Politics and pandemics

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INTRODUCTION

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ABSTRACT
This Special Issue of *Global Public Health* on **Politics & Pandemics** brings together 26 articles and commentaries that address diverse aspects of the politics of COVID-19 and related issues. These papers are grouped together in six topical areas: **theories and politics of global health**, **health systems and policies**, **country responses, social inequalities**, **social responses**, and **the politics of science and technology**. The goal of the Special Issue is to give readers a sense of the range of topics that have been a focus for research in relation to the COVID-19 pandemic and to provide diverse examples of how research and analysis on the political dimensions of the pandemic can contribute to confronting the COVID-19 crisis.

KEYWORDS
COVID-19; global health; pandemics; politics

On 11 March 2020, with more than 118,000 cases in 114 countries and 4,291 people who had lost their lives, the World Health Organization (WHO) announced that COVID-19 had reached the status of a pandemic. In the time that has passed since that announcement, the impact of the new pandemic on the field of global health has been so significant that it would be impossible to adequately summarise it in the space available here. Just as HIV and AIDS, the last great pandemic of the twentieth century, was in many ways responsible for the 'invention' of a new model for the field of global health in the late-twentieth and early twenty-first centuries (Brandt, 2013; Packard, 2016; Piot & Quinn, 2013), COVID-19 made visible the limitations and contradictions of that model in ways that seem almost guaranteed to bring about the reinvention of the field in the future – if the field is indeed capable of reinventing itself, which of course remains an open question that will require critical thinking and reflection as we move forward (Cousins et al., 2021; Gostin et al., 2020; Nay, 2020).

One of the many unexpected consequences of the emerging COVID-19 pandemic was the remarkable impact that it had on academic and scientific research and publishing (Barbaro et al., 2020; Harper et al., 2020; Riccaboni & Verginer, 2021; Sloane & Zimmerman, 2021). The ways in which the new pandemic have impacted these areas are complex and diverse, ranging from pressure to speed up the peer review process to ensure more rapid dissemination of research findings, to an apparent displacement of scientific interest in publishing on other topics and issues, to a disturbing increase in what have been described as 'predatory publishing venues' (Teixeira da Silva, 2020). While it will take time to adequately assess the full range of changes that COVID-19 has brought about in relation to both research and publishing (Bell & Green, 2020), at least one development has affected nearly all scholarly and scientific journals: a massive increase in the

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number of submissions, which at *Global Public Health* more than doubled in 2020 compared with 2019. Since most publishers were unable to provide additional space for increased page numbers, there has thus been a subsequent increase in rejection rates, especially in journals focusing on health. This, in turn, has pushed editorial teams and editorial boards to rethink key policies (like the review process, the publication of preliminary findings, and so on), and to assess the ways in which they can most effectively respond to the changing landscape of publication in response to the pandemic.

For *Global Public Health*, among the ways in which we have sought to adapt to the massive increase in manuscript submissions has been to prioritise publishing on issues and topics related to COVID-19 that resonate with the profile of the journal more broadly. We have been especially interested in (though not exclusively limited to) work that is positioned at the interface of public or collective health and the social sciences, research that applies a critical analytic perspective, as well as manuscripts submitted by researchers and advocates based in the global South – all of which are priorities that could be used to describe much of the work that we publish in GPH. This has meant that we have often passed on submissions for epidemiological and public health research that we think can find a home elsewhere, aiming to prioritise manuscripts and perspectives that might be less attractive to many more mainstream journals. Over the course of the past year, we have consistently published a sequence of articles and commentaries that have addressed the political and policy dimensions of COVID-19 (for just a brief sample see, for example, D'Angelo et al., 2021; Ezeibe et al., 2020; Gichuna et al., 2020; Greer et al., 2020; Kimani et al., 2020; Lasco, 2020; Nhamo et al., 2020; Ortega & Orsini, 2020; Ryan & El Ayadi, 2020; San et al., 2021). We also sought to signal our particular focus to the global health research community in June of 2020 by announcing a Call for Papers for a Special Issue on **Politics & Pandemics** to examine the political dimensions of pandemics (primarily but not exclusively) in relation to COVID-19.

