

ISSUE 3

NOVEMBER 2022

ILLUSTRATIO

ADELAIDE JOURNAL OF POLITICS AND
INTERNATIONAL RELATIONS

**THE STATE OF THE WORLD:
POST COVID-19**

**WITH AN INTRODUCTION BY
BENITO CAO**

ISSN: 2652-9424

Illustratio: Adelaide Journal of Politics and
International Relations

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Cover Image: Epidemic Intelligence Service Officer Guillermo “Memo” Sanchez, in Detroit, USA in 2020. Public Health Image Library, Centres for Disease Control and Prevention.

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Editorial

Scott Hanel

It is my privilege to welcome you to the third issue of *Illustratio: Adelaide Journal of Politics and International Relations*. This is a peer-reviewed journal that presents exemplary papers written by undergraduate students studying the areas of politics and international relations at the University of Adelaide.

Illustratio seeks to highlight the importance and value of student contributions to the discussion of complex and vitally important issues. As a journal of politics and international relations the papers take a global perspective on questions of global importance. This issue of the journal is being released in a unique time, shaped by the impact of the COVID-19 pandemic.

The pandemic has had a terrible impact on the world. The immense loss of life and livelihood required us, for a time, to quantify its impact, almost exclusively, in figures: case numbers, deaths, and dollars. The papers in this special issue explore the systems and power structures behind these figures. They seek to explain, analyse, and critique the policies that the world has created as it plots a course out of the pandemic. The papers provide context to the most important contemporary issues of the post-COVID-19 world.

Readers of this journal will have a depth of personal experience that informs their views on the pandemic. This experience will impact, in a way different to many areas of politics and international relations, the reader's consideration of each topic. Readers are encouraged to also consider the personal experiences of authors of the papers in this issue. For many of these authors, their tertiary education has been dominated by the pandemic. They have felt the personal impacts of both the pandemic and government policy. They bring a personal context and motivation to their work that enriches this journal as a contribution to the discussion of a post-COVID-19 world.

University students, many of them young people starting out in their fields, have felt a range of impacts from the pandemic. Lockdowns and online learning led to increased social isolation at a particularly formative time for many students.

Pandemic control measures disrupted student life across the board. Many have felt the pain of increased financial insecurity. Many were separated from support networks, family, and friends as they continued their studies. Many lost people close to them and suffered through the virus themselves. This challenging context adds a significant dimension to the effort behind this collection of papers.

The continued success of this journal relies on the tireless enthusiasm of many people. I thank the Editorial Committee who have volunteered their time and worked hard to create a quality publication. I also thank the Politics and International Relations Association executive for their continued support.

Enduring thanks go to Associate Professor Benito Cao, whose continued support of the journal has seen it strengthen and grow over these first few years. His enthusiastic contribution to this edition and guidance of all involved are greatly valued.

Finally, many thanks go to the authors who have contributed to this issue. Their papers are exciting and insightful examples of the product of hard work and the depth of talent in politics and international relations at the University of Adelaide.

Introduction

Benito Cao

The COVID-19 pandemic is undoubtedly one of the defining events of the twenty-first century. The pandemic has had a profound global impact and has reignited questions about a wide range of issues, such as: population numbers, food security, climate change, living standards, global inequality, human rights, economic globalisation, neoliberal capitalism and, of course, global health. This special issue of *Illustratio: Adelaide Journal of Politics and International Relations* explores these and other related themes, including global political dynamics and policy responses, to provide a comprehensive and multidimensional portrait of the post COVID-19 state of the world. This is not to suggest that the pandemic is over, but to signify that the depth of its impact has all the traits of an epochal shift that creates a pre- and post- global reality that can be articulated around the defining event that is the COVID-19 pandemic.

The papers included in this volume originate from an undergraduate politics course designed to study the impact of the pandemic and that takes as its point of departure, and the inspiration for its title (*The State of the World: Post COVID-19*), the reports on the state of the world issued regularly by international organisations, such as the World Bank, the Worldwatch Institute, the World Health Organisation, and Amnesty International, among many others. The course content is articulated through three major themes: the distinction between the Global North (the developed world) and the Global South (the developing world); the process of neoliberal globalisation; and the impact of the COVID-19 pandemic. These themes are present in the exploration of each and every topic covered in the course, and provide narrative cohesion both to the course and to this volume. Importantly, whilst the pandemic provides a focal point in time, the exploration of the topics takes a broader historical approach that helps to contextualise and understand its impact. That said, the course and the volume ultimately try to answer this double (empirical and normative) question: How is the world emerging and how should it emerge from the COVID-19 pandemic?

The volume can be broadly divided into three parts. The first three papers examine the impact of the pandemic on the state of global health from different but complementary angles. These papers combined provide a powerful critical analysis of the state of global health in light of the impact of and the responses to the pandemic. They reveal a global health system under severe strain, with policy responses largely shaped by decades of neoliberal globalisation, but also the need to remember that the pandemic is far from the only major global health issue. The next three papers expand the analytical focus to other key areas of global development (education and food) and one major developmental strategy (foreign aid). These papers combined provide a powerful critique of context-free models of global development and universal (often tech-driven) policies to tackle global crises, and illustrate the need for more localised and context-sensitive approaches. The final three chapters focus on the intersection between people and planet. These papers combined show how models for sustainable development need to consider population numbers and demographic trends, but also human behaviour, that is, how our actions impact on the natural environment, including on biodiversity and the climate system.

The authors offer a series of specific insights on the state of the world in light of the COVID-19 pandemic and explore proposals to tackle major global issues. Rose Saville Beltchev shows the need to keep the pandemic in perspective, if only to make sure its undeniably tragic impact does not distract from other major (and arguably more significant) global health issues. Michaela Gill argues the need to focus on primary health care not only to tackle this and future pandemics, but to improve the state of global health in general. Alexander Hamilton reveals how vaccine diplomacy in the context of the pandemic suffers from the same issues plaguing foreign aid prior to the pandemic. Jenna Marr explains how foreign aid continues to be a problem for global development that must be addressed if all forms of foreign aid (including vaccine diplomacy) are to be truly effective. Millie Love Scott demonstrates how the emphasis on ed-tech to provide pedagogical solutions during the pandemic has highlighted the digital divide, particularly between the Global North and the Global South. Mitchell Waugh shows how the pandemic has laid bare the structural inequalities of global market economies and discusses the need to explore post-neoliberal food systems. Rafik Gayed examines the impact of the pandemic on population numbers and demographic trends (growth and decline), revealing the different impacts in the Global North and the Global South. Lily D. Mackereth shows the complex (positive and negative) environmental ramifications of the pandemic and argues the need for a green economic recovery. Finally, Jack Andrew Hutchins presents the impact of (and the response to) the pandemic as a dress rehearsal for climate change that offers important lessons for policymakers.

The devastating consequences of the COVID-19 pandemic are still to be fully realised and properly understood. In this context, this volume is a particularly valuable contribution. The papers identify major issues and provide lines of inquiry and analyses that will assist readers in understanding and shaping the post COVID-19 world. Their main combined contribution consists in two empirical insights and one normative position. Firstly, they reveal how neoliberal reforms have transformed health, education and food systems around the world by treating what these systems provide (health, education and food) as mere commodities. Secondly, they show how the pandemic has exposed and exacerbated existing global inequalities between the Global North and the Global South. They do this in general terms, but also with reference to many specific countries, including: Brazil, Burundi, Canada, China, Fiji, France, Indonesia, Nigeria, Thailand, the United Kingdom, and the United States. And thirdly, they argue the need to provide more locally sensitive and less market-driven solutions to global problems, with several authors making compelling cases for global structural reforms to enhance human development and address present and future crises. In any case, irrespective of the level of agreement with their different arguments and normative positions, this collection of papers should inspire deeper engagement with the multidimensional nature of the impact of the COVID-19 pandemic in the state of the world.

THE COVID-19 DISTRACTION - THE DEVASTATING CONSEQUENCES OF A SHIFT IN FOCUS AWAY FROM PRE-EXISTING GLOBAL HEALTH CRISES.

Rose Saville Beltchev

Onset of the COVID-19 pandemic has shaken the world, with significant numbers of fatalities recorded globally irrespective of a country's geographical location. The pandemic's dominance across media outlets worldwide has conflated its existence with the status of our most prominent health issue. This declaration has shifted focus away from three pre-existing health issues which this paper argues collectively represent the most prominent health issues, namely: failing neoliberal health systems; the global North-South health inequality divide; and the growing plague of mental ill-health. The effects direct effects of COVID-19 and the effect of the shift in focus away from health challenges that predate the pandemic has exacerbated these three issues. These issues will likely outlast the pandemic and continue to manifest severe consequences for advances in global health. This shift in focus must be corrected through appropriate attention being given to efforts which address these persistent challenges. Focusing on and supporting these efforts will strengthen the resiliency of global health systems, better equipping their responses to the inevitable threat posed by future health crises.

The scourge of COVID-19 has dominated lives globally for close to three years. As of late October, over 240 million confirmed cases of COVID-19 had been recorded, with close to four million deaths (Worldometer 2021). However, while these confronting statistics demonstrate the devastating consequences of COVID-19, they also conceal more severe underlying health crises, distracting attention and funding away from these causes. This article argues that despite considerable international focus, COVID-19 is not the main global health issue. Rather, that COVID-19 has exposed and exacerbated existing global health issues. In the discussion to follow, this point will be demonstrated by three pre-existing global health issues, each one

aggravated by the pandemic. Namely: failing neoliberal health systems; the global North-South health inequality divide; and the growing plague of mental ill-health. In identifying these pre-existing issues, the article concludes that although COVID-19 has exacerbated these enduring health challenges, their collective global impact warrants greater attention and resources than the current pandemic. As such, these three areas should be understood as the main global health issues at present.

Neoliberal Health System Failures

Despite the indiscriminate nature of COVID-19, one of the most distinct failures has been a reliance upon neoliberal health systems. Since the 1980s, health-care in the United States (US) and the United Kingdom (UK) has been ‘steadily marketised,’ resulting in an increasingly ‘hollowed out’ state capacity (Jones and Hameiri 2021, pp. 1036 – 1038). As such both countries ‘performed extraordinarily badly during the pandemic’ despite their ‘top ratings for pandemic preparedness’ (Jones and Hameiri 2021, p. 1035). Currently, the US ranks first and the UK fourth for the number of COVID-19 cases and deaths globally (Worldometer 2021).

Failings in the US and UK systems are best demonstrated through the commodification of health-care, through gradual outsourcing of capacity and responsibility to private providers. This ‘deeply entrenched’ belief in market forces which ‘supersedes rational thought’ leaves health-care unattainable for many, with astronomical private fees rendering this service a privilege reserved for the wealthy (Mooney 2012, p. 392; Williams et al. 2021, p. 1321). In delegating such considerable responsibility to private providers, the state assumes a ‘regulatory role,’ simply providing ‘a national framework for market competition’ (Jones and Hameiri 2021, p. 1036). This approach created numerous challenges including: a lack of transparency and accountability; public confusion and uncertainty; and lower standards of care (Jones and Hameiri 2021, p. 1039). In isolation, each of these issues weakened health systems. Thus, the onset of COVID-19 proved too great a challenge for struggling systems to combat, with private providers failing to meet requirements (Jones and Hameiri 2021, pp. 1040 – 1043).

This commercial approach to health-care, instigated by privatisation, has gradually shifted focus from patient outcomes to corporate income (Williams et al. 2021, pp. 1323 – 1325). Consequently, private companies have been given the freedom to set their own terms, engaging in practices such as ‘price gouging’ (Williams et al. 2021, pp. 1325 - 1326; Williams 2020, pp. 182 - 183). Such practices are conducted largely without concern. Given the powerful health-care monopoly held by the majority of private providers across the globe, private care is often rendered the only available

option. Despite numerous calls for ‘price capping,’ to ensure care remained accessible to all irrespective of price, efforts were largely unsuccessful or circumnavigated by private providers resulting in dire and at times fatal consequences (Williams 2020, pp. 183 – 184).

Compounding this private, commodified stronghold is the fragmented nature of the US and UK systems. In the US, each state funds and operates their own public health system, manifesting in an ‘absence of coordination’ and considerable disparities between states and hospitals (Lal et al. 2021, p. 62). This lack of coordination is also present in the UK, highlighted by the inability of private providers to secure essential personal protective equipment (PPE) (Jones and Hameiri 2021, p. 1042). As such, UK health workers were forced to work in conditions akin to the Global South as evidenced by reports of staff utilising snorkels and hardware store items as makeshift PPE when attending to infected patients (Jones and Hameiri 2021, p. 1043). The fragility of these neoliberal systems demonstrates a considerable weakness in the global health environment which, if left unresolved, will continue to produce poor health outcomes irrespective of the global climate.

Global Health Inequality

The global North-South divide can be identified in all areas of life, including health. It is now widely accepted that ‘social factors’ have a ‘marked influence on how healthy a person is’ (WHO, 2018). In other words, the ‘social conditions in which people are born, grow, live [...] and age’ have a significant impact on their longevity and overall health (WHO 2018).

As demonstrated by the World Health Organisation (WHO), poor health outcomes are considerably more pronounced in the Global South [A1] (2018). This inequality may be highlighted using three indicators: access to sanitation; maternal and infant mortality rates; and leading causes of death. At present, 2.3 billion people live without access to basic sanitation, and despite considerable efforts to address this disparity, a monumental task still lies ahead (World Bank 2020). While the negative outcomes of poor sanitation are primarily health-related, significant economic disadvantages also exist. In India, 6.4% of GDP was lost in 2006 due to premature deaths, health-care fees and loss of productivity caused by inadequate or non-existent sanitation (World Bank 2020).

In 2018 four million infant deaths were recorded globally, with 75% of these occurring within the first year of life (WHO 2021). Infant mortality is of greatest concern in Africa where 52 deaths for every 1000 live births were recorded in 2018,

compared to only 7 per 1000 in Europe (WHO 2021). Additionally, world-wide 800 women die daily from complications in pregnancy and childbirth, with 99% occurring in the ‘developing world’ (UNICEF 2019). This issue remains most prominent in two areas of the Global South, Sub-Saharan Africa and South East Asia, accounting for 86% of maternal deaths globally (UNICEF 2019). In a similar vein to sanitation, despite global efforts to improve this phenomenon, these challenging statistics reveal the mammoth task which remains.

