

CONCLUSION

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This book focuses on the relationship between governance institutions and public health, approaches to Covid-19 and health outcomes. It doesn't dwell on chronicles of unfolding government responses such as lockdown, curfew and other restrictions or stimulus packages to rebuild economies. Such chronicles date quickly. Detailed country by country reports and narratives are available elsewhere (IMF 2020).

Among general questions that arise from the Covid-19 pandemic are the following. Does a high GDP per capita yield good public health and low Covid-19 mortality? Studies in the book show this is not the case (Chapters 10, 14, 15). Do rich countries do better than poor countries? Not necessarily, the United States isn't short in resources and scientific capacity, but poorer countries such as Rwanda did a far better job in suppressing the virus (Chapter 19). Cuba, for 60 years the target of US hostility and disdain, derided for socialist governance, delivers exemplary public health performance and in addition contributes to international health care aid (Chapter 17). Do advanced societies show quality public health and low Covid-19 mortality? Studies in this book don't confirm this. Rich OECD countries show uneven responses. While the UK, Italy, Spain, Belgium and the Czech Republic buckled, Northeast Asian countries, Germany and Nordic countries in general were able to lessen the impact of the crisis and avoid tragedy.

Do democracies provide quality public health and low Covid-19 mortality? Studies in the book don't confirm this. Francis Fukuyama observes: 'some democracies have performed well, but others have not, and the same is true for autocracies' (2020). Democracy doesn't guarantee an efficient response as the US, Brazil and South Africa show. Compare India and China. Organization and social protection are decisive factors. India, a democracy, cared little about the rights of informal sector workers who, upon a total lockdown imposed with four hours' notice, were forced to trek to their villages, traversing a vast land on feet or bicycle. Such pandemonium did not take place in China. An efficient administration implemented

the lockdown of large cities (Wuhan 11 million, Beijing 20 million) and carried out testing 11 million people in Wuhan in less than a week. In the US, after eight months facing the pandemic, testing capacities still don't come close to matching the demand.

Are western societies more individualistic and therefore less willing or able to comply with social distancing, wearing masks and other restrictions than Asian societies? The categories east and west are old-fashioned and studies in this book don't confirm this (such as Germany, Chapter 12).

Varieties of market economies probe further than these general queries. The Introduction asks a leading question: do coordinated market economies and developmental state-led market economies perform better in the Covid-19 pandemic than other market economies? The studies indicate that this holds true for *developmental state-led market economies*; discussed in the book are China, Singapore, Cuba and Rwanda. Another instance is Vietnam. It also holds true for *coordinated market economies*, although here outcomes show a wide spread. Quality public healthcare and low Covid-19 mortality occur in Northeast Asia (Taiwan, Korea, Japan) and Nordic Europe (Germany and Scandinavia, with higher mortality in Sweden), but Belgium, the Netherlands and France show higher mortality. Spain and Italy have fared worse still, while Greece has performed better (289 deaths per million).

Most chapters in the book refer to the political economy character of the societies they examine, but not all use varieties of market economies or institutional categories because this isn't part of authors' vocabulary or toolkit.

Varieties of market economies provide guideposts of probabilities. They provide estimates but they are not exhaustive nor should we expect them to be exhaustive. Of course, a host of other variables come in, in diverse combinations—the quality of governance, political organization, geography, demography (composition and age of population), experience with infectious diseases, the status of the economy, and so forth (Introduction). Some countries can rely on institutional synergies (such as Iran, Chapter 8) while others experience clashes between institutions and politics (such as Brazil, Chapter 16).

Thailand's score (0.9 per million) is remarkably low, lower than one would expect of a country led by a conservative military-monarchy alliance. Close-up study shows a public health system that functions effectively in a crisis thanks to popular support (Chapter 7); thus, Thailand taps on resources of social cohesion that run deeper than governance institutions (in spite of struggles of red shirts/yellow shirts and Muslims in southern Thailand). Also, Malaysia's Covid-19 score (12 per million) is lower than one would expect of a state-led market economy governed by ruling party cronies and traditional elites (the sultans). Thus, in each country not just pattern matches, but also pattern deviations are revealing.