The Special Issue was open to papers from a broad range of disciplinary and methodological perspectives, giving consideration to the ways in which economic, social, and cultural factors intersect with the politics of pandemics, both globally and in specific national and local settings. Our Call for Papers also emphasised that we would seek to highlight the influence of power and social inequalities in shaping the course of COVID-19 and other pandemics, as well as collective responses, exploring a broad range of topics running from governance and policy to surveillance and public health programmes and interventions. With these issues in mind, we stressed the overarching goal of offering insights into the ways in which the COVID-19 pandemic is disrupting long-standing assumptions and power relations in the field of global public health – and the extent to which confronting it might well require a focus on the reinvention of this field as it has taken shape in the early twenty-first century.

The collection of articles that have been brought together in this special double issue of *Global Public Health* were submitted in response to the Call for Papers (and in a few cases, papers that came in through our normal submission process during the time when the Special Issue was in preparation, but that seemed to fit especially well with the goals of the Special Issue), and successfully went through the journal's normal review process before being approved for publication. They provide an important portrait of the field of research and analysis on the political dimensions of COVID-19 and related issues as we reach the middle of the second year of the pandemic. They can be grouped into at least six interrelated, yet also distinct, areas: **theories and politics of global health**, **health systems and policies**, **country responses, social inequalities**, **social responses**, and **the politics of science and technology**. While several of the papers that are included in this Special Issue might potentially fit into more than one of these areas, we have tried to place them as best we could in the area that seemed to be the primary focus of the analysis. Our goal is to give readers a sense of the range of topics that have received research attention in the field as well as concrete examples of how analysis of the political dimensions of the pandemic can contribute to confronting the COVID-19 crisis.

Theories and politics of global health

The first group of papers included here focuses on what we describe as **theories and politics of global health**. This section includes articles addressing major issues that the field of global health is struggling with as it seeks to address the impact of COVID-19. It opens with David et al. on 'Pandemics in the age of the Anthropocene: Is "planetary health" the answer?' (David et al., 2021) that focuses on the recent emergence of the 'Planetary Health' paradigm. Launched by the Rockefeller Foundation and *The Lancet*, the concept is one of the most ambitious attempts in recent years to systematize global health in the Anthropocene – the new ecological era characterised by the pressure that human activities are exerting on ecosystems with important consequences for public health, society, and the environment. David et al. argue that the notion of Planetary Health is problematic precisely because it is based on a conception of the Anthropocene that obscures capitalism's responsibility for the contemporary global and ecological crisis in ways that leads to the promotion of solutions based on the financialization and technoscientific management of both the living world and human health – the very causes of the conditions that created the Anthropocene. This article is followed by Fofana's article on 'Decolonising global health in the time of COVID-19' (Fofana, 2020), which explores the on-going influence of coloniality in global health, and the ways in which this threatens the response to COVID-19 in Africa. Fofana analyses the ways in which two controversies related to COVID-19 are linked to processes of exploitation, marginalisation, pathologisation and saviourism rooted in coloniality and focuses on the need for equity as a guiding principle to dismantle global health colonialism. This article is then followed by an analysis by Friedman et al. that looks at the way in which 'Big Events theory and measures may help explain emerging long-term effects of current crises' (Friedman et al., 2021). They define Big Events as periods during which abnormal large-scale events like war, economic collapse, revolts, or pandemics disrupt daily life and expectations about the future in ways that lead to rapid change in health-related norms, beliefs, social networks and behavioural practices. They argue that the interaction of COVID-19, a large economic downturn, massive social unrest in many countries, and ever-worsening effects of global climate change can be understood as such a Big Event. Drawing on past experience related to other large epidemic outbreaks, they analyse different hypotheses about pathways through which the current Big Events might lead to better or worse outcomes, both short-term and long-term in relation to human health.