In 2019, a WHO report into the leading causes of death globally demonstrated a stark divide between the Global North and South and the extent to which income influences the prominence of particular fatalities (WHO 2020). In low-income countries, communicable diseases were more likely than non-communicable diseases to cause death (WHO 2020). In these regions, tuberculosis, HIV/AIDS and malaria remained among the top ten causes of death (WHO 2020). Comparatively, in high-income countries non-communicable diseases accounted for the majority of deaths, with heart disease and Alzheimer’s claiming most lives (WHO 2020).

These statistics reveal a distressing reality in which highly preventable diseases like diarrhoea continue to claim vast numbers of lives in the Global South. It is unsurprising that COVID-19 has not only exposed but exacerbated existing health disparities, with many advances in global health being at best, compromised and at worst, eradicated (Jensen et al. 2021, p. 2). This dire outlook is reiterated in a report published by the Bill and Melinda Gates Foundation which estimates the rapid decline in routine vaccinations during COVID-19 will set the world back ‘25 years in 25 weeks,’ compounded by the suggestion that ‘after 20 consecutive years of decline in extreme poverty’ a COVID-19 ‘reversal’ will place 40 million people into extreme poverty (Kelland 2020).

COVID-19 has highlighted the distinct global health inequalities present between the Global North and South, positioning itself as an exacerbating force within the global health environment.

The Silent Scourge of Mental Health

In 2019, a pre-COVID-19 study demonstrated that ‘depressive and anxiety disorders’ ranked among the top 25 leading causes of burden worldwide (Santomauro et al. 2021, p. 1701). The results were collated across the entire lifespan, and considered both sexes and many locations (Santomauro et al. 2021, p. 1701). This study supports previous evidence from 2017 which suggested just over one in ten people globally live with a mental health disorder (Dattani et al. 2018).

Given the already precarious nature of mental health globally, the onset of COVID-19 has unsurprisingly devastated and compounded this situation. This is highlighted most clearly by a rise in reported levels of mental ill-health and spikes in domestic violence (Khan et al. 2020, pp. 380 – 381).

As stated by the WHO following the outbreak of COVID-19, mental health issues have been placed among the foremost public health concerns globally (Khan et al. 2020, p. 381). The virus has led to a surge in feelings of sadness, fear, frustration and helplessness, resulting in higher rates of anxiety, depression and post-traumatic stress disorder world-wide (Khan et al. 2020, p. 1; Talevi et al. 2021, p. 138). The pandemic has not only exacerbated existing disorders but led to the development of psychiatric symptoms among ‘individuals who have never previously experienced mental illness’ (Khan et al. 2020, p. 381).

For many, these emotions have been driven by public health orders including self-isolation, lockdowns and misinformation, with some of the most severe mental health outcomes recorded in countries where lockdowns were imposed for extended periods. This has left many people in significant financial hardship and prevented social interactions (Khan et al. 2020, p. 381).

One group that has been particularly hard-hit by these orders have been students. The United Nations Educational, Scientific and Cultural Organisation (UNESCO) estimates 50% of students were still affected by partial or full school closures one year into the pandemic (UNESCO 2021). For many students, school provides a safe place in which to seek refuge from challenging family situations and to access assistance with pre-existing mental health disorders (Khan et al. 2020, p. 383). The closure of schools has consequently removed this resource, accounting for considerable rises in mental health disorders among younger demographics (Khan et al. 2020, pp. 382 – 383).

Stressors imposed by the pandemic have also manifested in devastating consequences for victim-survivors of domestic violence (Kofman and Garfin 2020, p. S199). Globally, countries have recorded spikes in domestic violence and homicide (Khan et al. 2020, p. 381). In China, rates tripled during lockdown; in Brazil, this rise was between 40-50%; while, in the UK, a 25% increase in calls to their national domestic violence helpline was recorded during the week following the announcement of tighter lockdown measures (Khan et al. 2020, p. 381; Bradbury-Jones and Isham 2020, p. 2047). Despite these public health orders being implemented to ‘beat’ COVID-19, this rise in domestic violence demonstrates an

‘unintended,’ yet severe consequence of these actions (Bradbury-Jones and Isham 2020, p. 2047). For many women and children home is not a safe place, but an environment in which ‘dynamics of power can be distorted [...] without scrutiny’ (Bradbury-Jones and Isham 2020, p. 2047). As these actions take place ‘behind closed doors’, the ability for victim-survivors to ‘speak out’ or leave ‘abusive situations’ is severely limited (Bradbury-Jones and Isham 2020, p. 2047). Further, the imposition of quarantine orders has meant the ability to access resources such as refuge accommodation, advocacy and peer support is non-existent (Bradbury-Jones and Isham 2020, p. 2048). As such, these measures reveal a troubling paradox in which ‘idealised representations of home and family’ place women and children at risk of ‘new or escalating violence’ (Bradbury-Jones and Isham 2020, pp. 2047 – 2048).

The onset of COVID-19 has inflicted considerable stressors upon citizens in the Global North and South, exacerbating pre-existing disorders and instigating others. This pandemic has confronted countries world-wide with the stark reality that optimal health outcomes rely equally upon physical and mental well-being.

Conclusion

COVID-19 has caused a considerable re-assessment of the state of health globally. Unlike previous pandemics, COVID-19 has impacted the health and well-being of countries irrespective of their geographical placement. This collective devastation has driven many to conclude that COVID-19 represents the main global health issue to date. However, as evidenced by this essay, other global health issues including the neoliberalisation of health-care systems, health inequalities and mental ill-health, which pre-date and will likely outlast COVID-19, present a more concerning threat to ongoing global health. In failing to address these pre-existing health issues, the opportunity for future pandemics to exacerbate and compound these challenges remains. As such, a greater focus must be given to identifying and resolving these persistent global health issues in order to strengthen our resilience in the face of future global health emergencies.

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FOREIGN AID: SOLUTION AND/OR PROBLEM? THE IMPACT OF FOREIGN AID ON GLOBAL DEVELOPMENT BEFORE AND AFTER THE COVID-19 PANDEMIC

Michaela Gill

Neoliberal healthcare policies have caused decades of suffering throughout the Global South; however, it is only now when the healthcare systems in the Global North collapse under the pressure of the COVID-19 pandemic that doubts over such policies have emerged. Policies that prioritise the economy before human health fail to recognise the threat posed by ill-health, the severity of which is exacerbated by globalisation. The COVID-19 pandemic has proven that the underinvestment in primary healthcare (PHC) endorsed by neoliberal policies, has made humankind unnecessarily vulnerable. These events confirm that it is time for extensive reform. The Declaration of Alma Ata resulting from the 1978 International Conference on Primary Health Care, idealised the notion of ‘health for all.’ Reinstating such an ideology would push PHC to the forefront of the global health agenda and ensure that the healthcare burden resulting from the COVID-19 pandemic will not be repeated.

COVID-19 has demanded the world’s attention, devastating communities worldwide. Yet, despite months of lockdowns, economic downturn, millions of deaths, and the billions of dollars thrown towards producing a vaccination, the COVID-19 pandemic has exposed a much larger issue at hand. It has exposed the weak health systems unable to support humankind. This is not a problem that applies only to the Global South, but rather a global issue resulting in unnecessary deaths worldwide. COVID-19 has proven that the underinvestment in PHC endorsed by neoliberal policies, has made humankind unnecessarily vulnerable, at a time where humans and nature are more entangled than ever before, and globalisation has closely connected us

through space and time. There was a short period of time where PHC was superior to profits and markets, and it is time for this to re-emerge on the global health agenda. The 'health for all' ideology born from the 1978 Declaration of Alma Ata idealised the responsibility of national governments to provide universal and inclusive PHC and thus provides a possible avenue to improving the current neoliberal healthcare systems unable to withstand the pressure of the COVID-19 pandemic. The COVID-19 pandemic has demonstrated that an ideology such as Alma Ata must be restored to re-instate PHC as a global health imperative.

COVID-19 is the virus the world was supposed to be ready for. The world had already faced the coronaviruses of SARS and MERS in 2003 and 2015 respectively, both of which had been listed on the World Health Organisation (WHO) blueprint priority list, with extensive research into potential SARS-like viruses taking place (Reid et al. 2021). Yet preparation on both the global and national levels was insufficient and disjointed. During the COVID-19 pandemic the concept of global health swiftly collapsed. The WHO was quickly sidelined as states focused on national responses to the pandemic which in many cases were just as inadequate (Jones & Hameiri 2021). Furthermore, various officials have claimed COVID-19 is unprecedented, excusing the tragic mishandling of the pandemic, even though WHO member states began preparing to combat pandemics decades earlier (Jones & Hameiri 2021, p. 2). Additionally, the WHO's 2005 International Health Regulations identified how pandemics ought to be handled and encouraged clear changes in domestic governance (Jones & Hameiri 2021, p. 2). Despite this the COVID-19 pandemic revealed that health systems in most countries were ill-prepared for a health threat that was widely believed to be imminent (World Bank 2021, p. 31) and the neoliberal policies that shape healthcare are largely at fault.

Neoliberal reforms have weakened healthcare systems around the world in two distinct ways. Firstly, in the Global North the fragmentation and restriction of state capacities with the shift to regulatory statehood, has led to weak governance over healthcare and untraceable accountability. Jones and Hameiri (2021) claim that the state features removed with the change from government to governance were indispensable during the pandemic. The neoliberal shift transferred resources, authority, and responsibility to external actors while the states withdrew to a 'regulatory' role that oversaw and gently guided the actions of these actors (Jones and Hameiri 2021, p. 3). The inherent fragmentation of the regulatory statehood, whilst successfully allowing the government to renounce responsibility, is essentially dysfunctional, lacking organisational capacity and the ability to rapidly mobilise people and resources. For example, Britain was tipped as one of the

best-prepared nations to manage the COVID-19 pandemic, yet its performance was woeful (Jones and Hameiri 2021, p. 2). The privatisation of state responsibilities meant medical supplies were not readily available. With a high dependence on global supply chains which were severely interrupted by the COVID-19 pandemic, medical staff were left without the appropriate personal protective equipment (Jones and Hameiri 2021, p. 16). Additional key policies included reverse triage, referring to the denial of treatment to certain groups of people and allowed for an additional 2,000 to 3,000 surplus deaths each day (Jones and Hameiri 2020, p. 14). This demonstrates that inequality kills, even in the Global North. Kim et al. (2000 in Sparke 2020, p. 50) claims that without fundamental transformations the poor and marginalised will continue to suffer disproportionately from disease.

For the Global South, healthcare was reimagined by the western ideals of the neoliberal rollback reforms which eventually led to structural adjustment programs (SAPs) being imposed upon states (Sparke 2020), ultimately undermining various post-colonial movements determined to provide universal PHC (Noko 2020). Privatisation policies and the conditionalities tied to SAPs reduced government funding in PHC, rendering healthcare services inaccessible, unaffordable, and lacking the capacity to treat simple vaccine-preventable diseases and illnesses, intensifying health inequalities. Selective Primary Health Care (SPHC) took a dominant position in the Global South health discourse, with the pressure to produce fast, cost-effective results for disease-specific programs sidelining long-term goals for comprehensive PHC (Nuesy 2004). While successful in reducing deaths associated with high profile diseases such as HIV/AIDs, if one lived in the wrong place, suffering from the wrong disease, there are practically no facilities nor medical supplies available to them. An all-too-common example is the lack of access to antibiotics and vaccinations. For example, five cents worth of antibiotics could save a child from succumbing to pneumonia, or a simple vaccination would prevent the spread and death of easily treatable conditions such as the measles (Nuesy 2004), yet many communities in developing nations are denied access to these lifesaving resources. Thus, a continent where multiple states had overturned their healthcare systems into prospering government-funded initiatives in the post-colonial era, with boosting health indices, is now at the mercy of donor states, multilateral organisations such as the WHO, and NGOs who primarily fund Africa's healthcare sector (Noko 2020). However, during the COVID-19 pandemic such donors are either unwilling or unable to provide such assistance, leaving many African communities without access to basic healthcare. Media coverage has focused on the expected failure of African states to successfully respond to the COVID-19 pandemic, disregarding the colonialism and modern-day imperialism enforced upon them by the white states of the Global North, which has ultimately

left them exposed (Büyüm et al. 2020). Following the theme of the affluent Global North, French scientists recommended COVID-19 vaccination trials be conducted within African communities, further embedding imperialist and colonial ideologies that view certain lives as less valuable than others (Büyüm et al. 2020, p. 2).

Furthermore, the same policies that have limited access to healthcare within the Global South have likewise reshaped the WHO agenda. The contribution of wealthy donor states to WHO funding has decreased during the neoliberal era, forcing its dependency on private voluntary donors. Therefore, WHO priorities have been moulded to better reflect donor priorities, moving away from its government funded PHC goals to the siloed interventions of the SPHC approach, designed purely to contain communicable diseases that threaten the Global North (Jones and Hameiri 2020, p. 7). Focusing on disease specific approaches to global health ignores the structural risks formed by unjust laws, policies and customs varying from racial and gender discrimination to biased trade agreements (Büyüm et al. 2020). Furthermore, the Global North's dominance over the WHO was further emphasised when President Donald Trump cut US funding for WHO's failure to control the COVID-19 pandemic, a significant financial decrease that would only result in additional lives lost. The withdrawal of US funding highlights the north-south divide, proving that in the eyes of the Global North, the failure of the WHO is only worth condemning when it threatens the lives of certain people.

