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Internationale Zusammenarbeit im Gesundheitswesen. Welche Veränderungen können mit COVID-19 verbunden sein?

(Text in englischer Sprache.)

International Health Cooperation: what change can COVID-19 usher in?

On January 23, two days before Chinese Lunar New Year, the Provincial government of Zhejiang became the first to activate a Level One, i.e. highest, response to outbreak of a novel coronavirus. The following day a public health emergency was declared in Hubei Province, whose capital Wuhan soon became the epicenter of the virus in China. Back then, there was little imagination for the epidemic to be more than a redux of the severely accurate respiratory syndrome (SARS) epidemic of 2003. Authorities in China would stumble a bit to come to grips with the magnitude of the challenge, but international institutions like the World Health Organization (WHO) would step in to assert a leadership role, and the epidemic was to be declared contained within a matter of months. By and large, the direct consequences were going to be within the geographical scope of China. Beyond China, there was going to be a few cases of infection due to direct exposure through travel. The world would move on as usual.

Since then, more precisely, since countries other than China identified virus-infecting cases on individuals *without* travel history to or known direct contact with individuals from China, severity of what is now broadly accepted to be called COVID-19 has firmly registered itself as the major public health challenge for a good number of societies. The challenges are, beyond doubt, international in nature. Across the world, all levels of policymakers need to make decisions with imperfect information. Scientists still don't know everything about how this virus is transmitted. Accordingly, methods for testing go through a process of constant innovation and, familiarity with test administering needs to be learned on the spot. Nobody is in a position to say how prevalent the virus is. We don't know if, like many other viruses before, this one will show a noticeable seasonal effect and its potency decrease during the summer. How is the pandemic going to end?

But one thing we do know for sure is that response to the virus spread has brought into sharper focus traditional division lines of world politics. For example, because cruise ships traverse international waters, their passengers were often denied right to de-port themselves and seek timely testing and treatment. When the ships did get to dock, the passengers' fates varied depending on how fast their passport-issuing governments can charter flight them away. In the process, time and stress added to health complications, virus-related or not. Another example, though it merits further verification, is that some governments race with each other over securing supplies of protective gears. These are complicated phenomena. On the one hand, life is valuable regardless of geographical location. On the other hand, who can convincingly argue against a government doing 'whatever is necessary' to offer protection to their own citizens. It continues to be a

complicated world, with rules of competition be reinvented by the minute.

The China Dimension

Infectious diseases are as native to China as its civilizational history is. Substantial progress has been made, especially in the past century, in bringing both bacterial and bubonic infections under control. For China, the plague of the century broke out in its Northeastern provinces in 1910, known as Manchuria in the age of Japanese occupation. Manzhouli, which was then connected to the Pacific Coast by the East Siberian Railway, was not only epicenter of the plague but also a sight for fierce competition between Imperial Japan and Russia, with Britain and the United States demanding equal say in major developments with a rapidly decaying Qing China. Among other developments, that plague is remembered for the first international conference in modern China hosted (in Shenyang) to debate the clinical as well as epidemiological aspects of plague control. The conference, held in April 1911, marked the beginning of the debates about philosophical and clinical aspects of Chinese and Western sciences of medicine (Gamsa, 2006). The rest is history. In November 2019, traces of infection suspected to be related to the same pathogen were quickly identified and effectively dealt with (Xinhua, 2019). Like other societies, China has reasons to be proud of its own record of overcoming profound challenges from nature.

Whereas international accounts about China focus on the country being a possible geographical origin of regional epidemics and global pandemics. Within the country, which established its National Influenza Center in 1957, greater levels of attention are given to airborne, vector-borne and water-borne diseases, instead of debating with the rest of the world about origins of migrant and infectious viruses. A case in point is that schistosomiasis, more than any other infectious disease, registers a much higher level of public awareness. When domestic success of control was first reported in 1958, Chinese scientists and politicians took pride in being self-reliant. It is true that schistosomiasis remains on the list of known infections in the government's surveillance program, the pride in bringing it under control is real (Lin, et al, 2018).

Come the 21st century, worldwide, concern about infectious diseases was abating. Meanwhile, China's association with the rest of the world through travel and trade means that events in the country can affect distant populations and, by the same token, imported diseases and viruses pose unprecedented challenges to China's public health surveillance system. Like the overall health care sector, in China, it is the government that established routine reporting systems for selected infectious diseases in the 1950s. Along with progress in telecommunications technology, in 1985, the system switched from paper-based reporting to the submission of electronic files and, since 2003 has used web-based reporting. After the major earthquake in Sichuan in 2008, a cellular phone reporting program was developed and integrated into the existing system (Wang, et al, 2008).

A key question, then, for China in its handling of COVID-19, is how and why its systems of infection surveillance seemingly have failed to early warning? Hopefully, like in the past, China is going to use the ongoing virus response as a prod for itself to improve its disease surveillance systems and corresponding public health decision making mechanisms.

International Cooperation

One of the regretful developments we have witnessed since late January is that worldwide public expressions of empathy towards patients and affected populations in another country has been in short supply. This is true of foreign media reporting about China and of Chinese media reporting of foreign countries. Advances in telecommunications technologies have not seen more rendering of understanding and support of each other. Instead, the thrust of public debates across national boundaries is to affirm long-held views about merits of own political systems and choices and demerits of others'. An echo-chamber effect of negativity results in.

A case in point is in securing supplies of protective personnel equipment (PPE) for doctors and patients on the front line. Against all odds of domestic politics, corporations and individuals swiftly gathered PPE sets around the world and shipped them for use in China. After a two-month frenzy of production and with growth of new infections brought under control, China was in a position to reciprocate the generosity in donations and when applicable sell PPE sets abroad. 'China's mask diplomacy' soon became a dominant theme in media and think-tank preoccupations. As 'diplomacy' is often defined as an act to entice the partner party to act according to your own designs and desires, it is indeed mind-numbing to think that human instinct of survival requires and/or can be affected by foreign prodding. Too much energy is wasted through such silly framing.

Now, it is never too late to mentally map possible trajectories of cooperation down the road. Regardless of how the pandemic evolves, to prepare for the next pandemic, it is in every party's interest to increase the levels of mutual recognition – based on science-based calculations of long-term effect, not diplomatic/political gesture of short-term feel-good – of standards for PPE, medicines, and whatever else the care providing industry finds necessary.

In addition to harmonization of technical standards, governments should find it useful to improve the level of policy connectivity: to deal with gridlocks in the supply chain. Come the next time when there emerges clogging of a plane load of medical equipment, it is far more desirable to have a cohort of ground staffs who have met and find it natural to speak to each other.

In the future, some countries may be more prone to outbreak of viruses that are proven or suspected of migrating from animals to humans. But assurance in fairer play when it comes to access to medicinal and other treatments developed based on the identified samples is certain desirable.

Realistically, though, in the geo-strategic environment that exists in the world today, diplomatic advance on public health cooperation is not readily on the horizon. Frictions and rivalry between major actors capable of leading the rest, shows few signs of abatement. The unfortunate fact that the United States is topping the rest of the world in cases of infection and deaths so registered, understandably, casts a powerfully hurting impact on the sense of pride on the part of leaders and elites of that great nation. Such emotional factors need to be taken serious in probing future interactions toward symmetric cooperation.

All in all, though, the world does still have one network after another made up of science and health interests that do not always require political/diplomatic approval by the sovereign states. Preserving professional integrity of these cross-national networks, in an ironic way, may well be a surer path to a less worrisome future. To what degree such cooperation can affect change in geostrategic considerations remains to be seen, and, in considerations of progress in health, even less relevant.

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