The cluster examining theories and politics of global health also includes two commentaries. The first, by Amri and Logan, 'Policy responses to COVID-19 present a window of opportunity for a paradigm shift in global health policy: An application of the Multiple Streams Framework as a heuristic' (Amri & Logan, 2021), draws on Kingdon's Multiple Streams Framework to review three streams – problems, policies, and politics – as applied to the adoption of economic policies in response to the socioeconomic impacts of COVID-19. They argue that the disproportionate impacts of COVID-19 have helped focus attention on inequity as a problem for the field of global health. They also show that innovative policies can be enacted even in the face of changing and sometimes uncertain evidence to address upstream factors that influence health, and that addressing public health 'problems' can be well-received by the public as long as information is clearly relayed and understood. This is followed by Šehović and Govender's commentary, 'Addressing COVID-19 vulnerabilities: How do we achieve global health security in an inequitable world' (Šehović & Govender, 2021), which argues that more than a year after the WHO declared COVID-19 to be a global pandemic, the spread of SARS-CoV-2 has exposed the hollowness of a global commitment to global health security. They argue that in the twenty-first century global health security needs to be human security-centric and equity-based. They lay out the key challenges of COVID-19 for less well-resourced countries, discuss the inequities that are being perpetuated and accentuated in the development and distribution of COVID-19 vaccines, and examine ways to address these global inequities.

Country responses

The second group of papers included in the Special Issue explores **country responses** to the COVID-19 pandemic, both through cross-country comparative studies as well as in-depth, single country case studies. Opening this section, the article from Greer et al., 'Social policy as an integral component of pandemic response: Learning from COVID-19 in Brazil, Germany, India and the United States' (Greer et al., 2021a) explores the role of social policies in supporting the adoption and sustainability of the public health measures implemented to control COVID-19 in Brazil, Germany, India and the United States. The authors show that the interaction and articulation of social policies – such as cash transfers and as unemployment insurance – were crucial to determine the success or failure of the public health measures implemented in these countries the first months of the pandemic. The following paper, 'Public Health Crises In Comparison: China's Epidemic Response Policies From SARS To COVID-19', from Li (Li, 2021), analyses the Chinese response to two recent epidemics – SARS and COVID-19. Drawing from documental analysis and interviews with experts, Li examines the health system reforms that were implemented in China after the SARS epidemic in 2003 and how they played out on the ground in Wuhan when COVID arrived in 2019. The analysis show advances from one epidemic to another, such as the implementation of a national surveillance system, and areas still needing improvement, regarding, for instance, the Chinese level of transparency when responding to epidemics. The third paper of the group, by King and Dudina, 'COVID-19 in Russia: Should we expect a novel response to the novel coronavirus?' (King & Dudina, 2021), analyses.

Russia's public health and social policy responses to COVID-19. King and Dudina contextualise the analysis of the response to COVID-19 within the broader history of infectious disease control in Russia, examining issues related to government control, contention with official statistics, (dis-)information, (mis-)trust, and vulnerabilities of medical care workers. They also discuss the ways in which Russia has reinforced its role in the field of global health during the pandemic, both through vaccine development and increased foreign humanitarian aid.

The fourth article in the group of papers exploring country responses to the pandemic, 'Denialism and Leadership Failure in Brazil's Response to COVID-19' (Massard da Fonseca et al., 2021), is a case study about the Brazilian response, focusing on how the denialist approach from the country's President, Jair Bolsonaro, along with leadership failings at the federal level, contributed to the relatively high and escalating death rates observed in Brazil. Based on epidemiological analysis of the COVID-19 cases in the country, and analysis of media coverage and Bolsonaro's discourses around COVID-19, Massard da Fonseca et al. show that Bolsonaro undermined the country's response to COVID-19 and likely exacerbated the epidemic by adopting a populist approach that was based on creating a false dilemma between health and the economy, denying the seriousness of the pandemic, and blaming on others for the economic difficulties that arose from the sanitary crisis. This is followed by the paper from Yin, 'WHO, COVID-19, and Taiwan as the Ghost Island' (Yin, 2021), which discusses the Taiwanese response to COVID-19 in the light of the long-lasting conflicts between Taiwan and the World Health Organization due to the non-recognition of Taiwan by WHO as a fully independent nation. Yin shows how the shortcomings of WHO in pandemic management set the scene for Taiwan to use its successful COVID-19 management to promote its international status and strengthen its political force in the bid for greater WHO inclusion, as seen in campaigns like #TaiwanCanHelp and #TaiwanIsHelping. Closing this group, the paper from Yuen et al., 'A tale of two city-states: A comparison of the state-led vs civil society-led responses to COVID-19 in Singapore and Hong Kong' (Yuen et al., 2021) compares the early response to the pandemic in Singapore and Hong Kong. The authors show that the success in controlling the spread of SARS-COV-2 in these two city-states resulted from very different approaches, depending on the relative strength of civil society vis-à-vis the state in each one of them – while in Hong-Kong low governmental trust bolstered a civil society-led model, in Singapore a state-led response model brought early success but failed to control the epidemic among more vulnerable groups.