Vaccine nationalism has also increased the inequality gap between the Global North and the Global South. While 14% of the global population resides within rich countries, these states have stockpiled 53% of vaccines with the highest efficiency rates, reinforcing enduring disparities in global health (Zhou 2021, p. 5). While citizens of wealthy states are awaiting approval for a booster shot, a mere 20% of citizens in low to middle-income states will be completely immunised by 2022 (Zhou 2021, p.10). Furthermore, trade patents further restrict the poor's access to medical supplies for the economic gain of the few, producing pharmaceutical monopolies that systematically increase prices (Sparke 2020, p. 57). The patent system is justified on the basis that inventors need encouragement to create innovative new medicines (t'Hoen 2009, p.79). While granting temporary monopoly powers provides significant encouragement, it comes at the dispense of human life. Such pursuits of market-led growth continue to generate deep inequalities and insecurities that act as social determinants of health (Kim et al. in Sparke 2020). The devastating consequences have caused many to consider these policies a 'neoliberal epidemic', as the benefits of a strong economy 'trickling down' to increase the wellbeing of the poor has failed to occur (Sparke 2020). Inequality kills and the WHO (2008, p. 26) claims the mixture of bad policies, economics and politics restrict the majority of

humankind from attaining the greatest health biologically possible. While globalisation created the problem of inaccessible medicines, the answer may also be found at the global level (t'Hoen 2009, p. 98), if global health perspectives change from market commodity to common good.

Healthcare should be much more than the treatment of diseases. COVID-19 has highlighted the importance of strong healthcare systems stripping away illusions and exposing the deadly consequences of collective negligence. It has also produced a once-in-a-lifetime opportunity for largescale systemic change to build back better. Few would question the need for better-equipped healthcare systems for emergency care and unforeseen circumstances. However, most of the greatest challenges yet to come will most likely be caused by events that are not unexpected (World Bank 2021, p. 32), hence the need for better PHC. Non-communicable diseases for example are gaining attention as they are fast becoming the greatest challenge to public health (Nuesy 2004). According to the WHO (2022), non-communicable diseases are responsible for approximately 74% of all deaths globally every year. While medication exists to treat many of these diseases, they are far beyond the reach of many developing countries (t'Hoen 2009, p.86). Research indicates that with the establishment of improved preventative measures the burden of communicable and non-communicable diseases would be substantially diminished worldwide (WHO 2008, p. 97). As of 2016, more than 3.6 billion people lacked access to basic healthcare (World Bank 2021, p. 22) and today 930 million people are in jeopardy of falling into poverty because of healthcare expenses (WHO 2021). Developing more accessible and comprehensive PHC systems across low-and-middle-income states has the potential to save 60 million lives and by 2030 the average life expectancy would have increased by 3.7 years (WHO 2021). Achieving such targets requires a substantial investment increase of around \$200 to \$370 billion US dollars each year (WHO 2021), which is an obtainable reality. Research conducted by the Boston University concluded that the US alone spent over \$300 million per day for 20 years on the war in Afghanistan (Gagosz 2021). If state budgets such as this were reallocated to long-term investments in PHC infrastructure rather than applied to short-term policies that treat the symptoms of failed systems, the comprehensive, accessible, and affordable PHC envisioned in 1978 with the Declaration of Alma Ata could be within reach.

The Declaration of Alma Ata resulted from the 1978 International Conference on Primary Health Care in Almaty (previously Alma Ata), in Kazakhstan. Bringing together three-thousand delegates from 134 states, the conference called for urgent action by both national governments and the international community as a whole to commit to the development and implementation of inclusive and comprehensive

PHC systems worldwide, with a particular focus on developing nations (Declaration of Alma-Ata 1978). The Declaration of Alma Ata (1978) strongly reinforces the definition of health to be a 'state of complete physical, mental and social wellbeing,' reinstating good health as a fundamental human right for all and an imperative social goal globally. It additionally emphasises the role of national governments, affirming a universal and inclusive healthcare sector a state responsibility (Declaration of Alma-Ata 1978). It similarly declares health inequalities to be a collective concern, not just referring to disparities amongst the Global North and the Global South but also within states (Declaration of Alma-Ata 1978). The WHO (n.d.) proclaimed the Declaration of Alma Ata as one of the greatest public health achievements during the twentieth century guided by the vision of inclusivity, however lack of guidance regarding implementation and funding procurement meant the declaration was quickly disregarded in favour of roll-back neoliberalism and SPHC (Sparke 2020, p. 55-56). Thus, the vision of national government responsibility and the idealisation of 'health for all' became replaced with conversations regarding cost-effectiveness and 'best-buys' (Sparke 2020, p. 62-63). The prominence of the Alma Ata discourse re-emerging is not just linked to the failure of these neoliberal policies, but also the realisation that health problems once solely associated with the Global South, have now seen to have detrimental consequences upon the Global North as well, which up until now was thought to be untouchable by such diseases. However, restoring the Alma Ata ideology requires a radical change in global governance to reinstate PHC as a political priority, which would prove difficult especially considering the current doctrine the recognises 'health as an investment' (Sparke 2020, p. 63). Regardless, post-colonial Africa has proved that with limited resources it can be accomplished (Noko 2020).

The inaccessibility of healthcare to the poor is not a new phenomenon. It has taken the failure of states within the Global North to manage and contain the COVID-19 pandemic to create doubts over current policies, demonstrating its intrinsically inequitable nature. Neoliberal policies continue to undermine health at a global level and the COVID-19 pandemic has proven that it is time for extensive reform. Fragmentation and privatisation have hollowed out state capacity leaving governments unable to mobilise people or resources in emergencies. Additionally, lack of government expenditure and reliance on donor nations to fund healthcare services has left developing nations exceptionally vulnerable. The ideology that the economy must come first has failed to recognise that human ill-health can be a large threat, the severity of which has been exacerbated by the interconnectedness of the world. An adequate PHC system would both avoid intensifying the severity of disease experienced by individuals and slow the spread, avoiding large-scale pandemics like that of COVID-19. It would also reduce the number of untreated

preventable illnesses that take the lives of millions unnecessarily every day, due to lack of access and affordability. Patents and trade agreements to increase profits of those with already deep pockets should not prevent access to life-saving care, nor should economic or social status. Alma Ata is a policy worth striving for, with the potential to save millions of lives just by giving them access to comprehensive and lifesaving PHC.

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VACCINE DIPLOMACY A CONTINUATION OF THE ISSUES PLAGUING FOREIGN AID PRIOR TO THE COVID-19 PANDEMIC

Alexander Hamilton

This paper explores the current issues with foreign aid and how the Global North has not capitalised on the COVID-19 pandemic to structurally improve aid. Whether it be due to the Global North attempting to keep much of the benefit through tied aid, a lack of recipient community ownership over the aid, or strategic allocation of aid, foreign aid remains structurally inefficient. The COVID-19 pandemic has had minimal net impact on foreign aid; some states are increasing their aid commitments while, simultaneously, many other states are reducing theirs to focus on domestic priorities. The term vaccine diplomacy has emerged as a form of foreign aid. Like other forms of foreign aid, vaccine diplomacy is plagued with the same problems and states that find themselves the subject of strategic geopolitical competitions are being prioritised.

Foreign aid is an umbrella term that refers to transfers of capital, concessional loans, technology, or commodities, usually from the Global North to the Global South, to support development in various forms. The way aid is framed varies; to some, it is seen as charity to foreign nations, while others view it as a neoliberal approach to reparations for the past and present exploitation of the Global South. The purpose of this essay is to explore whether the concept of vaccine diplomacy is a continuation of the inefficiency of current foreign aid. The effectiveness of aid has been well criticised prior to the COVID-19 pandemic by both advocates for foreign aid and those against it. This essay will first examine recurring issues associated with foreign aid prior to the COVID-19 pandemic before considering how the COVID-19 pandemic has changed foreign aid. The example of vaccine diplomacy will be used to highlight how although aid has changed in amount and form, it has not been structurally reformed and remains as problematic as before the pandemic.

Issues with Foreign Aid before the COVID-19 Pandemic

Conditions in some form are attached to virtually every type of foreign aid restricting its use to certain projects, programs or regions. However, conditions can also be imposed that limit procurement of goods and services for the project to the state providing the aid referred to as tied aid. Gamze Turkelli argues Official Development Assistance of this kind originates in the United Kingdom and France's former colonies where it was first used to create self-sufficiency in their colonies before being reconstructed as a means of creating demand for their goods by creating buyers out of their existing aid budgets (Turkelli 2021). Although tied aid is decreasing it has resulted in recipient countries not receiving value for money. The cost of tied aid procurement is estimated to increase administration and production costs by 15-30% as goods, services and production are often more affordable in developing nations (Clay, Geddes & Natali 2009, p. 1). This leads to less goods or services being provided for and therefore less benefit than what could have been provided with the same funds if the aid was untied. Food is the highest cost of tied aid estimated to cost an additional 40% than if the produce was sourced from the country receiving the aid (OECD 2021). Tied aid has also been linked to undermining local businesses and economic development as local suppliers miss out on the economic benefit, reducing the recipient's ability to develop industries and grow existing sectors (Clay, Geddes & Natali 2009). The negative impact of tied aid goes beyond economic development and has been associated with other issues, such as fragmentation of services and a lack of local ownership for projects.

Local ownership has become a common term used in foreign aid reform as it is a broad concept that is appealing to donors and recipients as it can be quantifiably more effective (Burnside & Dollar 2000). However, how it is conceived is very different as it could include government ownership, country ownership, democratic ownership, or community ownership (Carothers 2015, p. 249). How it is conceived is important as recipient government ownership may still have many of the faults of donor country ownership as it can be top down and undemocratic in its decisions (Oxfam America 2009). An example regularly cited is where an undemocratic government have taken out a foreign aid loan (Oxfam America 2009). Even if the project is not plagued by corruption, those who are meant to benefit from the aid, likely have no involvement in the design or implementation of the project or program and then must repay the debt through taxation (Oxfam America 2009). The move towards local ownership is an attempt to work more closely with communities in a bottom-up hierarchy, this has resulted in some countries such as Sweden no longer providing aid to the Ethiopian or Zimbabwe governments but instead opting to support NGOs (Carothers 2015, p. 251). Supporting NGOs instead of the whole of

government responses has its own problems for global development, potentially undermining a state's ability to implement their own program, or leading to fragmentation of services. However, the adoption of grassroot engagement, especially in major projects, has had slow global adoption (Oxfam America 2009).

The strategic allocation of foreign aid is often overlooked when examining the issues with foreign aid. Bilateral aid, unlike multilateral aid, does not require stringent processes or that funds be delivered solely on their merit. A report by the UN Economic and Social Council (ECOSOC) found there may be a slight correlation between multilateral aid being favoured by former European colonies, however, substantive evidence is not available as it was a minor difference (ECOSOC 2008). Conversely, bilateral aid has a history rooted in strategic aims stemming from the cold war 'to stop countries going communist' (Ehrenfeld 2004). It is widely accepted that bilateral aid programs favour donor states' strategic and economic interests (Hirvonen 2005). Australia through its Pacific Step-Up program exemplified this example when it redirected foreign aid allocated for Southeast Asia to the Pacific to counter Chinese influence in Australia's strategic environment (Tidwell 2019). This trend of prioritising some states over others is considered a form of specialisation as donor states take on additional responsibility for regions they understand (Ehrenfeld 2004). Some argue this moves resources from states that have a greater need to those recipients that can offer more strategic benefit to donors undermining the effectiveness of the foreign aid given.

The Effect of the COVID-19 Pandemic on Foreign Aid

The impact of the COVID-19 pandemic on the Global South has been wide-reaching, affecting states' gross domestic product with the downturn of tourism, trade and investment (Cannon et al. 2020). The economic and health impact in the Global South is comparable to the Global North but the response by the Global South is hampered by less-resourced policy responses (Alcázar et al. 2021). Losing tourism alone is predicted to cost the global economy \$2.4 trillion with 53% of the losses in developing nations (UNCTAD 2021). These conditions have created the worst global recession since the Second World War (Gavas and Pleeck 2021, p. 2). The COVID-19 pandemic has exacerbated the demand for foreign aid but the Global North's response has been varied with Gavas and Pleeck describing the COVID-19 pandemic as the biggest stress test that international development has faced (2021, p. 3).

The Global North's response is not homogeneous with states such as Britain structurally changing their foreign aid spending reducing their annual spend from

0.7% of gross national income (GNI) to 0.5% (Gavas and Pleeck 2021, p. 12). Other states such as Germany, Norway and the Netherlands have similarly structurally reduced their foreign aid in 2021 (Gavas and Pleeck 2021, p. 12). Conversely, other states such as France and Italy have increased their foreign aid commitments with France legislating a 0.7% of GNI foreign aid target by 2025 (Gavas and Pleeck 2021, p. 2). Even if states have not structurally reduced their foreign aid commitments, the decrease in their GNI has resulted in a reduction in multilateral aid given (UNCTAD 2021). However, although some decreases have occurred in official development assistance, bilateral foreign aid has increased, leading to foreign aid in total rising 3.5%, to now \$161.2 billion USD in 2020 (OECD 2021). As a share of COVID-19 stimulus measures which is at \$16 trillion USD only 1% has been mobilised to assist the Global South to manage the crisis (OECD 2021). This represents a very modest increase that does not reflect the gravity of the economic fallout of the COVID-19 induced recession.

Global aid has had a long-term trend of slightly increasing, while aid donors require more objectives, prior to the COVID-19 pandemic this included projects to have climate mitigation and research and development that benefit humanity more broadly not just the Global South (Gavas and Pleeck 2021, p. 14). Since the COVID-19 pandemic additional objectives include COVID-19 vaccine development which although important the additional objectives reduce the amount that can be spent on poverty alleviation. While lower income countries have a more immediate need middle-income countries often have greater capacity to meet these objectives. This is represented by almost 60% of foreign aid being provided to middle-income countries instead of low-income countries where the developmental benefits may be magnified (OECD 2021). The COVID-19 pandemic has seen a marginal change in the distribution of aid with a 2% increase to low-income countries to now 40% which represents a minor adjustment, not the structural reform that many have advocated for (Gavas and Pleeck 2021, p. 11).

