

Foreword

There can be no denying international relations have been disrupted by SARS-CoV-2, the virus that causes COVID-19 and that the World Health Organization (WHO) declared a pandemic on March 11, 2020. The second of this century following the AH1N1 influenza pandemic of 2009, SARS-CoV-2 has spread to 192 countries and, according to official figures as of the time of writing this foreword (March 30, 2021), has infected over 128 million people and claimed more than 2.8 million lives worldwide.

The pandemic sent most of the world into lockdown, cutting us off from society; offices, gyms, movie theaters, theaters, restaurants and museums closed their doors. The impact on mental health can be seen in communities the world over; the call to “Stay at Home” has strained family relations, fueling violence, abuse and crises of all kinds. Tourism and airlines, both commercial and cargo, ground to a halt. In many countries, public health services focused on treating people infected with SARS-CoV-2 to the detriment of treatments, consultations and surgeries for other ailments. Millions of children and young adults dropped out of school, either because of a reduction in family income or because they were unable to access online platforms. Several international organizations have even predicted that this will be a “lost generation” in terms of education. Unemployment threatens to cripple dozens of economies and push the Sustainable Development Goals (SDGs) even further out of reach, while sporting events and international summits have been canceled: the Seventy-Fifth U.N. General Assembly

took place remotely, as did most meetings of world leaders and officials. But as in every crisis, there are winners: telecommunications, virtual platforms, streaming entertainment, video games and home delivery services are just a few examples of sectors that saw their consumer base grow as the world continued to clamor for communications tools, food, products and forms of recreation.

The health emergency exposed the fragility of the world's health systems. In the early months of 2020, we were bombarded with images of short-staffed, overcrowded hospitals lacking protection equipment and supplies to take on a strange new contagious disease. Lack of international solidarity and the absence of leadership in the management of the crisis contributed to haphazard, ineffectual responses in which nationalisms set out to look for a scapegoat—like when then-U.S. President Donald Trump accused China of hiding information and the WHO of acting as its accomplice in the cover-up. The refusal of the United States of Trump to spearhead international efforts to combat the virus has been costly for the world and the American people, the most severely affected worldwide, with over 30 million infected and half a million deaths. It remains to be seen whether the inaction of the preceding administration will accelerate the decline of the United States and if this triggers a shift in global governance, with China, Russia or India filling the power vacuums left by Washington. Meanwhile, the supply of vaccines has taken on geopolitical nuances: Russian and Chinese biologists and Western pharmaceutical companies are making tracks, hopeful that sanctions will be lifted on Beijing—for the Tiananmen Square massacre of 1989—and Moscow—following its annexation of the Crimean Peninsula in 2014—in acknowledgement of their contributions to global public health.

As the world regroups, this issue of *Revista Mexicana de Política Exterior* (RMPE) provides a testimony of the pandemic and its implications, not just for diplomacy, but for the security agenda, the technological transition and intellectual property rights, among other topics. Health, we can now safely say, is our most prized possession. It is a human right and a public good. Sadly, we often have to lose something in order to fully appreciate it. SARS-CoV-2 has changed life as we know it, but it has also changed the way we die and how we process grief, all in a bid to check the spread of the virus.

To give the reader some insight into the problem health poses to international diplomacy and security and development agendas, this issue includes eight essays by Mexican and foreign experts on the current health emergency, whose impact will continue to be felt well into the future and whose lessons we would do well to heed if we want to prepare Mexico and the world for future pandemics.

Our first article by Ilona Kickbusch, Mihály Kökény, Michel Kazatchkine and Ece Karaman underscores the absence of international cooperation in dealing with the disease. What we saw in 2020, when then-President Trump dismissed the severity of the pandemic and set out to find culprits, pointing the finger at China instead of promoting a coordinated response with his allies and other nations, is contrasted with the 1960s and 1970s, when the United States and the USSR put their ideological and political difference aside and closed ranks to take on a common enemy: smallpox, a disease that, to date, is the only one the international community has managed to eradicate with vaccination. At the time, the great powers exercised admirable leadership and Moscow and Washington produced millions of vaccines to combat this lethal disease. Today the world is a very different one to that of the Cold War and Kickbusch, Kökény, Kazatchkine and Karaman point to the importance of global health diplomacy, conducted not just by States—which, while they remain important actors in international relations, are not the only players in health governance—, but also by organizations like the Bill and Melinda Gates Foundation, non-government organizations and pharmaceutical companies. Today, global health diplomacy needs to embrace all these stakeholders that have apparently conflicting interests, but that are all involved in the management of public health and have a vested interest in combating this highly contagious disease—and others that may emerge—that threatens to undermine social wellbeing, the global economy and world peace.