When things fall apart, what do we learn about how things fit together? A key variable, of course, is the public health system. Public health systems in Korea and Canada helped them to deal with the crisis better than the US private health care system (Chapter 14). No surprise either is that small government (the preferred size in liberal market economies) is of little help in a public health crisis while capacious,

capable government is an asset. These variables are included in the framework of varieties of market economies, however, the varieties of market economies schema do not include what is probably a profound underlying resource in a pandemic—*social cohesion* (Chapter 15). Social cohesion enables trust, so ‘trust in government’ may imply this dimension. Social cohesion accounts for Covid-19 success in Thailand, Malaysia and many other countries while its absence accounts for tragic failures in the US, India and Brazil. While many people blame failure in India, Brazil and the US on rightwing populist governments, the underlying variable that accounts for weak or inept governance in the first place is weak social cohesion. The best ways to *build* social cohesion are measures that mitigate inequality (such as progressive taxation, spending on services and education and social spending).

Editors of the *New England Journal of Medicine* observe that Covid-19 put the world to a test and in the United States, ‘leaders have failed that test. They have taken a crisis and turned it into a tragedy’ (Editors, 2020). Not just the US, which saw the largest share of deaths, caseloads and economic loss, but also many other countries could have minimized the losses and the scale of human tragedy had they been more organized in their response.

The US government was quick to pass the blame to China, misrepresenting facts and making false claims. China promptly alerted the World Health Organization of the virus danger. China conducted gene-sequencing of coronavirus 2 (SARS-CoV-2) and shared its gene sequence with the world scientific community by publishing it on virological.org, a professional website on January 11, 2020, only days after the discovery of the disease (CIDRAP 2020). This gene sequence has been the basis of all vaccines in the making the world over.

The pandemic started as a disrupter of public health and economies and may end as a disrupter of global geopolitics, as the US has been unable to take leadership in fighting the pandemic globally. ‘Pandemics and plagues have a way of shifting the course of history’, notes Wade Davis, and Covid-19 ‘has reduced to tatters the illusion of American exceptionalism’; the US behaved like a ‘failed state’ ‘ruled by a dysfunctional and incompetent government’ (Davis 2020). The US Covid death rate (870 per million) is more than double than that of Canada (334 per million), exceeds that of Japan (18), a country with a vulnerable elderly population, by a factor of almost 50, and exceeds the mortality in low-middle income countries such as Vietnam (0.4) by a factor of almost 2000. Compare China’s death rate of 3 per million to 870 per million in the United States (Editors, 2020).

Does a public health crisis magnify existing strengths and weaknesses? Is global risk society as strong as the weakest link? How risk cuts multiple ways is a collective learning experience. The world hegemon turns out to be a weak link in global pandemic cooperation. Leaving the WHO during a global pandemic is a crime against humanity. The US is one of the founders of the G20 that was created to deal with the financial-economic crisis of 2008; however, the US president did not attend the part of the virtual G20 meeting, chaired by Saudi Arabia (November 21–22, 2020), that addressed the ramifications of Covid-19 and opted for a game of golf instead.

The crisis brought home the lesson that a pandemic calls for a global approach to handle a global crisis. Global cooperation and coordination—in sharing knowledge, technology, resources or vaccines—are requirements for overcoming the public health crisis. In an integrated world, pathogens in one region or country are a threat to all, hence a global approach to deal with this crisis is not a choice but an imperative. Networks of relationships occur at much higher levels of population, as population densities and connectivity grow hand in hand. Globally, 7.5 billion people are connected 24/7 in many ways. Connectivity does not guarantee a free-flow of evidence-based information: alongside scientific knowledge, an infodemic of misinformation and disinformation poses challenges to the globally networked society (Chapter 24). Does the Covid-19 pandemic signal deglobalization, as in reviewing global supply chains? It may rather signal a new phase of globalization with greater collective awareness of the risks as well as the necessity of connectivity and cooperation, a more reflexive globalization.

The Covid-19 pandemic occurs with a larger world population, at much higher levels of population density and connectivity than past pandemics. Compared to past pandemics, the impact of Covid-19 is more serious, its economic impact is far more wide-ranging (in economies shrinking, in global supply networks and the travel sector) and so is its political impact because Covid-19 is test of governance and leadership.

Covid-19 is part of the Anthropocene. HIV/Aids, Ebola, SARS, MERS and Covid-19 are all part of humans encroaching on nature and wildlife. Which isn't new because there are four times more viruses in our human genome (8 percent, nonactive remains of past infections) than our actual genes (2 percent). But most past plagues were regional and Covid-19 is global. Climate change is part of the same challenge as Covid-19 and, likewise, requires global cooperation.

References

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