Health systems and policies

The third group of papers discuss the organisation of **health systems and policies** in the response to the COVID-19 pandemic. The paper from Goodyear-Smith et al., 'Primary care perspectives on pandemic politics' (Goodyear-Smith et al., 2021) brings the results from an international, online, mix-methods survey that explored primary care experts' perspectives on their country's responses to the pandemic in the first months. Putting together data from 37 countries, the authors investigate whether these experts found that their countries' responses covered three features that they hypothesised would lead to a better control of the pandemic: a pre-existing plan to fight pandemics, responses primarily driven by medical facts, and decision-making authority held at the national level. Although the findings do not show a correlation between these features and the COVID-related death rates in the countries, they point out to other factors that contributed to a better control of the pandemic, such as acting collectively, rapid mobilisation of resources, and implementation of travel restrictions. In the following paper, 'The failure of private health services: COVID-19 induced crises in low-and middle-income country (LMIC) health systems' (Williams et al., 2021), Williams et al. analyse how, in countries with mixed public-private health systems, the COVID-19 pandemic led to a triple crisis in the private health sector. The authors argue that these crises – formed by a financial and liquidity crisis among private providers, a crisis of service provision and pricing, and a crisis on state-firm relations and governance – was not unexpected, but rather a predictable result of the existence of market and redistributive failures that have been embedded in mixed public-private health systems over decades. Continuing the debate on the public-private mix in the provision of healthcare, the paper from López Cabello, 'Pandemic momentum for health systems financialisation: Under the cloaks of Universal Health Coverage' (López Cabello, 2021), problematises the notion that Universal Health Coverage (UHC), a hegemonic concept in recent international debates over health system reform, could contribute to achieve justice in health. The strain to which SARS-CoV-2 subjected national health systems has revigorated the advocacy for UHC, but López Cabello argues that this may not be the best solution because this paradigm reflects a residual conception of citizenship and may deepen the ongoing health financialisation process, the weakening of public health systems and the extraction of private income from public services. Closing this group, the article from Zhou, 'Limits of neoliberalism: HIV, COVID-19, and the importance of healthcare systems in Malawi' (Zhou, 2021), discusses the impact that HIV interventions have had over the years on the healthcare system in Malawi and its implications for addressing COVID-19. Drawing on extensive qualitative data, Zhou explores how neoliberalism has shaped the organisation of the local healthcare system, with the implementation of vertical HIV programmes funded by international agencies along with structural adjustment policies contributing to its persistent precariousness. Zhou argues that the response to the COVID-19 pandemic in Malawi and other sub-Saharan needs to go beyond ad hoc and emergency measures, and rather prioritise addressing systemic issues to strengthen health systems.