In my essay, I discuss how an issue like health that would seem to be more at home on the development agenda became an international security priority. I then analyze the alleged relationship between security and development, only to conclude that a reduction in military spending would not necessarily swell social wellbeing budgets. The world already spends four times more on health than it does on security, so it would appear that the answer is not to spend *more*, but to spend more *wisely*. Also, the armed

forces are not employed exclusively in military operations—their doctors and nurses have historically contributed enormously to progress and social wellbeing. I conclude by underlining the need to reconcile the security and development agendas, in the understanding that they are essentially two sides of the same coin and that only by striking a balance between them can we build safe, healthy and prosperous societies.

In his paper on the landmark resolution A/RES/74/274, Pablo Arrocha describes how it was negotiated at the U.N. General Assembly in April 2020, at a time when New York City was the epicenter of the pandemic. Negotiations took place remotely and the fact that the draft was endorsed by the majority of U.N. Member States was a commendable achievement. Necessitated by the attempts of certain countries to hoard medical supplies to combat the pandemic on their home fronts, the resolution invokes what we have heard time and time again: *no one is safe until everyone is safe*. In light of nationalistic sentiment heightened by the health crisis and its economic, social, political and psychological repercussions, it is very tempting to slam the door on international cooperation, but without it our chances of combating the disease are limited. Today, the principles of resolution 74/274 resonate strongly in a scenario where a handful of countries have taken the liberty of hoarding vaccines, potentially setting back the economic, educational, social and psychological/emotional recovery of the rest of the world.

One of the most important topics, but, oddly enough, one has received very little attention during the pandemic is the impact of intellectual property rights on the production of medicines, vaccines, diagnostics, etc. and the health of societies. Talia Rebeca Haro Barón broaches this issue in the context of Annex 1C of the Marrakech Agreement on Trade-Related Intellectual Property Rights (TRIPS) and draws attention to the difficulties of harmonizing international legislation with the public health and other national interests of countries. When AH1N1 influenza evolved into the first pandemic of the century, there was talk of a project to manufacture vaccines in Mexico, which, unfortunately never materialized. Today, vaccines are required to combat SARS-CoV-2, but Mexico has passed up on the opportunity to produce them locally, choosing instead to import them and even using the public health crisis as justification for importing them from third countries without the consent of the patent owner. This would seem like

a good time to take stock of how intellectual property rights have been handled in Mexico's pharmaceutical industry over the last three decades, for example, in the free-trade agreements entered into with the United States and Canada, and their impact on the health of Mexicans.

Meanwhile, Sergio Octavio Contreras has chosen to cover a subject that would appear self-evident: SARS-CoV-2 has accelerated the adoption of new technologies by societies the world over, albeit neither equally nor sustainably. And if the level of digital exclusion was cause for concern prior to the pandemic, it now seems those who have been left behind in the information and communications technologies revolution could find themselves marginalized forever. The long-term consequences of the revolution ushered in by the pandemic have yet to be seen. In all likelihood, the so-called "new normality" will be assimilated in time, even though there is very little new and a lot less normal about it. For many, the pandemic has permanently changed their habits, but for the millions living on the periphery, the "new normality" pretty much amounts to more of the same: exclusion, poverty, unemployment, lack of access to educational opportunities, health services and an even deeper digital divide. In other words: everything will change so the status quo can remain unchanged.

The role space technology has to play in the prevention, management and mitigation of pandemics and how it can help us prepare for the next one is explained by Carlos Duarte. Societies have come to rely on the connectivity afforded by satellite communications for their daily activities and these have proven even more essential than ever during the SARS-CoV-2 pandemic, enabling us to continue working and studying, stay in touch with one another and access entertainment channels. Another example of their use is telemedicine, which has made it possible to treat not only people with COVID-19 remotely, but to continue to provide care for patients with other diseases and ailments, taking some of the burden off saturated medical services, and helping offset lockdown and the reconversion of medical facilities to treat COVID-19 patients only. Just as important are the lessons we can learn from astronauts, cosmonauts and *taikonauts*, many of whom have spent months on end alone in outer space and have valuable experiences to share in coping with long periods of self-isolation and lockdown. Fortunately, the pandemic has not interrupted the space race or cooperation mechanisms, as can be seen from the decision to forge ahead with

the creation of a Latin American Space Agency, which would benefit the societies of the region by facilitating the collective management of space activities during crises like the one we are currently facing.

