalarial drug (hydroxychloroquine) to the public, combined with a weakened state of preparedness (among the sample studied) in terms of acute care beds, doctor availability and health insurance coverage, are paving the way for a health catastrophe of epic proportions. With roughly a quarter of the population uninsured or underinsured, the health of millions of Americans is clearly being jeopardised. Already, media reports have indicated that unexpected medical billings for uninsured patients treated for Covid-19 could cost up to US$75,000.

It is indeed staggering that while providing access to quality healthcare is a key component of universal health coverage, a clear measure of progress, and a target for countries across the world, the US is lagging behind. Nevertheless, access to quality healthcare is only half the battle, providing care without financial hardship being the other half of the equation. With roughly 10 million people falling into unemployment since the end of March 2020, the loss of medical insurance immediately becomes an issue for these millions of unemployed people.

In fact, with limited means of living, most of the people recently affected by the recession will likely move to poorer and more crowded neighbourhoods with their lot of precarious housing, poor sanitation, and lack of access to clean water. Thus, the disease will expand the continuum of vulnerability in many countries, including in economically-advanced countries. The Covid-19 pandemic could well create a catch-22 situation. For instance, in

the US, which lacks robust safety nets, the virus is already causing significant unemployment leading to the loss of health insurance. The economic victims of the disease could then become health victims of the disease due to the lack of access to preventive means as well as to the health care in the event of illness.

Another likely scenario is that healthcare systems in most countries may soon become overburdened due to an ever-increasing demand for emergency services, an overstretched ICU capacity, burned-out personnel and reduced staff availability. Parallels are already being drawn between the present situation in hospitals in Chicago and Syria during the civil war, and the French government has solicited the help of Germany after failing to provide care for hundreds of patients. In the meantime, Spain and Italy are receiving medical assistance from different nations (e.g. Turkey, Cuba, Russia, China, Qatar), while the US government is resorting to unethical and dubious tactics to obtain stocks of medical supplies and respirators to make up for its sheer unpreparedness.

Conclusion

In conclusion, the four countries analysed exhibit unique characteristics of their respective healthcare systems. The US offers no universal coverage and relies significantly on the private sector, while France, Italy, and Spain all offer accessible, universal healthcare with varying degrees of centralisation and regional autonomy. These systems have nuances, which are highlighted when examining various metrics. In the sample studies, France has the most acute care beds but has had difficulty in effectively managing the pandemic; health expenditure per capita by the US is nearly double the nearest country; the US relies the most on private spending; the US has the lowest total health insurance coverage. This state of affairs only exposes the inequalities of the system, as a substantial segment of the population has no access to healthcare at all. Italy has the largest share of people over 65; per capita, Italy supports the most doctors; however, the lack of central coordination has been laid bare.

While the consequences of serial underinvestment and inefficiency has made healthcare systems ill-equipped for a pandemic, some countries are in better shape than others. In these times, universal coverage has shown its value, with all persons receiving healthcare coverage irrespective of employment or social status. As the adage goes, "a chain is only as strong as its weakest link." In any case, lessons must be learned from this health crisis as transformative change, while not a panacea, is essential. Superior preparation for a cross-border threat - only amplified in an era of globalisation and supply chain diversification – needs to be an urgent area of focus for policymakers. Neoliberalism's ideological aversion to social safety nets and appropriate investment in healthcare has come to the fore with Covid-19. One possible outcome of Covid-19, if lessons learned are effectively implemented, could be can be improved prioritisation in the development of public services.

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