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**QUESTION: Attempt a critical assessment of the impacts of the pandemic.**

**INTRODUCTION**

The number of coronavirus infections and deaths continues to rise at an alarming rate, reminding us that this crisis is far from over. In response, the global scientific community has thrown itself at the problem and research is unfolding at an unprecedented rate. The new virus was identified, along with its natural origins, and tests for it were rapidly developed. Labs across the world are racing to develop a vaccine, which is estimated to be still around 12 to 18 months away.

**THE EPICENTER of the VIRUS**

The epicenter of the coronavirus outbreak is at risk of shifting constantly, posing challenges to public health systems, a health expert said on Thursday."The epicenters will shift constantly," said Teo Yik Ying, dean at the Saw Swee Hock School of Public Health at the National University of Singapore.

Although the U.S. is now seen as the epicenter of the outbreak with cases surpassing 200,000 — "in a month's time, the epicenter will shift," Teo told CNBC's "Street Signs."

The coronavirus was first reported in December last year in the city of Wuhan — the epicenter of the outbreak in central China, but it has since spread to 180 countries and territories. While China accounted for majority of the cases up until February, the epicenter has since shifted to the West, with the U.S., Italy and Spain being the top 3 worst-hit countries right now.

Along with the changing epicenter of the disease, the appears to be a second wave of coronavirus infections in countries like China and Singapore. China has seen more and more cases being imported from overseas, prompting the government there to close its border to foreigners. A similar trend is also being observed in Singapore, which is witnessing another wave of infections brought in by sick residents returning from overseas.

The epicenter could continue shifting until people develop herd immunity. Herd immunity refers to a situation where sufficient people in a population have become immune to a disease such that it effectively stops the disease from spreading. It can be achieved either via a vaccine, or acquired as the natural result of being exposed to the virus. Until there is a viable vaccine, it is important to spread out the epidemic to allow time for the healthcare system to recover.

That means allowing for a gradual uptick of cases in contrast to a steep rise of infections, even with the same number of people contracting the virus. The goal is to prevent the health-care system from being overburdened at any one time. Spreading out the new cases over a longer period will allow people to have better access to the care that they need. Some health experts refer to that as "flattening the curve."

**CONSPIRACY THEORIES**

the pandemic has been accompanied by an infomercial of nonsense, disinformation, half-truths and conspiracy theories that have spread virally through social networks. This damages society in a variety of ways. For example, the myth that COVID-19 is less dangerous than the seasonal flu was deployed by US president Donald Trump as justification for delaying mitigation policies.

The coronavirus crisis has kept conspiracy theorists busy - is the Covid-19 virus a man-made bioweapon created in a laboratory? Or is it a new mutation of the coronavirus family which has occurred naturally? Some conspiracy theorists claim that the pandemic is a side effect of 5G wireless technology, radiation exposure which they say causes damage to the human body including cancer and infertility. There are always two sides to every argument however, and some feel that lobbyists and the Stop 5G movement are behind conspiracy theories that connect the technology to the coronavirus outbreak.

Another conspiracy theory which has been doing the rounds is that the Covid-19 virus is a bioweapon, according to some created by the Chinese and others, by the United States, that somehow - either accidentally or deliberately, found its way out of high security laboratories and out into the open. Some claim that the virus can be traced to the Wuhan Institute of Virology who have conducted extensive research into the SARS coronavirus and its relation to horseshoe bats.

It is highly unlikely that Covid-19 is genetically-engineered bioweapon. Most countries realise that it is not worth the risk developing a virus capable of mass destruction and abandoned research into such projects. China's Ambassador to India Sun Weidong said in a press conference in March, "We still don't have enough knowledge about this virus. Based on the analysis of genomic sequencing, we do know that this virus originated from nature, it is not man-made".

Scientists and analysts around the world are working on the genetic make-up of Covid-19 and its various mutations once it enters its host. Their findings will show whether this new coronavirus is man-made or not.

**IMPACT of the VIRUS**

It’s the most dramatic government intervention into our lives since World War II. To fight the coronavirus outbreak, governments across the globe have closed schools, travel and businesses big and small. Many observers have fretted about the economic costs of throwing millions of people out of work and millions of students out of school.

Now, three weeks after the United States and other countries took sweeping suppression steps that could last months or more, some public health specialists are exploring a different consequence of the mass shutdown: the thousands of deaths likely to arise unrelated to the disease itself.