Vaccine Diplomacy

In addition to structural changes in aid allocation since the COVID-19 pandemic, the concept of vaccine diplomacy has emerged. Foreign policy on vaccines is not new; it was one of the few ties between the USSR and the US during the Cold War, and more recently, China and the US launched a joint response in 2014 to the Ebola crisis in Africa (World Bank Group 2014). Despite this cooperation, the term vaccine diplomacy was not used to describe these actions, which Rosie Wigmore argues is because the US did not previously feel threatened by China's diplomatic presence in the Global South as they do now (Wigmore 2021). The term vaccine diplomacy has

limitations and problems. However, some of the positive reasons states engage in this foreign policy is to increase their influence, diplomatic pressure and develop the public good (Jennings 2021). This is likely an optimistic outlook, that ignores the growing strategic competition between the US and China.

The World Health Organisation Director-General Dr Tedros Adhanom Ghebreyesus has pleaded with vaccine manufacturing states to distribute vaccines equitably, particularly to African countries (World Health Organisation 2021). The concern is that strategic competition for vaccines is prioritising critical regions in the US-China power struggle. Cambodia is one such country that has benefited from this power competition. As of 2021 having a population of 16.7 million people, they have received 18.7 million vaccines from China leading to the US announcing it will similarly provide at least one million vaccines to Cambodia, with more expected (Thul 2021; UN Office for Coordination of Humanitarian Affairs 2021). Comparative agreements have been reached with Indonesia, Thailand, and the Philippines, with China and the US providing vaccines (Mwai 2021). This is in contrast to Africa where only 4.4% of the population had been fully vaccinated (World Health Organisation 2021). The strategic allocation of vaccines arguably follows the trend of the allocation of foreign aid prioritising security alliances in key regions instead of prioritising the global common good.

Similarly, the global vaccine rollout has been met with vaccine hesitancy and apprehension, with some states that have received the vaccinations having little success in conducting a public health campaign (Wee & Myers 2021). Vaccines may be donated or sold at cost, but Human Rights Watch argues that without community and grassroots engagement, as more doses reach Africa, they may go to waste (Mavhinga & Nantulya 2021). Allocating more doses has been argued to not be enough without community consultation, assignment, or training of medical staff to administer the vaccine or adequate information on the vaccine so the public can make informed choices (Mavhinga & Nantulya 2021). A top-down hierarchical structure of vaccine diplomacy appears to be another realisation of the inefficiency of the current allocation of foreign aid.

As discussed previously, almost all foreign aid is attached with conditions, but it appears some of the vaccine diplomacy follows the same principles as tied aid. In Papua New Guinea, China has donated 200,000 vaccines for front line health workers, but a condition being Chinese nationals get priority access even if they are not health care workers (Doherty, Hurst. and Lyons 2021). This could be argued as standard state practice prioritising their citizens. However, like tied aid, this condition reduces the number of vaccine doses available to Papua New Guinea,

prioritising Chinese civilians above Papua New Guinean health care workers who are most exposed to the COVID-19 pandemic.

Conclusion

Foreign aid faces many systemic problems regarding the conditions that are often attached, lack of local ownership, and strategic allocation. Some believed the COVID-19 pandemic might be the reset the world needed to make these programs more effective. Although the COVID-19 pandemic could have been a catalyst for the world to improve the effectiveness of these programs, it has been demonstrated above that this has not been the case. This lack of change is reflected by vaccine diplomacy, which is a prime example of the problems identified in other forms of foreign aid discussed at the beginning of the essay. Strategic allocation, top-down approaches and tying aid are still being used to prioritise the benefits to donor states instead of acting in the global common good. The Global North has structured foreign aid to serve their interests well, at the expense of the Global South's development. Even with the threat of COVID-19 variants, the Global North has been reluctant to change, indicating structural reform is not important enough to alter the existing power structure, even if it benefits the Global North.

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FOREIGN AID: SOLUTION AND/OR PROBLEM? THE IMPACT OF FOREIGN AID ON GLOBAL DEVELOPMENT BEFORE AND AFTER THE COVID-19 PANDEMIC.

Jenna Marr

Foreign aid is a well-known global development process, but its effectiveness in achieving its objectives is contested. Focusing on Official Development Assistance (ODA), this paper discusses foreign aid's impact on development and argues that it is currently problematic, particularly for recipients (developing countries), but can be reworked into a solution. It does so by critiquing foreign aid trends related to finance and structure, including tied aid, donor ownership, and corruption, and exploring the effect of COVID-19. It explains that these trends harm ODA's potential to aid development, and must be offset if ODA is to be successful in the future.

Foreign aid is one of many processes contributing towards global development. With the provision of capital, goods and services from one country to another, foreign aid is theorised to grow both economic and humanitarian sectors. However, the efficacy of foreign aid is highly contested. This essay will examine Official Development Assistance (ODA), the most common and significant type of foreign aid, to determine its impact on global development. Although focus is on ODA, much discussion will also apply to foreign aid generally. The essay will start by providing a comprehensive view of the build, history, and scope of ODA. It will then explore ODA's positive and negative impacts on global development, including common praises, critiques, and the effects of global trends, particularly COVID-19. Finally, it will identify the changes necessary for increasing ODA's effectiveness. Ultimately, foreign aid in its current form is a problem for global development. However, as this essay will argue, it can and should aid development: it simply needs to be reworked.

It is first necessary to define ODA. As provided by the Organisation for Economic Co-operation and Development (OECD) Development Assistance Committee (DAC), ODA is aid given to developing countries selected from an official list of recipients (OECD 2021). It has three defining features, separating it from other forms of foreign aid: first, it is undertaken solely by the official sector (sovereign states) through both bilateral and multilateral means; second, it promotes development as its main objective; and third, its grants and loans are concessional (OECD 2021; Riddell 2008, pp. 18-19). ODA loans are considered 'soft' because they are attached to relatively high repayment timeframes and low-interest rates that, in theory, make it more plausible for recipient countries to repay them (OECD 2021; Omotola & Saliu 2009, pp. 88-89). Unsurprisingly, donors and recipients of ODA are determined primarily by the North-South divide – the richer Global North as donors and the poorer Global South as recipients. South-South cooperation is growing, but the dynamics are still a clear representation of wealth and development gaps between the North and the South (Brown 2021, p. 47; Gavas & Pleeck 2021, p. 7). Essentially, ODA is concessional transactions provided by official agencies to an intended list of recipients with development as its main objective.

The scope and history of ODA in global development processes is wide. Institutionalisation of ODA began several decades ago, in the 1950s and 1960s, and its origins can be traced back even further to colonial development and European recovery efforts before and after World War II (Riddell 2008, pp. 24-28; Türkelli 2021, p. 826). Since 1960, bilateral donors reporting to the OECD DAC has grown to more than 50 (Gavas & Pleeck 2021, p. 7). This means the number of agencies and multilateral partners involved is extensive. Furthermore, in 2017, ODA made up 15% of all foreign resource flows (Türkelli 2021, p. 826). Although this number is not necessarily significant at face value, nor the largest of its kind, it is important because it is the only one exclusively dedicated to development. Consequently, ODA is one of the largest forms of foreign resource flows for global development, and it is continuously growing in size and scale.

ODA has undeniably had a positive impact on global development. For the most part, its successes lie in aid-financed projects and its ability to bridge financial gaps that would otherwise stunt development processes (Omotola & Saliu 2009, p. 89; Radelet 2017). The projects in question usually focus on specific resource or service provisions that support development's ability to occur, such as infrastructure implementation, heightened schoolbook and medicine accessibility, and service quality improvement (Riddell 2008, p. 253). For example, the US President's Emergency Plan for AIDS Relief (PEPFAR) is an ODA-financed project that has played a crucial role in combatting the disease by providing knowledge, care, and treatment

to countries in need (Radelet 2017). Since ill health is so closely linked to poverty, its improvement has a significant impact on development efforts. PEPFAR and similar projects provide key evidence that foreign aid can have positive effects, therefore aiding global development.

Changes to ODA brought on by COVID-19 have also positively impacted global development. The stall on other types of income flows to developing countries, including foreign direct investment and trade, has notably increased the demand for foreign aid (Brown 2021, p. 53). Accordingly, ODA has responded, reaching a record high in 2020 with 16 DAC donors expanding their aid contributions (Marchant 2021). In terms of objectives, COVID-19 has shifted ODA's focus away from economic areas, such as infrastructure, towards health, humanitarian assistance, well-being, and food security (Brown 2021, pp. 47, 53; Gavas & Pleeck 2021, p. 8; Marchant 2021). Although the long-term effect of this change remains to be observed, acknowledgement of human development importance will likely broaden ODA targets and activities in the future, and consequently, continue to create positive impacts on global development.

ODA is, however, comprised of several unfavourable trends and standards. These can limit, nullify, or worsen its ability to achieve global development (Omotola & Saliu 2009, pp. 89-90; Radelet 2017; Riddell 2008). For this essay, they are split into two categories: finance-related and structure-related. The first, finance, relates to problems with transactions. Within it, the issue of tied aid is prominent. Tied aid requires that the goods and services purchased with it are from the donor country, directly benefitting the donor and justifying aid-spending by adding self-interest (Türkelli 2021, p. 830; Petermann 2013, p. 29). However, purchasing goods and services from overseas raises their average cost by up to 30% (Türkelli 2021, p. 830). High spending on resource acquisition means that less of the aid can be used in other areas, including project design and implementation, repressing development's full potential (Türkelli 2021, p. 830). If goods and services could be sourced locally then expenses would drop, leaving more budget for the other areas. Another harmful result of ODA is debt. Despite recent efforts, foreign aid has been, and continues to be, a catalyst for debt (OECD 2021). This is because loans are not always as effectively soft as theorised, meaning they add to previous debts and attract detrimental interest rates, forcing recipient governments to spend more money repaying debt than investing in further development (Hilary 2010, p. 80). Lastly, the volatility of ODA is serious. ODA is given voluntarily, and for this reason, it fluctuates frequently (Riddell 2008, pp. 22-23, 359). Developing countries are unable to rely on the occurrence of consistently sufficient numbers. Often, this means that the aid given is too little or, more concerningly, that when ODA is high, its

unpredictability results in lack of planning and ineffective usage (Riddell 2008, p. 359). Clearly, these financial standards have adverse effects on development.

The second category relates to ODA structure and issues that are ingrained in current practices. The first, lack of local ownership and involvement, is facilitated by tied and conditional aid, but also stems generally from policymaking methods. Bottom-up approaches to ODA were prominent in the 1970s, where they appeared to fail. The shift to top-down approaches, however, has not worked either (Petermann 2013, p. 35; Türkelli 2021, p. 829). It is impossible, without consultation, for the official sector to know the needs of each developing country. Regardless, donors impose conditions based on their own ideologies and with little collaboration, meaning ODA is often targeted towards the wrong areas (Hilary 2010, p. 80). Another pronounced issue is corruption from both donors and recipients. Corrupt recipient governments, especially those that are autocratic or otherwise uninterested in development, divert ODA funds away from critical sectors, both directly (using the money incorrectly) and indirectly (investing the money in development efforts but simultaneously withdrawing their own finances) (Kono & Montinola 2012; Omotola & Saliu 2009, p. 90). Alternatively, corrupt donors allocate aid based on personal gain and self-interest, not recipient need. As a result, less than half of ODA goes to the countries that need it most; when it does, it can be improperly used, which hampers full developmental potential (Riddell 2008, p. 358). Finally, the shortfall of ODA success projects is their weak, short-term structuring. Lack of long-term sustainability means external factors, such as shock and conflict, undo and negate foreign aid's contributions (Riddell 2008, p. 254). Overall, both categories of ODA limitations increase aid dependency and lower positive impacts, producing counterproductive development efforts.

ODA also faces weaknesses in light of global trends, namely COVID-19 and neoliberal globalisation. The rise of neoliberal globalisation emphasises self-help and free-market economies as the keys to global development (Reid-Henry 2012). Consequently, neoliberal economists promote trade over aid as the way forward (Hilary 2010, p. 82; Reid-Henry 2012). Naturally, foreign aid clashes with this view of development. Neoliberal globalisation is criticised, but it is growing in relevance, meaning foreign aid may well be a hindrance to future development approaches (Hilary 2010, pp. 82-84). At the same time, although COVID-19 has had some positive impact on ODA and development, it has also been damaging. Some countries increased their ODA budgets, but almost as many have decreased theirs due to supply and finance shortages (Marchant 2021; Gavas & Pleeck 2021, p. 8). This detracts from the success of ODA being at an all-time high, and accentuates its voluntary, fluctuating nature – COVID-19 is demonstrating that, at any point, donor

countries can lower their contributions. Heightened attention towards global public goods (GPGs), accelerated by vaccine development, also has consequences. It is middle-income countries (MICs) that have the means to support the creation of GPGs (Gavas & Pleeck 2021, p. 11). This directs more ODA towards MICs, which, while being beneficial for them (Brown 2021, p. 47), has drastic implications for low-income countries (LICs) who need it most (Gavas & Pleeck 2021, p. 11). If LICs are ignored, global development efforts will suffer. However, perhaps most detrimental (although the long-term effect of this remains to be seen post-COVID-19) is the exacerbated framing of donor self-interest in ODA provision (Brown 2021, p. 48). As COVID-19 is a global health issue, the ODA directed toward it gains support by also being beneficial to the donors (Brown 2021, p. 48). Self-interest can facilitate ODA, but as many of the pre-existing, limiting trends have shown (especially tied aid, lack of local ownership, and donor corruption), it can also be harmful. Consequently, as explained by Brown (2021, p. 48), the increased self-interested nature of ODA in light of the pandemic could mean that firstly, once the threat wears off so will the support, and secondly, ODA will begin to focus only on mutually beneficial goals, forgoing issues that may not be as relevant to donors (such as local gender inequality). Consequently, COVID-19 and neoliberal globalisation trends suggest an inauspicious future for ODA'S impact on development.