Social inequalities

The fourth group of papers included in the special issue focuses on examining the importance of **social inequalities**, both in shaping the pandemic and in guiding the ways in which we analyse and interpret it. The first article, by Smith et al., 'More than a public health crisis: a feminist political economic analysis of COVID-19' (Smith, et al., 2021) applies a gender matrix methodology, grounded in feminist political economy approaches, to examine the gendered effects of the COVID-19 pandemic and response in four case studies: China, Hong Kong, Canada, and the UK. It identifies several common themes that cut across the four case studies: financial discrimination, crisis in care, and unequal risks and secondary effects. The authors argue that transnational structural conditions put women on the front lines of the pandemic at work and at home while denying them health, economic and personal security. They also point out that these effects are

further exacerbated where racism and other forms of discrimination intersect with gender inequities – and that women and people living at intersections of multiple inequities are made additionally vulnerable by responses to the pandemic, making it essential that intersectional feminist responses be prioritised to address the COVID-19 crisis. This article is followed by a commentary by Cohen and van der Meulen Rodgers, 'The feminist political economy of Covid-19: Capitalism, women, and work' (Cohen & van der Meulen Rodgers, 2021), that also adopts a feminist political economy lens to show how gender, race, and class structures are crucial to the functioning of capitalism prior to the pandemic and to the impacts of the pandemic. They argue that the ways in which capitalism organises production and reproduction produce structures of oppression to create the racialised and gendered vulnerable populations who suffer the worst impacts of Covid-19. Women's work (unpaid as well as paid) is the foundation upon which both production and social reproduction rely and this in turn is central to the social determinants of health, which requires us to understand the pandemic as endogenous to capitalism and emphasises the contradictions between a world shaped by profit motives and the domestic and global requirements of public health. This analysis is followed by the article by Whitacre et al., 'COVID-19 and the political geography of racialisation: Ethnographic cases in San Francisco, Los Angeles and Detroit' (Whitacre et al., 2021), which examines social inequalities in relation to the COVID-19 pandemic in the USA. Drawing on ethnographic research in San Francisco, Los Angeles and Detroit, they analyse the political geography of racialisation of the COVID-19 crisis and the social and economic toll of the pandemic for non-white (Black, Native and Latinx) communities, which undercuts the public health response. They also argue that while their analysis is focused on the USA, the lessons that it provides from these case studies are potentially important for understanding the political processes and inequalities that have shaped manifestations of the pandemic globally. The last article in this section, Sandset's 'The necropolitics of COVID-19: Race, class and slow death in an ongoing pandemic' (Sandset, 2021), further explores many of these issues by drawing on Achille Mbembé's theory of necropolitics to map the underpinnings of racial and class-based health disparities and vulnerabilities in the context of the COVID-19 pandemic. Drawing on media representations and public health data from the UK and the USA, the article analyses the necropolitical conditions of COVID-19 and health disparities.

Social responses

Only three of the articles accepted for the Special Issue focus on what we have described as **social responses** to the new pandemic. The first article in this group, by Kenworthy et al., 'On symbols and scripts: The politics of the American COVID-19 response' (Kenworthy et al., 2021), emphasises the central role of political cultures, cultural scripts, and meanings in positioning public health measures for effective responses to COVID-19 (and other future pandemics). The authors argue that in the midst of a divisive moment in American politics, political scripts about pandemic responses are shaped by deeply rooted social values and political cultures. Their analysis points toward the need for a more sophisticated understanding of the political culture of public health crises and shows how societal responses to COVID-19 can only be understood within this political context. The second article in the group, 'Beyond command and control: A rapid review of meaningful community-engaged responses to COVID-19', by Loewenson et al. (2021), reviews case studies of diverse forms of community engagement in response to COVID-19 to identify promising models of community-based responses to the pandemic, and the factors that enable or disable these responses. It emphasises the importance of social determinants and rights within the context of power differentials and inequalities, and the ways in which effective community-engagement approaches can take advantage of the ruptures and uncertainties of the new pandemic to refashion some of these dynamics. The third article in the group, by Paiva et al., 'Youth and the COVID-19 crisis: Lessons learned from

a human rights-based prevention programme for youths in São Paulo, Brazil' (Paiva et al., 2021), analyses lessons learned from a preventive intervention project for high-school students that was underway when the COVID-19 crisis emerged in Brazil. The project was able to document the psychological distress and anxiety caused by the disastrous governmental response to the resulting health and economic crises, but also followed the students as they became involved in the community response to the pandemic, co-producing prevention initiatives, critiquing stigmatising epidemiological stereotypes and combining SARS-CoV-2 prevention with sexuality, gender, racism, and mental health issues. The analysis draws on Freire's concept of 'untested feasibility', fostering youth imagination in the face of an unprecedented crisis and transforming their social response to the epidemic into rights-based comprehensive dialogical preventive activity. Taken together, these three compelling analyses suggest that research on political cultures, community-based responses, and social and political mobilisation should be seen as one of the important priority areas for understanding the response to COVID-19 as the pandemic evolves.