The longer the suppression lasts, history shows, the worse such outcomes will be. A surge of unemployment in 1982 cut the life spans of Americans by a collective two to three million years, researchers found. During the last recession, from 2007-2009, the bleak job market helped spike suicide rates in the United States and Europe, claiming the lives of 10,000 more people than prior to the downturn. This time, such effects could be even deeper in the weeks, months and years ahead if, as many business and political leaders are warning, the economy crashes and unemployment skyrockets to historic levels.

Already, there are reports that isolation measures are triggering more domestic violence in some areas. Prolonged school closings are preventing special needs children from receiving treatment and could presage a rise in dropouts and delinquency. Public health centers will lose funding, causing a decline in their services and the health of their communities. A surge in unemployment to 20% – a forecast now common in Western economies – could cause an additional 20,000 suicides in Europe and the United States among those out of work or entering a near-empty job market.

Researchers say history shows that responses to a deep and long economic shock, coupled with social distancing, will trigger health impacts of their own, over the short, mid and long term.

**Short term consequences: Domestic violence**

Trapped at home with their abusers, some domestic violence victims are already experiencing more frequent and extreme violence, said Katie Ray-Jones, the chief executive officer of the National Domestic Violence Hotline.

Domestic violence programs across the country have cited increases in calls for help, news accounts reported – from Cincinnati to Nashville, Portland, Salt Lake City and statewide in Virginia and Arizona. The YWCA of Northern New Jersey, in another example, told Reuters its domestic violence calls have risen up to 24%.“There are special populations that are going to have impacts that go way beyond COVID-19,” said Ray-Jones, citing domestic violence victims as one.

**Medium term consequences: Public health crippled**

Local health departments run programs that treat chronic diseases such as diabetes. They also help prevent childhood lead poisoning and stem the spread of the flu, tuberculosis and rabies. A severe loss of property and sales tax revenue following a wave of business failures will likely cripple these health departments, said Adriane Casalotti, chief of government affairs with the National Association of County and City Health Officials, a nonprofit focused on public health.

**Long term consequences: Job-loss mortality**

Rises in unemployment during large recessions can set in motion a domino effect of reduced income, additional stress and unhealthy lifestyles. Those setbacks in income and health often mean people die earlier, said Till von Wachter, a University of California Los Angeles professor who researches the impact of job loss. Von Wachter said his research of past surges in unemployment suggests displaced workers could lose, on average, a year and a half of lifespan. If the jobless rate rises to 20%, this could translate into 48 million years of lost human life.

Von Wachter cites measures he believes could mitigate the effects of unemployment. The Coronavirus Aid, Relief, and Economic Security Act approved by the White House last week includes emergency loans to businesses and a short-time compensation program that could encourage employers to keep employees on the payroll.

**GREAT POWERS AND THE PANDEMIC**

Whether millions live or die depends on the decisions the world's leaders take in the coming days and weeks. But analysts say the early signs are worrying. In some countries, responses from heads of governments have been marked by dithering and denial, driven by personal interests, distrust of science or fears of wreaking economic havoc.

In Xi Jinping's China, where the illness was first detected in late December, authorities are accused of engaging in a cover-up and punishing doctors who sounded the alarm in the early days of the outbreak - moves critics say allowed the virus to spread out of the central city of Wuhan to every corner of the globe.

In the United States, President Donald Trump initially downplayed the severity of the threat, predicting the virus would "disappear" like "a miracle" one day, and dismissing growing concerns over the disease as a "hoax" by his political rivals. He only changed tack towards the end of March after polling showed an increasingly worried public and modeling predicted that 200,000 people could die in the US without drastic containment efforts.

In Brazil, President Jair Bolsonaro continues to dismiss the illness as a "fantasy" and a "little flu". He defied the advice of his own health officials on avoiding social contact by touring the streets of the capital, Brasilia, in a campaign to get his countrymen back to work. Charles Call at the Washington DC-based Brookings Institute said Bolsonaro and Lopez Obrador's approaches are marked by "an aversion to scientific inquiry and state institutions". Their cavalier attitudes are attracting widespread criticism, he wrote in a blog post, predicting the crisis will pose a "test for populism" in both countries.

In Indonesia, President JokoWidodo admitted to deliberately withholding information on the outbreak; a strategy he said had been used to prevent panic. In the early days of the epidemic, some of his ministers said prayer would keep the disease away, while others said the country's warmer weather would slow the virus's spread.