Clearly, ODA has both positive and negative impacts on development, albeit more negatives. The question, then, is not whether aid works, but if it can be reworked to be more helpful than harmful (Riddell 2008, p. 257). Although not exhaustive, this section will explore recommendations related to the issues already discussed. On the finance-side of limitations, grants and debt relief, untied and less conditional payments, and donor funding transparency and commitment are necessary changes. The alleviation of current debt aids development by giving affected countries the capacity to direct the money towards required sectors and establish future debt management plans, as has already been observed in select parts of Africa (Omotola & Saliu, pp. 94-95). Similarly, untying aid and imposing less conditions on payments will assist by heightening recipient voice and cost effectiveness (Petermann 2013; Türkelli 2021, p. 830). Finally, if donors are more upfront and transparent about their funding, and strongly committed to reaching the proposed 0.7% of GNI towards ODA, then recipient countries are better able to rely on and plan for ODA (Türkelli 2021, pp. 833-834).

In terms of structure, local ownership of projects and understanding of country needs, stronger commitments to sustainability, and higher levels of accountability for both donors and recipients are imperative. Close communication and collaboration between donors and recipients will result in adequately targeted

projects that suit both donor ideologies and recipient needs (Lee et al. 2018, pp. 631, 637-640; Riddell 2008, p. 383; Türkelli 2021, p. 830). Extensive efforts to maintain projects from both donors and recipients, such as conducting follow-up management and employing citizens to work on them, will increase the long-term sustainability of successes (Lee et al. 2018, pp. 631, 640-641). Finally, and arguably most importantly, is accountability. Holding both donors and recipients accountable to good practices, whether through a third-party organisation or by another means, is the key to ODA improvement, firstly because it aids development by ensuring money is used where it is needed, and secondly because it aids the implementation of all of the other changes (Kono & Montinola 2012; Riddell 2008, p. 385).

The positive effects of COVID-19 can be felt more strongly if its negative impacts are also curbed early. The commitment to reaching the 0.7% target cannot be forgotten or ignored in the face of global emergencies; it is more important than ever in these times (Else 2021; Marchant 2021). It is critical, also, that immediate short-term needs, such as vaccine development and emergency funding, do not result in misdirection or over-direction of aid (such as prioritising MICs over LICs) or heightened, harmful framing of ODA as a donor benefit (Brown 2021, p. 48; Gavas & Pleeck 2021, p. 11). The necessary conditions for ODA to be successful, as outlined in the previous two paragraphs, must be maintained during all global crises and trends. It is possible to achieve this if strong, conscious efforts are made by agencies (especially the OECD), donor countries, and recipient countries. ODA may not be a solution to global development yet, but the recommendations provided in this section can certainly create a change.

This essay has demonstrated that foreign aid is currently a problem for global development, and that global trends, particularly COVID-19, may be exacerbating this, but it has also shown that significant reworkings of design and implementation would solve, or at least minimise, the negative impacts. ODA should not be the dominant driver of development, but it should be prominent and supportive. COVID-19 is already paving the way for some positive changes (highest recorded numbers and focus on humanitarian aspects of developments), and the suggested solutions would bring ODA to a place where it can be successful. It is important to note that this essay is limited to the impacts of ODA on global development, and excludes specific discussion of other forms of foreign aid. Further research could reveal different trends for these other types. Regardless, in the context of ODA, foreign aid is currently a problem for global development but can and must be reworked into a solution.

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LESSONS FROM THE COVID-19 PANDEMIC: THE HARM IN RELYING ON EDUCATIONAL TECHNOLOGY AND ONLINE LEARNING

Millie Love Scott

The COVID-19 pandemic has complicated the goal of quality education for all. This paper discusses how the shifts in global education caused by the COVID-19 pandemic have exacerbated inequalities within the system. This paper particularly focuses on the consequences of education technology, the shortcomings of a neoliberal-governed education system, and the vulnerability of the system to the sort of shocks brought about by the pandemic. Ultimately, this paper presents and explains the importance educational reform as part of post-pandemic recovery.

The coronavirus disease of 2019 (COVID-19) triggered critical shifts in the global educational paradigm, as the virus sent the world into mass lockdowns, economic downturn, and significant unemployment. With existing inefficiencies and limitations within the global education system already disproportionately targeting low-income families, minorities, and developing countries, the COVID-19 pandemic has further complicated the goal of quality education for all. This report analyses the impacts of the pandemic on global education, such as the rapid restructuring of learning to an online platform and introduction to education technology (EdTech), and how this may transform the nature of and accessibility to education in the future. It will also discuss the shortcomings of a neoliberal-governed education system, as highlighted by a divestment from education during the pandemic, and the system's vulnerability to the economic and social shocks. Ultimately, this report will consider the pandemic to have negatively impacted global education and show that the post-pandemic recovery should include educational reform to achieve accessible education for all.

To slow the spread of the virus, government-mandated school closures occurred globally to allow for social distancing, which Wulff states affected “almost 1.6 billion students” (2021, p. 1). A Survey of National Education Responses to COVID-19 found that in 2020, schools globally were closed for 79 instructional days on average which accounted for 40% of total averaged instructional days (What’s Next? Lessons on Education Recovery report 2021, p. 13). This resulted in an abrupt shift from traditional in-person teaching to remote and/or online learning in an attempt to maintain quality educational services and reduce the learning gap during closures.

Chase considers the concept that education has the ability to reproduce “dominant ideologies” and “social and economic inequality” (2021, p. 4). The COVID-19 pandemic has exacerbated these inequalities within the education system. Successful online learning hinges on the assumption that all students have access to reliable internet and electronic devices, as well as the capacity to learn effectively in online environments, which is a flawed and biased assumption that excludes many disadvantaged students. The Institute for Fiscal Studies Deaton Review of Inequalities states that private school students were “twice as likely to get daily lessons during lockdown” than public school students (Johnson et al. 2021). Additionally, higher-income public school students were more likely to receive support from schools and have a better “home learning environment” than low-income peers (Johnson et al. 2020). Low-income students face significant barriers to education, such as the affordability of internet, access to electronic devices, and importantly the environment needed to engage in remote learning which would require parental support (UNESCO, UNICEF, the World Bank and OECD 2021, p. 6). During such a time of mass unemployment, leading to high stress for many parents due to increased care-taking responsibilities, instances of domestic violence, or working from home, reliance on parental support for a student's successful engagement with learning is detrimental and puts that student at a disadvantage (Wulff 2020, p. 3). It follows that those who benefitted the most from EdTech and were able to receive a quality education despite the pandemic's circumstances seemed to be the students with access to quality internet, a personal device for study, and parents who were able to provide regulation and support. This creates a gap in learning for disadvantaged students who are unable to meaningfully engage with online learning, thus propagating structures of marginalisation and discrimination in education and employment prospects.

Furthermore, the closure of schools during the pandemic amplified pre-existing gender disparities within education as caretaking responsibilities and women's unpaid work increased. Perhaps the greatest gendered impact occurred within developing nations, which had the lowest enrolment and completion rates for girls

before the pandemic (Giannini 2020). The reliance on EdTech and digital devices disproportionately impacts girls' accessibility to online education, as the World Bank notes that women in low and middle-income countries are "8%" less likely to own a mobile phone, and "20%" less likely to use the internet on a phone, as such limiting their ability to access "home-schooling materials" (Gender Dimensions of the COVID-19 Pandemic report 2020, p. 7). In an article for the United Nations Educational, Scientific and Cultural Organisation (UNESCO), Giannini noted that in Mali, Niger, and South Sudan, 4 million girls were affected by school closures and that drop-out rates are likely to become significantly higher for girls due to increased domestic duties, such as household and caretaking responsibilities (2020). This has significant implications for women in developing countries where schools are the primary institutions for health education (including sexual and reproductive health) and empowerment, and inaccessibility could result in a rise in young pregnancies, child marriages, and child labour (Giannini 2020). Additionally, a lack of education can be harmful to future prospects of income, thus preserving gender gaps in employment and income, reducing the agency of women within society.

On a broader level, the dichotomy between the Global North and the Global South was exacerbated during the shift to EdTech, which in turn perpetuates Western hegemony and structures of colonialism within the global education system. The World Bank reports that in Canada and the US, education budget cuts will see "layoffs, reductions in staff recruitment and reductions in agreed salary increases", and in Nigeria, a suggestion of 45% off from the budget for the Universal Basic Education Commission (Al-Samarrai et al. 2020, p. 5). Therefore, it can be seen that the COVID-19 pandemic placed huge pressure on national budgets, disproportionately impacting poorer countries whose educational and national budgets were already relatively small before the crisis. Because of these pressures, the objective of global education may be hindered by disinvestment in foreign aid as donor countries redirect their budgets to domestic use. Furthermore, Vaccari and Gardinier examine the impact of the institutionalised education system framed by Westernised pedagogy, observing that the standardisation and convergence of educational policies fail to capture diverse and nuanced local contexts (2019, pp. 70-71). The dependency on digital devices and advanced technology such as EdTech during the pandemic further complicates this, as countries in various stages of economic development would not have the necessary infrastructure to ensure that both teachers and students have sufficient access to online learning. An analysis from EdTech Hub found that "only 19 million out of over 450 million children in Africa" used any form of EdTech (2020). This suggests then that many of the learning tools which are encouraged (and even required) by Westernised standard education policies are not relevant in the context of developing nations. Thus, most developing

nations were unequipped for the rapid shift into EdTech and experienced learning gaps, which aided in further propagating the Global South's subjugation to the North as universal access to technology became crucial to accessed education. This evolution of learning, if it continues to be promoted in the future within a post- pandemic recovery, will ultimately exclude the Global South from the perception of quality education.

This leads to perhaps the most important impact of the COVID-19 pandemic on global education, that the education system has reached the culmination of the neoliberal ideal of education as a free market. Traditional neoliberal austerity invites the privatisation of the education system and the commodification of educational institutions and tools as public budgets increasingly shrink. Nussbaum highlights the neoliberal metrics of "education for profit" including the number of course enrollees and profit calculations of tuition payments and labour resource expenditures (in Burns 2020, p. 247). Educational policies then seem to be determined by the economic benefits that institutions may bring. In the environment of COVID-19, the advantages of online education are often framed in terms of budget cuts. The sudden influx of private educational technology companies willing to provide 'free' or 'discounted' resources during the pandemic may create a perception that EdTech is the solution to global education (Burns 2020, p. 247). Highlighting this free market of education, the Chinese EdTech market reached almost \$2 billion USD in 2019, and global spending in the EdTech market is projected to reach \$404 billion USD by 2025 (Zhang 2019; Williamson 2022, p. 157). The COVID-19 pandemic has significantly accelerated the growth of this market, as most of the 30 private EdTech companies with a value of more than \$1 billion USD reached their financial height after investment in 2021, realising the potential for profit during school closures (Williamson 2022, p. 157). Thus, it is a profitable endeavour for national governments to undertake, especially as national budgets and economic growth slows under the impact of trade constraints and travel bans. The technological advancement of education is not in itself a new concept, as the World Bank (the largest funder of global education) strategised a reform which included the provision of ICT in 2011 to improve learning outcomes. This follows a neoliberal strategy of focusing on technical inputs to education rather than amending the pervading systemic inequalities which hinder educational accessibility (Ansell 2015, p. 12). Consequently, the rapid investments into educational technology during the pandemic have generated a seller's market within the education system, which was originally intended as a public good, further exacerbating the socioeconomic inequalities already present in the privatisation of education.

There are some claims that EdTech and online education will create “digital resilience” and therefore strengthen the ability of the education system to respond to economic shocks (Bhagat and Kim 2020, p. 368). This would include larger and/or more frequent investments into online education and a reform of the current education paradigm: Bhagat and Kim suggest that this will ensure “continued competitiveness and survival” for the higher education sector (2020, p. 368). However, the market-based language of ‘competitiveness’ and ‘survival’ suggests that the propagation of EdTech is highly market-driven rather than being cemented in principles of equality. Educational technology is inherently exclusive, and Wulff suggests that algorithms reproduce structures of racism and marginalisation through the inputs from “learned patterns of behaviours” (2021, p. 4). With so many private actors involved in the governance of education, the goal of education for all becomes muddled and sidelined in favour of market-based principles (profit and promotion), which in turn devolves responsibility for learning outcomes and threatens to restructure fundamental principles of the education system. The employment of technology in education, with its widespread reach, can also make it easier to cement dominant neoliberal, Western ideologies to countries in the Global South in the form of depositing knowledge into “passive information absorbers” (Burns 2020, p. 248). While there was a clear need for EdTech during the pandemic in order to maintain social distancing and slow the spread of COVID-19, the global education system is not nearly accessible enough nor strong enough for technology and learning to converge in the future. If the foundation of educational policies continues to be centred around market ideals and technological progress, the deeper structures of inequality and inaccessibility will never be addressed. The COVID-19 pandemic has revealed the neoliberal mechanisms behind the global education system, and why these mechanisms failed to maintain education for all during the crisis and instead compounded existing inequalities within the education system.

The COVID-19 pandemic has had far-reaching consequences on the global education system. With the closures of schools and the rapid movement towards online education, pre-existing socioeconomic inequalities within the education system were exacerbated. As such, disadvantaged students were unable to access the same meaningful experience of online learning due to barriers to the internet, technology, and an appropriate home environment for learning. Girls, especially in developing countries, faced more hardship during the transition to online education due to increased caretaking responsibilities. Globally, the requirement for EdTech during lockdowns undermined the agency and development of educational institutions in the Global South while perpetuating the hegemony of the Global North, through

marketisation and neoliberal regime. Moving forward, governments must be careful in implementing EdTech and should consider reforming the current neoliberal structures of global education to offer a more nuanced, localised education.

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THE PRICE OF A PANDEMIC: FOOD SECURITY, COVID-19 AND THE NEO-LIBERAL SYSTEM

Mitchell Waugh

In this article, I explore how the COVID-19 pandemic has exposed flaws in neo-liberal global food markets and systems. The pandemic has many implications at all levels of society. The impact of the pandemic on food security varies widely between the Global North and South though not along traditional lines: differences in food security appear to depend on the willingness of a state to (re)engage means for growing, buying and distributing food beyond neo-liberal market systems. In this article, I aim to demonstrate this by qualitative meta-analysis, before considering how food security might be better ensured in the future.

