



Institute of Strategic & International Studies (ISIS) Malaysia

ISIS International Affairs Forum




# The Science, Politics and Geopolitics of Coronavirus

Presentation by

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THE OUTBREAK LANDSCAPE	THEME 1	THEME 2	THEME 3
<p><b>SCIENCE</b></p> 	<p><u>Human Psychology &amp; Biology</u></p> <ul style="list-style-type: none"> <li>Sources of Fear?</li> <li>How can fear be useful?</li> <li>Why do mobs happen during outbreaks?</li> </ul>	<p><u>Public Health &amp; Medicine</u></p> <ul style="list-style-type: none"> <li>Epidemiology: how, how fast, how long?</li> <li>R0 and CFR.</li> <li>From DNA &gt; Vaccines &gt; Cures.</li> <li>Rights vs Duties of Healthcare Professionals – Strike? 1<sup>st</sup> Vaccines?</li> </ul>	<p><u>History of Global Health</u></p> <ul style="list-style-type: none"> <li>Healthcare is local, but diseases are global (e.g. viruses, soft drinks, fast food, tobacco, cars).</li> <li>Science can't keep up with political, economic and social change.</li> </ul>
<p><b>POLITICS</b></p> 	<p><u>Risk Communications</u></p> <ul style="list-style-type: none"> <li>Social Media 4V: Volume, Velocity, Variety, Verifiability.</li> <li>Misinformation (-intent) or Disinformation (+intent).</li> <li>Role of Big Tech.</li> </ul>	<p><u>Health System Responses</u></p> <ul style="list-style-type: none"> <li>Scientists + technocrats vs politicians + mob hysteria?</li> <li>Ethics of Quarantines: individual vs collective rights?</li> <li>3Es: Effective, Efficient, Equitable.</li> <li>Systems Fatigue, Sustainability.</li> </ul>	<p><u>State Legitimacy &amp; Capacity</u></p> <ul style="list-style-type: none"> <li>Transparency during outbreaks?</li> <li>Declining Trust in Govt (cover-ups?).</li> <li>Repatriate from Wuhan = Duty of Govt to care for citizens anywhere?</li> <li>Emotions (fear + anger) as threats to legitimacy and impetus for change.</li> </ul>
<p><b>GEO-POLITICS</b></p> 	<p><u>Travel Bans &amp; Quarantines</u></p> <ul style="list-style-type: none"> <li>Evidence? WHO advice?</li> <li>Human rights, racism, discrimination.</li> <li>Geopolitics of a Rising China.</li> <li>Impact on travel, trade, supply chain.</li> <li>"Travel Bans Arms Race" – each country strives to outdo another.</li> </ul>	<p><u>Global Health Governance</u></p> <ul style="list-style-type: none"> <li>Collective Action Problem.</li> <li>WHO, GOARN &amp; Int Health Reg (2005).</li> <li>Outbreak &gt; Epidemic &gt; Pandemic &gt; Endemic. PHEIC.</li> <li>Patent/IPR &amp; academic publishing reforms.</li> <li>Private sector (R&amp;D/manufacturing).</li> </ul>	<p><u>Species-Level Threats</u></p> <ul style="list-style-type: none"> <li>Outbreaks, Anti-microbial Resistance, Climate Change.</li> <li>Global problems, local solutions? Role of Nation-States?</li> <li>↑ Global Collaboration in Science.</li> </ul>

SOLUTIONS	CURRENT OUTBREAK	FUTURE OUTBREAKS
<p>MALAYSIA</p> 	<ol style="list-style-type: none"> <li>1. Manage health system and human fatigue.</li> <li>2. Manage risk communications, social media and public perception.</li> <li>3. Ensure equitable responses, not just effective and efficient responses.</li> <li>4. Ensure that money isn't diverted from routine care.</li> </ol>	<ol style="list-style-type: none"> <li>1. Invest in health systems strengthening, specifically Universal Health Coverage and Primary Health Care.</li> <li>2. Political choices for health to make health a determinant, not a consequence, of economic growth.</li> <li>3. Local manufacturing capacity-building &gt; strategic stockpiles (masks, medicines, equipment).</li> <li>4. Discuss &gt; resolve migrant health.</li> <li>5. Outbreak insurance?</li> </ol>
<p>ASEAN</p> 	<ol style="list-style-type: none"> <li>1. More channels for information-sharing between countries, bilateral and multilateral.</li> <li>2. Support to China in resource-sharing where possible (e.g. masks and gloves).</li> </ol>	<ol style="list-style-type: none"> <li>1. ASEAN now has 4 Departments &gt; 11 Directorates &gt; 46 Divisions. Upgrade Health from Division to Directorate.</li> <li>2. Health Ministers &amp; DGs now meet every 2 years. Upgrade to annual in-person meetings + biannual video meetings.</li> <li>3. Other issues: migration and health security, infectious diseases information exchange, formalized Vaccine Stockpile. Pooled purchasing for medicines, human capital sharing, haze, coastal erosion, wildlife trade.</li> </ol>
<p>GLOBAL</p> 	<ol style="list-style-type: none"> <li>1. Political leaders to stop opportunism, racism and discrimination.</li> <li>2. Provide equal stature for scientists and public health physicians.</li> <li>3. All-of-Science Response: doctors, sociologists, data scientists, psychologists, mathematicians.</li> <li>4. Include private sector (R&amp;D, manufacturing, distribution networks).</li> </ol>	<ol style="list-style-type: none"> <li>1. Deepen global information-sharing through neutral open-access repositories hosted by WHO/GOARN.</li> <li>2. Reform clinical trials processes and burden of evidence; currently too slow, too expensive, too burdensome.</li> <li>3. Reforms to enable crash-testing, crash-approving and crash-manufacturing vaccines and cures.</li> <li>4. Create new incentive structures for patents/IPR + academic publishing.</li> <li>5. Create spare manufacturing capacity for surges.</li> </ol>