In their essay, María Antonieta Moreno Reynosa and Ángel Eduardo Rivera bring us an overview of global health management and the history of the WHO, which was born of initiatives like the International Sanitary Conferences. Fourteen such conferences took place between 1851 and 1938, focusing mainly on diseases like the plague, cholera, malaria and typhoid, and the development of quarantine measures to mitigate the impact of outbreaks on international trade. In 1902, during the building of the Panama Canal, the United States created the International Sanitary Bureau, which eventually evolved into what is today the Pan American Health Organization (PAHO).

All these early initiatives viewed health as the mere absence of disease, but what differentiates the WHO from its forerunners is its concept of positive health, which defines health as a state of complete physical, mental and social wellbeing in which economic, political, cultural, social and other factors come into play. Evidently this definition expresses an aspiration more than a practicable reality. The capacity of the WHO to manage global public health has been called into question on more than one occasion, but that is not to undervalue its achievements, including one that has not been matched to date: the eradication of smallpox by vaccination in 1980. There are only 26 vaccines for other diseases, which is clearly not enough, given the emergence of new pathologies and, worse yet, the reemergence of others like the measles and tuberculosis. Resistance to antimicrobials is another problem that is undermining the efficacy of treatments for a whole range of diseases. This has been compounded by the perception that the WHO has failed to properly manage the two pandemics of the twenty-first century: AH1N1 influenza and SARS-CoV-2. Despite the coming into force of the new International Health Regulations of 2005, the WHO was accused of exaggerating the severity of the AH1N1 influenza epidemic and contributing to disproportionate impacts on tourism, the economy and other spheres. Could these criticisms have caused the WHO to take a more “restrained” approach to SARS-CoV-2 and let time pass before declaring it a public health event of international concern, and another two and a half months before declaring it a pandemic? And what consequences has this

had on the organization's credibility and the implementation of a coordinated response by the international community? Clearly the WHO needs to learn from its mistakes and will no doubt proceed to draw up new international health regulations, which, we hope, will be proactive and preventive in nature, and facilitate consensus among nations and other, non-state stakeholders in global health governance.

Finally, Benjamín Ruiz Loyola reflects on the lessons learned from the first pandemic of the twenty-first century—AH1N1 influenza—and how these have been applied to what is now the second one. During interpandemic periods, he says, it is not unusual for countries to “forget” the crisis and for interest in preparing for the next health emergency to wane. This tendency to “forget” an event, even one as traumatic as a pandemic, can be attributed to several factors: the need to deal with other, more pressing issues on the political front, leading to the postponement of important matters, and social “amnesia” as a means of emotional recovery. Judging from the impact SARS-CoV-2 has had on 192 countries and regions, this “amnesia” is a global phenomenon, but we need to learn the lessons of the pandemic and fast, given that other, potentially more devastating ones are on the horizon. Preparation should include the management of risks and vulnerabilities, a substantial improvement in the health sector and, in the case of Mexico, the recouping of its capacity to manufacture vaccines. Once a major producer of vaccines, the country now essentially relies on imports.

This issue of *Revista Mexicana de Política Exterior* aims to spark much-needed debate on a vision of health that goes beyond the mere absence of disease. Today we are hearing about babies being born in Mexico and other parts of the world with SARS-CoV-2 antibodies. This offers us hope that we will survive the disease. Vaccines, too, have a part to play, but we cannot afford to let our guard down. This is just the second of many pandemics we will in all likelihood have to deal with in this century. To what extent they affect global public health will depend on factors like the deterioration of ecosystems, urbanization, farming and fishing practices, changes in the pharmaceutical industry and health education. The pandemic is a wake-up call as to the importance of global health governance and beyond. Lack of leadership and the confrontational tendencies of countries like the United States, Russia, India and China weaken multilateral response mechanisms. What we need is more and better governance, but health

also needs to be given its rightful place. Just as serious are the infodemic—considered by many as the *other pandemic*—, leaders who deny the very existence of the pandemic and the powerful anti-vaccine movement. The world needs to assimilate the lessons learned as quickly as possible and get down to the titanic task of rebuilding global governance. It will not be an easy endeavor, but humanity will be condemned to extinction if we fail to undertake it.

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