In this essay, I will explore the impact of the COVID-19 pandemic on global food security. I will first discuss the impact of the pandemic on the global market system from a supply-side perspective and the heterogeneity of impact between the Global North and South. I assert that the pandemic has laid bare the failures of neoliberal market systems with respect to the provision of food security in the broad sense. I then turn to consider the disparate approaches of state engagement with the global neoliberal order and market systems in the wake of the pandemic, examining Fiji, where the government has reengaged with its people and its traditional practices as a means of ensuring food security; India, where the central government balances the requirement of food security against the competing neoliberal and traditionalist agendas; and the broader Global North, in which nationalist sentiment is on the rise, despite comprising the powerbase of the neoliberal hegemony (Clapp & Moseley 2020). Finally, I briefly consider some alternative methods for state-market relations for the Global North and South alike before concluding.

As the COVID-19 crisis grew, so too did the number of people expected to face poverty and chronic hunger or malnutrition (Clapp & Moseley 2020). Predictions on how many additional people will face acute hunger globally as a result of the

pandemic vary from 130 to 150 million people (Clapp & Moseley 2020; Swinnen & McDermott 2020). Food system impacts were felt first on the supply side of the market economies. The biggest of these impacts were labour shortages, emerging as countries instigated international and domestic travel restrictions and stay-at-home orders, impacting harvest, transport, and market facilitation generally (Swinnen & McDermott 2020). The severity of these supply constraints varied most widely along lines of labour intensiveness: the more labour intensive the supply of a particular commodity, the more severe the impacts of travel restrictions and stay-at-home orders (Swinnen & McDermott 2020). The implication of this is that the Global North suffered less in terms of supply chain disruption than the Global South as supply chains of the Global North are primarily underpinned by capital and knowledge rather than raw labour (Alabi & Ngwenyama 2022). There are exceptions in the Global North: meat processing in the United States relies largely upon migrant labour and labour shortages did adversely affect these industries (Swinnen & McDermott 2020). In the UK, labour shortages affect the harvesting and processing of fresh foods in a similar way (Lin, Lloyd & McCorriston 2021). Nevertheless, the bigger companies of the Global North remained better suited to adaptation in the face of both labour and broad supply shortages due to their capital intensification, flexibility in global sourcing, and exporting and risk management (Deconinck, Avery & Jackson 2021; Swinnen & McDermott 2020).

The immediate impact of the COVID-19 pandemic on food security via failures in supply-side market systems are merely symptomatic of broader market system failure. While traditional global food crises can be narrowed down to specific causal factors, the effect of the COVID-19 pandemic on food security is complex, heterogeneous, and diffuse within and between the Global North and South (Clapp & Moseley 2020). Beyond the constraints on market supply, the global economic contraction that accompanied the pandemic is a double-edged blade for markets: it has simultaneously eroded the buying power of the population on one hand whilst, on the other, increasing the volatility of food prices in both domestic and global markets (Clapp & Moseley 2020). Specialisation was imposed upon Global South economies over the last thirty years via loan conditionality, technical assistance, and the development strategies of the Global North. It demanded a narrow focus on cheap, exportable commodities for trade via global corporations in an unaccountable global market and thus created the perfect storm for food insecurity when the foundations of that market were rocked (Clapp & Moseley 2020). Disruptions to market systems also affect the ability of agricultural agents in the Global South to access the necessary inputs to production. Increases in price or lack of availability of fertilisers, pesticides, seed, and labour compounded the effects of loss of income in the short term, especially where a country's technical capacities

disallowed local procurement of inputs to production or restricted travel significantly (Şmuleac et al. 2020). The prevailing market order, presented with a multi-faceted and complex disruption, thus fails along the fault lines of inequality first, where the necessary resources, knowledge, and political willpower to facilitate market operation under duress is lacking: the Global South.

Given the emergent failures of neoliberal market systems globally, responses in the Global South have varied. In Fiji, the state response saw a turn away from neoliberalism and towards the traditional practices of agriculture and communal living (Randin 2020). Indeed, the sudden decline of the tourism sector has been the single biggest contributor in Fiji's 21.7% economic contraction (Leweniqila & Vunibola 2020). Fiji's first lockdown saw a concerted return to subsistence agricultural practice, particularly in rural areas where between 87 and 89 percent of the land is traditionally owned (Randin, 2020). The social safety net that modernity had endangered was endorsed both socially and politically as the pandemic eroded confidence in the tourism and agricultural sectors to provide for the country in the global market; instead, Fiji has seen a unilateral reorientation, sponsored by the government, towards *vaka Vanua*– the way of the land (Randin 2020; Leweniqila & Vunibola 2020). In doing so, the island nation highlights polyculture agricultural practice, community focused living, and the role of traditional practices as both a means of ensuring food security and insuring against future crises (Leweniqila & Vunibola 2020).

In Fiji, the government and its people alike have begun to turn away from the global market economy and look inwards, but this has not been the response of all governments in the global south. India is a burgeoning power in political and economic terms, where the push of traditional values and societal structures strain against the pull of the Indian state's adherence to neoliberal lessons of government (Poonia et al. 2020; Şmuleac et al. 2020). Indeed, it was this reliance on trade and market structures that rendered the Indian population – especially the poor, the migrant workforce, and women – so vulnerable to food insecurity (Healy et al. 2020). Despite this, regional and central governments of India implemented significant policy measures to ensure food security. Firstly, in Kerala, a social safety net composed of food rations and community kitchen facilities along with a cash transfer was implemented; these measures were quickly enforced and expanded by the central government, who released a food security package worth 1.7 trillion Indian Rupees and extensive cash transfers via the national wage security scheme (Poonia et al. 2020). Despite the acknowledgement of the need for a social safety net and provision of the government therein, there are calls to entrench state-market relations as a means of ensuring food security via mechanisms such as technical

assistance, credit provision and debt restructuring, increased market access, and reinforcement of the supply chain (Poonia et al. 2020; Şmuleac et al. 2020). India, however, has no problem growing enough food – in 2020, India grew record vegetable and coffee crops, whilst state granaries “overflowed”, holding 71 million tons of grain (Poonia et al. 2020; Clapp & Moseley 2020). Instead, India could better serve her people by turning away from the globalised neoliberal order – one that generates the very insecurity that leads to food crises – and focus on foregrounding the tacit knowledge of the Indian people in ensuring food security and reshaping industrial agricultural practice to that end (Healy et al. 2020; Butler 2015).

The impact of the pandemic on food security has been less readily ascertained in countries like the UK and other OECD import-reliant economies thanks to divergent market forces and the many intricacies of the global food system (Lin, Lloyd & McCorrison 2021; Clapp & Moseley 2020). Because of this, issues of demand are particularly pertinent for import reliant economies as it renders the national and regional food systems less agile in responding to sudden macroeconomic shifts (Clapp & Moseley 2020). Of these, the impact of the COVID-19 pandemic on employment and purchasing power of people within the Global North, particularly the poor, is most acute: slow economic recovery spells protracted uncertainty for food-away-from home providers, representing a significant portion of the food sector in the Global North (Deconinck, Avery & Jackson 2021; Lin, Lloyd & McCorrison 2021). Indeed, the impacts of job loss and other macroeconomic forces that result in the net reduction of the purchasing power of vulnerable people affects the poor of the Global North and South alike (Deconinck, Avery & Jackson 2021). Thus, in the Global North, the COVID-19 pandemic has the power to catalyse reshaping state-market relations with respect to food security not because the pandemic has not created an issue with food supply, but rather, with food access (Lin, Lloyd & McCorrison 2021). Whilst some commentators may call for more neoliberalisation as a response to food security woes wrought by neoliberalism’s hand (Gay, Adenäuer & Frezal 2020; Deconinck, Avery & Jackson 2021), others call for a return paradigmatic reformation of the way the industrialised world produces and distributes food (Clapp & Moseley 2020).

The governments of the Global North comprise the bulk of the hegemonic force underpinning the neoliberal market system, yet the pandemic has spurred a rise in nationalist, protectionist domestic policy (Clapp & Moseley 2020). Indeed, the global economic contraction wrought by COVID-19 has led to some states of the Global North turning away from the international institutions of global trade altogether (Clapp & Moseley 2020). Instead, there seems to be an uptick in measures that promote a resilient, diverse food system that addresses the problems of the

neoliberal market model to food provision in the Global South and North alike (Randin 2020; Clapp & Moseley 2020). In the Global North, community supported agriculture has seen increased practice, advancing with it the notion of a requirement for diverse farming systems that reduce import reliance (Clapp & Moseley 2020). In the global south, Addis Ababa reveals how this very system may work. A lack of cold supply logistics demands perishable goods be produced and consumed in a local region, insulating the market supplier and consumer alike from price volatility and global food availability issues (Hirvonen, de Brauw & Abate 2021).

Globally, governments have been given an opportunity to reshape their relationships with markets and the broader neoliberal order. For one, the governments of the Global North could focus on reshaping agricultural policy to support the creation of shorter supply chains servicing local and regional markets, thus ensuring resilience in the face of global uncertainties in terms of both food production and access (Clapp & Moseley 2020). The importance of peasant agricultural practice, traditional knowledge, and community-centric local or regional food networks could all be foregrounded in the construction of a post-capitalist food system, underpinned by a strong, sustained belief in a global Right to Food (Clapp & Moseley 2020; Healy et al. 2020; Randin, 2020). COVID-19 has demanded a reinvention of the structural make-up of communities and the systems upon which it relies; governments now have the opportunity to foreground community, ingenuity, and innovation in a new, post-neoliberal way.

The impacts of the COVID-19 pandemic on the global economic landscape were profound in many realms with food security being no exception. I have explored the impacts of the pandemic on food security, illustrating how these shocks were felt most acutely along lines of inequality: the COVID-19 pandemic has highlighted and exacerbated existing inequalities within the neoliberal order. I have argued that the COVID-19 pandemic has laid bare the structural inequalities inherent in global market economies. To support my argument, I have considered two disparate responses emerging in the. On one hand, Fiji turned its back on global markets, focusing on domestic food production, subsistence farming and re-establishing traditional means of ensuring food production in an attempt to emancipate the nation from the fragility of the global food market; on the other hand, India appears to be intensifying their reliance on neoliberal systems rather than incorporating the traditional knowledge and practices for ensuring food security. In the Global North, the COVID-19 pandemic has impacted markets predominantly in terms of demand. I show how the pandemic led to an uptick in protectionist policy amongst former bulwarks of the neoliberal order, further illustrating how the impacts of the COVID-19 pandemic on food security run along lines of insecurity both between and within

the Global North and South. Finally, I argue that a solution may well lie in the development of a new, post-neoliberal food system underscored by a global focus on the Right to Food but which relies on community-focused, traditionally informed, sustainable agricultural practice.

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COVID-19 AND POPULATION: THE IMPACT OF THE PANDEMIC ON GLOBAL DEMOGRAPHIC TRENDS

Rafik Gayed

The COVID-19 pandemic has had many consequences worldwide, including the deaths of millions of people as a direct result. In the longer term however, the pandemic has exacerbated the population discrepancy between the Global North and Global South. While all regions have experienced declining mortality rates, countries in the Global North must contend with stagnant and shrinking populations, while the Global South faces unsustainable population growth. This paper investigates the impact of the COVID-19 pandemic on relevant factors such as fertility rates and life expectancy and suggests region-specific strategies and policies to better manage these issues.

The COVID-19 pandemic has had and continues to have a great impact on the world, taking millions of lives and disrupting global economic and political structures. And while the pandemic has caused plenty of serious and pressing short-term problems, it has also affected the pre-pandemic issue of the planet's population and demographic trends. This essay will discuss the impact of the COVID-19 pandemic on population and how it highlighted the divide in demographic trends between the Global North and the Global South. I will explore the population trends from the end of the Second World War to today, the reasons for these trends, and how the Global North and Global South should proceed in managing their respective population issues following the COVID-19 pandemic.

To be able to discuss the impact of the COVID-19 pandemic on population, the demographic trends that existed before the pandemic must be understood first. The world's population has increased threefold in the last 60 years from approximately 2.5 billion people in 1950 to 7.9 billion people today (UNDPESA 2019). This rapid population increase can be attributed to two broad global trends: a heavy decline in mortality rates and high (albeit declining) fertility rates (Barrett 2000, p. 108). It is critical to understand why these trends are happening in order to explore the

marked difference in population issues between the Global North and Global South and how these issues could be solved.

Mortality rates have greatly improved globally over the last few decades, with life expectancy at birth in the least developed countries rising from 40 years in 1960 to 65 years in 2019 (World Bank 2019); while in a developed region such as Europe, life expectancy rose from 68 in 1960 to 79 in 2019 (Roser et al. 2019). Infant mortality rates are seen as good indicators of overall mortality rates and a decrease of these rates significantly contribute to a rise in life expectancy (Barrett 2000, p. 109).

There are many factors that contribute to the global decline in mortality rates. Firstly, improved sanitation has meant that environments that allow the spread of deadly infectious diseases are being eliminated (Barrett 2000, p. 109). Statistics such as the percentage of populations with access to safe water and adequate sanitation clearly correlate with reduced mortality rates. For example, in the period between 2000 and 2019, the percentage of the global population with access to safe water increased from 62% to 74% (Ritchie and Roser 2021). In that same period, the world average life expectancy increased from 66 years to 73 years (Roser et al. 2019).

Similarly, advances in medicine and health care have greatly increased life expectancy and reduced mortality rates (Barrett 2000, p. 110). Along with new scientific discoveries over the last few decades that have led to increased production of disease eliminating vaccines and lifesaving medicines, the quality of health care and the promotion of healthy lifestyles have also served to reduce mortality rates and increase life expectancy (Barrett 2000, p. 110). However, these advances in health care and medicine have disproportionately benefited the Global North, with millions dying every year in the Global South from preventable diseases (e.g., by vaccinating the population) or from easily treatable diseases (Stevens 2004, pp. 7-8).

Life expectancy has increased in both the Global North and Global South due to similar broad factors. And while there is still a large disparity in mortality rates between the two regions, this only proves that the Global South's mortality rates can still improve and its life expectancy can be raised by sanitation, health care advancements, and living standards continue to improve. This will not be without its challenges however, and the COVID-19 pandemic has highlighted the need for progress.