The single most important lesson from the 1918 pandemic is "to tell the truth”and there are some leaders who have done that

On March 11, as infections began to spike in hard-hit Italy, Germany's Chancellor Angela Merkel said some 70 percent of her country's population would contract the virus - a sober warning that stood in stark contrast to pronouncements from other politicians at the time. Germany has since led the way in Europe with large scale testing for COVID-19, collecting nearly a million samples since the start of the crisis. And although the country now ranks fifth among territories with confirmed cases - recording more than 80,000 infections - it has a much lower fatality rate than most.

In Singapore, Prime Minister Lee HsienLoong is also winning plaudits for an aggressive testing and tracing campaign that has kept the number of infections in the country low - about 1,000 cases since the beginning of the outbreak. In an interview with CNN on Sunday, 28th March, Lee said transparency and trust were key to his country's battle against the virus. "We are transparent - if there is bad news, we tell you. If there are things which need to be done, we also tell you," he said. "If people do not trust you, even if you have the right measures, it is going to be very hard to get them implemented."

Then, there are those leaders accused of using the crisis as a cover to amass power.

Hungary's Prime Minister Viktor Orban on Monday, 3rd April obtained the open-ended right to rule by decree in a new law that also imposes jail terms of five years on those who spread "false information" - a move critics say could be used to muzzle journalists. Similar concerns are being raised in the Philippines, where President Rodrigo Duterte secured emergency powers that grant him the authority to crack down on false claims about the coronavirus.

In Israel, Prime Minister Benjamin Netanyahu is using a state of emergency over the pandemic to authorise intelligence services to step up surveillance of the public and to close down the country's courts ahead of his trial on corruption charges.

In addition to the covert power grabs, observers are also concerned by fighting between world powers, particularly between the US and China. Officials in Beijing, angered by Washington's insistence on labelling the coronavirus the "Chinese virus", are now engaged in a propaganda offensive, with some claiming - without evidence - that the US military had brought the virus to Wuhan.

The deteriorating US-China ties - as well Washington's retreat from the world stage under Trump's "America First" policy - are jeopardizing a coordinated response to the pandemic. "There isn't a global response. And it's a huge problem in the sense that this a crisis that is much better handled if key countries came together," said Charles Kupchan of the US-based Council on Foreign Relations.

"Whether the Ebola crisis of 2014 or the financial crisis of 2008, the US was a country that stepped up and said 'How are we going to manage this together?' But those days are over. The Trump administration has been extremely slow at responding to crisis at home, and its leadership abroad has been minimal."This could be disastrous for the world's most vulnerable, Kupchan said."Core issues that need addressing include procurement and distribution of medical equipment, sharing of best practices on testing and isolation, and dealing with lower-income communities," he said. "I fear the worst if this virus hits refugee camps and countries with less-developed healthcare systems. It could be quite devastating."

**CONCLUSION**

If the virus is not containable, spreads widely, and continues to have a case fatality rate in the 1 percent range, then we will be in uncharted territory – similar to an influenza pandemic, but caused by a different virus. Fortunately, extensive analysis and planning has gone into preparing for an influenza pandemic, and most of this planning is relevant in this worst-case scenario. Here’s what communities can do to blunt the health harms of a pandemic with a high case fatality rate, well outlined by CDC for influenza.

In this worst-case scenario, first, reduce the number of people who get infected. This can be done by closing or curtailing hours of schools, limiting public gatherings, and increasing social distancing; encouraging hand-washing and cough etiquette; quickly isolating those who are ill or who are at risk for becoming ill and infecting others; and cleaning frequently touched surfaces. Reducing spread to health care workers, patients, and visitors in hospitals is particularly important.

Second, improve the chances of survival for those who are infected. This will require rapid diagnosis, learning about and applying optimal management for patients severely ill with the virus, and scaling up supportive care, including supplemental oxygen and mechanical ventilation to support patients until their infection subsides.

Third, maintain essential services, including both health care and broader social and economic activity. For example, public and private sector institutions may need to plan to continue operations if 40 percent of their employees are ill or quarantined—again, in the worst-case scenario.

Whatever happens with this coronavirus, we need much stronger public health systems, to find faster, stop sooner, and better prevent harms from the inevitable new infectious disease threats we will face in the coming years. Investing in these systems is urgently needed and could save the world tens of billions of dollars and millions of lives when the next new infection strike.

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