The politics of science and technology

The final group of papers in the Special Issue focuses on **the politics of science and technology**. The first article in this section, by Molldrem et al., 'Open science, COVID-19, and the news: Exploring controversies in the circulation of early SARS-CoV-2 genomic epidemiology research' (Molldrem et al., 2021), draws on methods from science and technology studies to analyse media coverage of 'unripe facts' from early SARS-CoV-2 genomics. Precisely because many research groups in 'molecular' or 'genomic' epidemiology utilise open science practices that involve dissemination of early unreviewed research findings on online venues that are publicly accessible, media outlets were able to report on genomic studies claiming to have discovered more transmissible strains of SARS-CoV-2 caused by genetic mutations. Molldrem and colleagues analyse three specific cases in which early scientific research findings were called into question in overly sensational reporting, suggesting that the COVID-19 pandemic will serve as a kind of 'stress-test' for open science publication and dissemination practices. The second article in this group, by Storeng and de Bengy Puyvallée, 'The Smartphone Pandemic: How Big Tech and public health authorities partner in the digital response to Covid-19' (Storeng & de Bengy Puyvallée, 2021), provides a critical analysis of the use of smartphones to support the response to COVID-19 through public-private partnerships between 'Big Tech', telecoms corporations and public health authorities. It examines contact tracing, epidemiological modelling, and public health communication in relation to the 'infodemic' of misinformation about COVID-19 as the three main domains in which technology companies and public health authorities have collaborated and critiques the shifting relationships between state and corporate power that the digital response to COVID-19 reveals. The third article on the politics of science and technology, 'Framing access to medicines during COVID-19: A qualitative content analysis of Gilead's Remdesivir', by Flynn and Silva (2021), analyses online comments about news reports of Gilead Science's pricing of remdesivir, a re-purposed drug under study in clinical trials for treatment of COVID-19. It examines the ways in which both elite and public framing about medicine pricing informs the social construction of markets, creating hegemonic and counter-hegemonic discourses in relation to the existing pharmaceutical system with its current emphasis on private profit rather than public health needs. Finally, the last article in this section, Sakena's 'Global justice and the COVID-19 vaccine: Limitations of the public goods framework' (Saksena, 2021), examines the challenges of developing and allocating COVID-19 vaccines. It analyses the limitations of global public goods discourse, which has been employed as a rhetorical tool to emphasise the need for global access, but that fails to adequately address the structural inequalities that exist between the countries of the Global South and the Global North. Sakena's critique underscores the neoliberal logic embedded in global public goods discussions, and the ways in which they prioritise protecting the interests of private capital as opposed to redistribution and social justice.

Conclusion

Just as we are still very early in what is likely to be a much more long-term history of the COVID-19 pandemic, the articles and commentaries that have been brought together in this Special Issue of *Global Public Health* on **Politics & Pandemics** are very much part of a first wave of research and analysis on the politics of the COVID-19 pandemic, and only begin to scratch the surface of the wide range of issues that need to be examined in order to more fully understand the political dimensions of the new pandemic. Other important volumes and collections have already appeared (see, for example, Baldwin, 2021; Greer et al., 2021b; Horton, 2021), and many more will follow. But the diverse contributions to this Special Issue nonetheless provide key examples of the wide range of political issues that the COVID-19 pandemic raises both in specific locations and in the broader global context. They also underline the many reasons that research and analysis on the politics of pandemics is every bit as important as work in basic science, in epidemiology and in other areas of public health for a full understanding of the challenges that must be faced to address the new pandemic, and to mitigate the pain and suffering that it has caused.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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