While all regions across the globe have experienced lower mortality rates and higher

life expectancy, albeit not equally, they have not been so similar when it comes to fertility rates. The Global South has continued to experience high but decreasing fertility rates, while the Global North has had much lower fertility rates than the South that continue to decrease (UNDPESA 2020). The overall planet's fertility rate has halved from five children per woman in 1950 to 2.5 in 2020 (UNDPESA 2020). However, that rapid global decline is due to the Global South's fertility rates falling in the same period from around six children per woman to three, whereas the Global North's birth rates have declined from three children per woman to under two (UNDPESA 2020).

There are many interlinked causes for the decrease in children per woman globally. The first is that the fall in infant and child mortality rates has not only led to lower mortality rates as discussed above but has also contributed to the decline in fertility rates (Pradhan 2015). Infant and child mortality rates are crucial to the decline in births as for many in the Global South, children provide economic and social security, meaning that parents need to be sure that their children will survive to become adults who can provide for them in old age (Barrett 2000, p. 117). Therefore, with infant and child mortality declining, families in Global South states are less reluctant to reduce their number of children.

To be able to reduce the number of births, people must first have access to modern contraceptives. Five years after the contraceptive pill was approved in the United States in 1960, almost half of married women used it as a method of birth control (Harford, 2017). And while in the Global North women generally have access to and understand how modern contraceptives such as the pill work, women in the Global South do not always have the same options (Barrett 2000, p. 117). There is a clear link between access and use of modern contraceptives and the fall in modern fertility rate, and therefore, informing women and families about these options as well as providing access to contraceptives are necessary to see a further decline in births per woman globally (Campbell et al. 2013).

The Global South has had a much steeper fertility decline than the Global North as discussed above. And while fertility across the world has fallen for the same general reasons, Global South states generally have high to moderate population growth, while countries in the Global North have little to no growth (UNDPESA 2020). A small but growing amount of Global North regions such as Japan and eastern European states are even experiencing a population decline (UNDPESA 2020). This poses a unique challenge to these countries as they face burdens on the economy due to the ageing population and the financial stress it puts on the already shrinking number of taxpaying workers (Ezeh et al. 2012, p. 142).

Meanwhile states in the Global South with rapid population growth face pressures on the already fragile public infrastructure and health services, and the rapid growth can put stress on the environment as it struggles to cope with more energy and resources being used at the expense of the environment (Ezeh et al. 2012, p. 143). It is important to note however, that while population growth in the Global South does put more stress on the environment, it is Global North countries with high energy consuming lifestyles that produce the most carbon emissions and have historically caused the most damage to the environment (Mott et al. 2021). Studies have shown that the already flailing public health resources in the Global South has caused countless excess deaths due to the COVID-19 pandemic (Gill and Schellekens 2021).

The COVID-19 pandemic has had many effects on population trends, with the most obvious one being the increase in mortality rates – mainly in elderly people – due to the deadly nature of the virus. It is predicted however, that there may be long term impacts on demographic trends as a result of the COVID-19 pandemic, especially in the Global North (Yeung 2021). While there was seemingly an expectation that birth rates would increase due to couples having more time together at home during lockdowns and restrictions, research shows that the opposite has happened (Hegarty 2021).

A study conducted in several European countries showed that many people who had planned to have a baby in 2020 either delayed or abandoned their plans completely due to the impacts of the COVID-19 pandemic (Luppi et al. 2020, p. 5). The study found that there was a strong connection between a country's economic and welfare status, and the percentage of people who delayed or abandoned their plans to have a baby (Luppi et al. 2020, p. 10). The COVID-19 pandemic appears to have made already dangerously low fertility rates worse, with people reluctant to reproduce due to their health and financial concerns, as well as potential long-term economic uncertainty in the aftermath of the pandemic (Hegarty 2021).

The COVID-19 pandemic has also impacted population trends in the Global South, but not in the same way as in the Global North. Instead of seeing a decline in birth rates, estimates by the United Nations Population Fund (2021) show that around 12 million women in 115 countries have lost access to family planning and contraceptive services due to the COVID-19 pandemic, which could lead to up to 1.4 million unwanted or unplanned pregnancies. This supports findings by Barrett (2000) that access to and use of modern contraceptives have played a crucial role in lowering fertility rates across the world, especially in the Global South.

The COVID-19 pandemic has undoubtedly strained the fragile health systems in the

Global South even more than they already were, and the unplanned increase in population due to the loss of contraceptive services will have severe long-term impacts on these already impoverished and developing states (Gill and Schellekens 2021). It is therefore crucial to meet the need for contraceptive and family planning services, and to improve the public health structures in the Global South as states struggle to cope with the short-term and long-term effects of the COVID-19 pandemic.

As for the Global North's slow population growth and decline, states have long relied on immigration as a solution to keep their economies afloat (Hegarty 2021). However, with virtually every state in the Global North restricting or banning the movement of people in and out of their borders as a measure to control the spread of COVID-19, this option is, at least temporarily, unavailable (Yeung 2021). Therefore, as Ezeh et al. (2012, p. 147) suggest, providing financial incentives to boost fertility rates and make having children more affordable, especially during a financially stressful pandemic, could be a solution in solving the low growth and decline. This suggestion is backed by evidence discussed above, which shows that states with better economies and welfare systems have not had as large of a fertility rate drop as other states (Luppi et al. 2020, p. 10).

The impact of the COVID-19 pandemic on population trends has been and will continue to be a major challenge for both the Global North and the Global South. High fertility rates in the Global South and low or declining populations in the Global North are issues which existed well before the COVID-19 pandemic. However, the pandemic has increased already high and unsustainable growth in the Global South, and exacerbated the population decline experienced in the Global North. To solve these unique issues, states in the Global South need to continue providing access to modern contraceptives, and Global North states must make having children more affordable for families to counter the impact border restrictions have had on immigration. Otherwise, states risk unprecedented problems as a consequence of their policy inaction regarding population.

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COVID-19 AND THE STATE OF THE WORLD'S ENVIRONMENT: A CRITICAL ANALYSIS

Lily D. Mackereth

The effects of the COVID-19 pandemic have impacted the state of the world's environment. Throughout the pandemic, governments have implemented policies to mitigate the spread of the virus, bringing about significant changes in lifestyle and human behaviour. While these changes have benefitted the environment by reducing CO2 emissions, pollution and promoting ecological restoration, a shift in political agendas to focus on human health has also resulted in damaging environmental impacts. Nonetheless, the COVID-19 pandemic has presented an opportunity for governments to transform the global economy by implementing 'Green Economic Recovery' (GER) plans. Environmentally driven policies are not only necessary for a cleaner future but also to reduce the worsening Global North-Global South divide. Therefore, a global GER is ultimately required to prevent the danger of the next, environment-related, global crisis.

The environment, much like every facet of human life, has been drastically impacted by the COVID-19 pandemic. In an attempt to mitigate the spread of the virus, lockdown measures have been imposed in various forms across the globe, thus bringing about significant changes in lifestyle and human behaviour. This new way of life, which generally suppresses human movement, has benefitted the environment by reducing CO2 emissions, pollution and promoting ecological restoration. However, a shift in political agendas to focus on human health and the measures taken to reduce COVID-19 related deaths have also resulted in damaging environmental impacts, such as increased medical waste pollution. Moreover, it is likely that, due to the unprecedented nature of the pandemic, these environmental consequences, both positive and negative, will subside as governments recover from the effects of the pandemic. However, the short-term environmental benefits observed have demonstrated how greater sustainability, and thus improved environmental practise, is achievable. As such, if policies and practices which promote a 'Green Economic Recovery' (GER) and long-term environmental

sustainability are implemented, the world may be able to prevent an environmental catastrophe.

The state of the world's environment prior to the COVID-19 pandemic was undoubtedly dire. Since industrialisation, human activity has expelled copious amounts of CO₂ into the atmosphere, primarily through the burning of fossil fuels (Hodges & Pogkas 2020). The impact of this has triggered unnatural warming of the Earth's temperature, resulting in climate change. Experts fear that if serious preventative measures are not implemented, the effects of climate change will be irreversible, and ultimately lead to 'untold human suffering' (IPCC 2018, p. 12). As recent global events have indicated, natural disasters such as bushfires and floods are occurring more frequently and with greater intensity (World Meteorological Organization 2021). Moreover, global temperatures are on track to increase by at least 3°C by the end of the century, which is two times greater than what climate experts have warned is the limit to avoid the most 'severe social, economic, and environmental consequences' (Hodges & Pogkas 2020, p. 2). However, climate change is just one of many environmental problems damaging the Earth (World Meteorological Organization 2021).

Along with the effects of climate change, loss of biodiversity and pollution have also emerged as primary environmental issues. According to the WWF's Living Planet Report 2020, there has been a 68% decline in wildlife population sizes since 1970 (WWF 2020). This decline, which is occurring at an unprecedented rate, poses a significant threat to life on Earth. The deterioration of biodiversity threatens humanity's livelihoods, economies, food security and health (WWF 2020). Moreover, pollution, specifically through waste production, is also damaging ecosystems. As such, waste that is not biodegradable and cannot be properly recycled is contaminating oceans and landfills. This contributes to a worsening climate and a declining wildlife population. Ultimately, the damage caused by leading environmental issues, including climate change, loss of biodiversity and pollution, have called for urgent climate action. Thus, in 2019 the world experienced some of the largest protests in history, urging governments to take immediate steps to mitigate environmental destruction (Taherzadeh 2021).

Notably, however, not all of humanity has been equally responsible for environmental problems and their impacts (Randall 2018). *The Lancet Planetary Health* has recently found that the Global North is responsible for 92% of excess global CO₂ emissions (Hickel 2020). However, environmentalists fear the world's poorest countries in the Global South, with very low carbon footprints, are bearing the brunt of the CO₂ emissions in the Global North (Brändlin 2019). Burundi is a

prime example of the injustice of the climate crisis. The nation has the world's lowest per capita emissions of any country, and yet suffers the highest chronic malnutrition in the world (Brändlin 2019). The latest Intergovernmental Panel on Climate Change (IPCC) report stipulated that one of the primary threats to humanity as a result of climate change, is food insecurity, especially in the Global South where states are more reliant on small-scale agriculture and thus more vulnerable to droughts, flooding and extreme weather (IPCC 2019). Burundi is experiencing changing weather patterns, with rainfall becoming very sporadic, particularly in agriculture-heavy regions (IPCC 2019). The IPCC report predicted that extreme flooding and droughts will yield a decline in agricultural between 5% and 25% in the coming decades, thus making it difficult for the nation to improve its food insecurity situation (IPCC 2019). Philip Galgalo, Christian Aid's Country Director for Burundi, recognised this issue within following the IPCC report, stating that despite producing almost no carbon emissions, 'we find ourselves on the front line of climate change, suffering from higher temperatures, lower crop yields and increasingly unreliable rains' (Brändlin 2019, p. 1). As such, despite Burundi's lack of emissions, the state is suffering from changing environmental conditions brought about by climate change. Ultimately, climate change is widening the Global North – Global South divide, as those who have contributed the least to cause the problem are suffering the most.

The COVID-19 pandemic has caused damaging environmental impacts, many of which are yet to come to fruition. Given the highly infectious nature of the COVID-19 virus, there has been an increased demand for PPE equipment such as masks, gloves, and disinfectants (Benson et al. 2021). Additionally, many states have made mask-wearing mandatory, contributing to this unprecedented increase in demand for PPE. Given these medical items are predominantly single-use, the amount of medical waste produced is growing exponentially. In Wuhan, for example, during the peak of COVID-19 cases in early 2020, hospitals were generating 240 metric tons of medical waste per day, compared to 50 tons per day in pre-COVID-19 conditions (Shakil et al. 2020). Further, not only has there been a large-scale increase in the production and use of PPE, but there has also been a lack of initiatives implemented to appropriately recycle the waste. Due to a fear of spreading COVID-19 to the people associated with recycling, efforts to reduce the impacts of waste pollution have been minimal (Shakil et al. 2020). This untreated waste is therefore contaminating and endangering the environment. However, given the world is currently in the midst of the COVID-19 pandemic, the ongoing environmental damage caused by this growing pile of global waste may not be exposed for years to come. Thus, early evidence indicates that the COVID-19 pandemic will reverse the years-long global effort to reduce plastic waste pollution and to protect ecosystems (Benson et al. 2021).

In contrast, many positive environmental consequences have emerged as a result of the global disruption caused by the COVID-19 pandemic. Worldwide government-imposed lockdown measures and thus the slowing of anthropogenic activities, have contributed to a reduction in air and water pollution and allowed for ecological restoration (Rume & Islam 2020). Moreover, the change in human activity has reduced global energy consumption and the associated CO₂ emissions. As a result, the International Energy Agency estimated a -5% decline in global CO₂ emissions in January-April 2020 compared to the same period in 2019 (International Energy Agency 2020). This demonstrates the direct impact that human activities such as motor transport and travel have on CO₂ emissions, and thus climate change. Furthermore, developing states such as India which imposed strict lockdowns on its 1.3 billion nationals, have experienced considerable environmental changes over a relatively short period of time (Debata et al. 2020). One of these benefits has been the reduction in water pollution. As such, the surface water quality in Vembanad Lake improved significantly during the lockdown period in 2020 (Yunus et al., 2020). Compared to pre-lockdown levels, the lake's suspended particulate matter dropped by 15.9% (Yunus et al. 2020). Given many aquatic life forms cannot survive in high levels of particulate matter, this decline has positively impacted ecosystems (Yunus et al. 2020). Additionally, during intense lockdown periods, media outlets across the world reported on changes in the movement and behaviour of wild animals (Zellmer et al. 2020). Consequently, cleaner air quality due to lower CO₂ emissions and a lighter human footprint in many ecosystems was temporarily observed allowing wildlife to flourish (Soroye et al. 2020). As such, the COVID-19 pandemic incited a global halt to contemporary human activities which allowed for a period of reduced CO₂ emissions, cleaner water, and the ability for wildlife to flourish in environments that are typically overrun by humans.

Despite the environmental benefits observed during lockdowns, however, it is unlikely the impact of these temporary changes will improve the worsening environmental situation in the long-term. With the easing of lockdowns and a return to 'normality', many of the environmental benefits, such as reduced CO₂ emissions, have begun to dissipate. Corinne Le Quere argues that given 'we still have the same cars, the same roads, the same industries and the same houses.... We will go right back to where we were' (Quéré et al. 2020, p. 647). An analysis by Jonathon Watt supports this view, as the pandemic drove changes in human activity which were 'accidental, temporary, and involved too much suffering' to be replicable (Watts 2020, p. 1). Therefore, akin to a surge in CO₂ emissions following the financial crisis in 2007-2008, it is likely that emissions could increase past pre-pandemic levels (Quéré et al. 2020). Hence, if the benefits discerned from pandemic induced changes are to implement meaningful environmental change, their impacts will need to endure long-term.

The COVID-19 pandemic provides an opportunity for governments to ensure a more sustainable future. It is argued that the economic stimulus which postdates the pandemic, should be used by governments to implement a GER. As such, if governments can transform the world economy to rely on more sustainable practices, then it is likely cleaner air, healthier water, greater biodiversity conservation, and plans for climate action can be achieved. Climate analysts Bodenheimer and Leidenberger argue that COVID-19 has debunked the myth that certain activities, such as extensive international business travel, are without alternative in the modern world (Bodenheimer & Leidenberger 2020). Thus, as states 'return to normal', it is critical they reflect upon which aspects of the 'old normal' should be retained, and where a more sustainable 'new normal' should emerge. A recent report by Oxford University's Global Recovery Observatory outlined potential green spending areas, which include 'investment in green energy, green transport, energy efficiency and building retrofits, as well as natural capital investment' (O'Callaghan & Murdock 2021, p. 41).

Many states have already pledged their commitment to a GER. The 'France Relance', for example, has seen the French government allocate \$14.3 billion toward funding 'green' projects, which include research into many areas such as a circular economy and responsible agriculture (O'Callaghan & Murdock 2021). However, some states are 'refusing to get with the program' (Cambage 2021, p. 2). While Canada, for example, has contributed 74.5% of their economic recovery spending on green initiatives, Australia has spent less than 2% toward a GER (AIGCC 2021). Given the reduction in CO2 emissions induced by the pandemic are roughly in line with the scale of cuts required to reach goals set by the Paris Agreement, this lack of environmental action will not suffice (Bodenheimer & Leidenberger 2020). Thus, for environmental protection goals to be achieved, there must be a combined global effort. One of the biggest challenges in achieving a greener future is tackling the global power imbalance, which prioritises economic gain over environmental action (Cambage 2021). Therefore, governments will need to implement policies that work toward unifying the Global North and Global South and ensuring positive environmental outcomes.

The COVID-19 pandemic has induced unprecedented change in human activity which has significantly impacted the environment. Akin to the pandemic, environmental issues are truly global, and the state of the world's environment is progressing toward irreversible climate destruction. Therefore, the initial benefits observed as a result of worldwide lockdown measures emerged as a symbol of hope for a greener future. However, as the pandemic has progressed, detrimental environmental practices have resumed, and new ones emerged. Nonetheless, the

COVID-19 pandemic has presented an opportunity for governments to transform the global economy by implementing GER plans. Environmentally driven policies are not only necessary for a cleaner future but also to reduce the worsening Global North-Global South divide. Moreover, a global GER is ultimately required to prevent the danger of the next, environment-related, global crisis.

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WHAT POLICYMAKERS MUST LEARN FROM THE COVID-19 PANDEMIC TO PREPARE FOR CLIMATE CHANGE

Jack Andrew Hutchins

The COVID-19 pandemic shares significant similarities with the impending effects of climate change. Similarities include, but are not limited to, how these crises worsen the conditions of inequality within states and on an international scale. It also illustrates how prevention is a significantly more desirable strategy. Given this, the pandemic can arguably be seen as a dress rehearsal for climate change, as climate change is foreseeably more long-term. While comparisons between the two are useful more broadly, government bodies have the most to learn as they will inevitably have to lead climate change mitigation and adaptation.

The crisis of climate change has been a looming threat to the world for a long time. Only until recently has the entire globe had to reckon with an emergency that was similar in scale. The emergence of the COVID-19 pandemic has been felt by the entire world and is perhaps the only modern crisis that challenges climate change as the most important of our time. This essay will assess the extent to which the pandemic (shorthand for the COVID-19 pandemic) is a 'dress rehearsal' for climate change. COVID-19 and the climate crisis are comparable in some areas more than others, but similarities are primarily shared regarding the policy demands for both. The areas that will be focused on include inequality, both within individual states and between them. The influence of both COVID-19 and climate change is relevant to the nature of inequality and how inequality worsens during crises. Both the pandemic and climate crisis call into question what is the better approach for long-term global issues. Finally, the areas in which the pandemic and climate crisis do not compare well will be explored. The implications for common individuals are the most difficult to compare, otherwise, there is much for politicians to learn from the pandemic that can be applied to climate change.

Inequality Within Countries

One of the major concerns regarding both the pandemic and climate change is how they will worsen inequality within countries. COVID-19 has disproportionately affected low socioeconomic groups and other marginalised communities. Lockdowns as a result of COVID-19 burden labour workers and those living paycheck-to-paycheck due to the lack of employment opportunities (Manzanedo & Manning 2020). Those who can work from home avoid much of the contact that labour and essential workers had no choice but to face (Manzanedo & Manning 2020). Additionally, the COVID-19 policies of 'stay at home' are not always achievable for those who are homeless or living in poor conditions (Leach et al. 2021). Cheap accommodation options are often crowded and unsanitary, increasing the likelihood of COVID-19 transmission (Leach et al. 2021). Furthermore, some jobs require travelling and sharing accommodation with others (Leach et al. 2021). These factors combine to substantially increase the chances of exposure for marginalised communities. Both COVID-19 and climate change are expected to endanger the elderly and those with health issues like respiratory diseases (Manzanedo & Manning 2020). Climate change is also expected to disproportionately harm already marginalised communities in its own ways. Islam and Winkel (2017) determined that the urban poor are often susceptible to climate change-related damages due to little diversification of assets. Their assets tend to be housing more often than not. If their property is damaged the value of the property is diminished. Furthermore, the rural poor tend to rely on their agriculture, which is more vulnerable to droughts and other natural disasters under the conditions of climate change (Islam and Winkel 2017). The implications of both of these crises are that providing marginalised communities with necessities that can protect them from financial ruin is necessary to minimise harm. Having a strong labour force that is ready and able to work in essential roles at a time of crisis has proven extremely important throughout the pandemic and will also be necessary during extreme climatic events. Governing entities should take the lessons learned from COVID-19 about the importance of supporting labour workers.

Implications for International Interdependence

A prevalent issue for both the pandemic and climate change is how the self-interest and self-sufficiency of individual sovereign states will come into play. During the pandemic, when global trade relations and travel has been halted, many countries have needed to forge self-reliance. On the other side of that same coin, global communication and problem solving are also required to ameliorate the entire globe from the effects of COVID-19. Whilst countries in the Global North had been badly

impacted by COVID-19 early on, and in some cases still are, the consequences on the Global South have been dire (Dibley, Wetzer & Hepburn. 2021). Countries in the Global North have far more assets to help ameliorate the impacts of the pandemic, including but not limited to robust health care and access to technology that can assist the regular functions of society (Manzanedo & Manning 2020). The pandemic is perhaps an early indicator of what a 21st century world may look like when countries are competing over limited resources, an example of this is COVID-19 vaccine accessibility. As of July 2021, 75% of all vaccine doses had been administered in only 10 countries (Asundi, O’Leary & Bhadelia 2021). In contrast, many countries in Africa had only less than 1% of people vaccinated (Asundi, O’Leary & Bhadelia 2021). In this instance, first-world countries have prioritised themselves over others. This same pattern is expected to occur when it comes to climate change mitigation. Climate change is predicted to increase the number of environmental shocks and stresses, including a higher frequency of natural disasters, food shortages and mass migration (Manzanedo & Manning 2020). This is bad news for all, but the consequences for the Global South are bound to be worse. Many developing countries are currently supported by foreign aid and are indebted to wealthier countries (Dibley, Wetzer & Hepburn 2021). The implications of climate change mean that the conditions on which foreign aid is given may become stricter. For example, shocks caused by climate change can lead to higher borrowing costs for the affected country and investors may withdraw at a time when the economic capital from said investments is needed (Dibley, Wetzer & Hepburn 2021). Wealthier countries are expected to place their interest first by developing the necessary infrastructure to survive a climate crisis (Manzanedo & Manning 2020). This does not guarantee that wealthy countries will do so effectively. Dibley, Wetzer and Hepburn (2021) report that many countries still do not fully understand the economic implications of climate risks and are often apprehensive towards reporting said costs. Overall, both COVID-19 and climate change represent challenges in which the wealthiest will prioritise their needs first before offering international support. This is understandable to some extent, but countries need to spend wisely to lower the economic costs of both.

Prevention vs. Cure

Using economic resources wisely is paramount to the successful mitigation of COVID-19 and the climate crisis. An important lesson that can be taken from COVID-19 and applied to climate change is that prevention is more effective than a cure. This has been widely believed to be the superior strategy in fighting pandemics long before COVID-19. Nuesy (2004) argues that billions of dollars are lost fighting pandemics as a result of poorly funded health infrastructure. Pike et al. (2014)

determined that effectively controlling pandemics is quite similar to controlling climate change in that both need to be responded to before damages become uncontrollable because damages from both rise exponentially. Early action results in higher chances of avoiding catastrophe. The necessity of minimising COVID-19 transmission was emphasised early on during the pandemic so that hospitals would not be overwhelmed by an exponential rise in COVID-19 cases. With this in mind, many academics believe climate change to be an issue that is better prevented beforehand than mitigating it while amid its effects (Jakob et al. 2012; Manzanedo & Manning 2020; Pike et al. 2014). Jakob et al. (2012) determined that preemptive preparation for climate disasters does not result in greater long-term financial costs compared to delayed climate action. The time afforded by early preparation allows for the development of many options for mitigation, allowing governing bodies to determine what is the most effective and economically viable for them (Jakob et al. 2012). In the midst of climate disasters, options are limited and more immediate solutions will be favoured, which may incur higher costs and result in ineffective planning (Jakob et al. 2012). One problem facing the uptake of preventative measures for both pandemics and climate change is that they can be seen as wasteful before and after the crises are averted (Manzanedo & Manning 2020). Given that the world has now lived through a pandemic that was not prevented before it occurred, it may be easier to convince many that preparation is of the essence for future crises.

Major Differences

Thus far, there has been discussion regarding the potential similarities between the pandemic and climate change. Despite these similarities, there are also notable differences between the two. First and foremost, the similarities presented are of particular interest to governing bodies, both national and international. The implications of climate change for individual citizens are not the same as COVID-19. COVID-19 is a contagious disease, whereas climate change is not. For the sake of everyone's safety, all citizens are called upon to behave in a manner that does not spread COVID-19. Individual responsibility combined with effective top-down governmental management can make the pandemic manageable. Likewise, individuals can take it upon themselves to reduce their climate change impacts by changing their consumption patterns, but their contributions to climate change are far more indirect compared to the spreading of a virus (Manzanedo & Manning 2020). Individuals can play an important role in reducing the risks of climate change, but mitigating climate change is far less within the hands of individuals than compared to the pandemic. Climate change mitigation will require a deep restructuring of the economy and drastic changes to unsustainable industries

(Tahezadeh 2021), far outside the control of an average person. While many of the differences are specifically for the individual citizens that are not heavily involved in political decision-making, there are also significant differences to consider at the policy level. COVID-19, compared to climate change, is predicted to be much more short-term (Tahezadeh 2021). COVID-19 can be targeted much more easily, leading to a more predictable outcome if controlled properly (Tahezadeh 2021). Climate change, in comparison, is far more long-term, ubiquitous, and unpredictable, it will require both extensive adaptation and mitigation measures. Climate change is already set to make significant changes to global climate patterns, even if current emissions were to be reduced to net-zero immediately. (Australian Academy of Science 2021). The positive effects of emission reductions, if made promptly, will only become visible in distant decades rather than those in the near future (Australian Academy of Science 2021). Thus, climate change will require a stronger preparedness than what would have been required for COVID-19. Changes to prepare for climate change will need to be structurally deeper, involving infrastructure changes that can improve civilisations' resilience against extreme climate change-related events. Furthermore, climate change, by its nature, is a more complex issue than the spread of a virus, its consequences are not clear nor will they be consistent (United Nations 2019). Each country, depending on its geography and location, will face vastly different impacts as a result of climate change (United Nations 2019). Hence, what works for one country may not work for the other. Alternately, COVID-19 represents a situation in which there is consistency in who has mitigated the pandemic successfully and how they have done so because COVID-19 continues to function as a virus wherever it goes (Manzanedo & Manning 2020). Thus, climate change and COVID-19 are not completely analogous. The similarities lie more in government-level problem solving than in how it affects individuals' lives.

Conclusion

The pandemic presents what may be a dress rehearsal for climate change mostly for policymakers, but not necessarily individual citizens that are not involved in policy making. Both COVID-19 and climate change highlight the reality of inequality within nations as they both affect marginalised groups disproportionately. The pandemic has exemplified how individual states may behave on a world stage when the climate crisis takes hold of the world. For both climate change and COVID-19, wealthy countries will likely prioritise their needs before supporting the needs of the Global South. Whether or not this is effective will depend on how efficiently the Global North protects itself. COVID-19 and climate change are also similar in that they exemplify the need for preemptive strategies over delayed action. The two are not

perfectly alike, in some areas they contrast highly. COVID-19 has far different implications for common individuals and how they behave in society as opposed to climate change. COVID-19 is also a far more precise emergency, whereas the effects of climate change are far more varied, unpredictable and uncontrollable. Governing entities across the globe should harness the lessons from COVID-19 into climate change resilience strategies. However, climate change resilience will require deep structural changes that have been mostly unnecessary for the pandemic.

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ISSN: 2652-9424