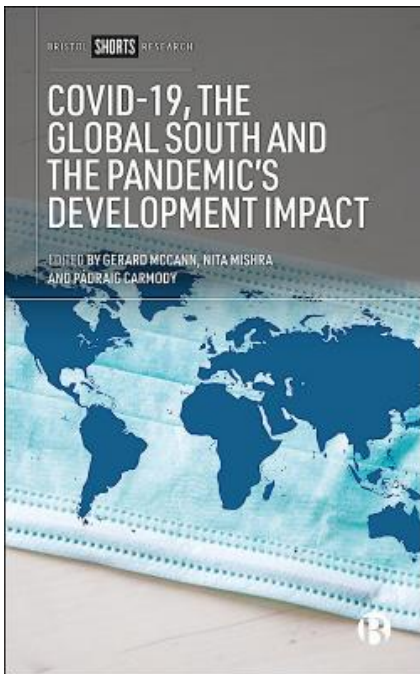


# COVID-19, THE GLOBAL SOUTH AND THE PANDEMIC'S DEVELOPMENT IMPACT

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McCann, G, Mishra, N and Carmody, P (2022) *COVID-19, the Global South and the Pandemic's Development Impact*, Bristol: Bristol University Press.



A cliché floated around during the early days of the COVID-19 pandemic, describing the virus as ‘the great equaliser’. This phrase was of course intended to remind us of our interconnectedness and shared humanity, but its utterance quickly felt tone-deaf in front of what is now widely accepted as the vastly unequal health, social and economic impacts of the pandemic, both within and between countries and regions. What has been less widely explored, and what is one of the most important offerings of this book, is the deeply layered context which foreshadowed the ongoing development impact of the COVID-19 pandemic in the global South, a background of unfair power-

dynamics which spans back through decades and implicates multiple actors across the global financial, trade, political and health systems.

Gerard McCann, Nita Mishra and Pádraig Carmody have edited a highly relevant book, which brings together an impressively diverse and multi-disciplinary group of contributors to share their perspectives on the impact of the COVID-19 pandemic through the lens of international development. This book manages not only to explore the direct and indirect impacts of the pandemic on the global South to date, but also to set the scene for the crisis by reflecting on the social, economic and political antecedents to how the pandemic has played out so far. It makes clear that the root causes of these inequalities will need to be comprehensively addressed by both state and non-state actors if the world is to recover and indeed be prepared for future such challenges and shocks. The book also succeeds in delivering on-the-ground accounts and assessments of local and regional responses to the COVID-19 pandemic, and offers solutions outside of a ‘one size fits all’ pandemic response.

The book is divided into three parts, each with four chapters contributed to by over twenty researchers writing under the broad umbrella of international development. In part one the chapters are generally more conceptual, and the authors deliver a critique of global inequality, the neoliberal world order, the commodification of health and the challenges faced by modern democracies in providing healthcare. It is difficult to choose a highlight in part one but the overview of the global financial system and its structural inequalities was particularly illuminating for me. Stein and Rowden break down how the current inequities in the global financial order lock African economies into a vicious cycle of commodity export dependence, notoriously vulnerable to price shocks in volatile markets, and how this system affected the capacity of African nations to deal with the COVID-19 pandemic. I was impressed by the depth achieved by the authors in the space of their contribution.

Also in part one, necropolitics are explored in the contribution by Khoo and Floss, who analyse the communication and decision making by leadership in Brazil during the pandemic in the context of the global trend towards reactionary, post-truth politics. The authors describe what they see as

the cynical attempts to divide and exploit the population by sowing disinformation and cherry-picking scientific evidence. I found this a fascinating account of the disinformation crisis which in my opinion has become one of the most important threats to global public health.

Later in part one, McCloskey and Prakash outline just how dramatic the global increase in wealth inequality has been in the era of neoliberalism, but spark hope in their assertion that its flaws can no longer be ignored and that new directions are possible, seen in recent moves towards neo-Keynesianism in many states. As a public health advocate, one can't help but fear that public health reforms and gains are swimming against the tide of an overwhelmingly neoliberal world order, but perhaps the authors vision of a model where 'publicly funded social rights become the cornerstone of any economic growth' can still be achieved.

The final chapter in part one by Rory Horner deals with global COVID-19 vaccine inequity, and how the writing was on the wall for this grossly unjust scenario even before the first vaccines were developed. From my own perspective as a medical doctor and an access to medicines campaigner this was a very relevant chapter. It provoked a reflection on our vaccine equity campaign goals which were more weighted towards allowing diverse regional production of vaccines, rather than on equitable redistribution of vaccine stocks as is emphasised in this chapter.

Part two of the book is centred around the policy context of the COVID-19 pandemic. While each chapter offers a valuable perspective, it is less easy to find the common thread between the chapters in this section. The contributions, however, serve as a bridge from the more conceptual first section to the more applied third section. The chapters in part two range in content from descriptive accounts of the pandemic response in a policy context, to the consideration of policy ideas which aim to improve global health.

An interesting chapter in part two provides an overview of the Indian experience as the first country to legislate for corporate social responsibility (CSR). While the authors are clear that CSR cannot replace sustained, goal directed healthcare investment, they describe its role in terms of filling gaps which were exposed by the unprecedented surge in demand for health services and products during the COVID-19 pandemic. I was a little sceptical of this strategy, especially linking back to the contribution from McCloskey and Prakash which described how during COVID-19 health systems were overwhelmed in India, in part due to the decades of neoliberal policy reform which increased inequality and threatened the provision of vital public services. I wondered if this may have left an undue reliance on the corporate sector to fulfil a social role, which in fairness appears to have been substantial in India during the pandemic. Overall, mandating CSR may be a viable policy option for other states, acknowledging its limitations.

The other chapters in part two are equally thought provoking. Pieterse deals with the unorthodox response of the Tanzanian Government to the COVID-19 pandemic, and how this was partially mitigated by local ingenuity. The next contribution by Carmody and McCann outlines the unintended consequences of the hyper-nationalistic approach taken by high-income countries to the pandemic, including how it led to cycles of revaccination, viral mutation and repetition. In the final chapter of this section, Ngcobo and Pogge discuss the inevitable conflict between public health goals and the primarily profit-centred motives of the corporate sector.

Finally, in part three of the book, the editors have collated contributions which delve into local and community responses to the COVID-19 pandemic. Each chapter is focused on a different region in the global South. The authors take care to include the context-specific challenges and to celebrate what went well in the response. The chapter from India neatly uses a human rights framework to analyse the approach to COVID-19 taken in the communities of Odisha, India. Their achievements in controlling COVID-19 were recognised by the World Health Organisation as exemplary, particularly

in terms of the state engagement with NGOs, women's groups and local administration units which is detailed in this contribution.

Later in part three, we travel to Zambia, Latin America and Vietnam to explore the different responses to the pandemic. Matenga and Hichambwa outline the flexible policy approach taken by the Zambian Government towards COVID-19, including how the benefits and drawbacks of lockdowns were continually weighed up in order to tailor a response appropriate for their context as a largely informal economy. In their contribution, Martí I Puig and Alcántara Sáez are equal to the challenge of summarising and categorising the response to the pandemic across all states in Latin America, as well as analysing how the crisis may have affected trust in democratic institutions, which was already eroding in the region. The final contribution details the timeline of the pandemic response in Vietnam, and shows us how the nation is already implementing health reforms based upon their experience and the lessons learned from COVID-19.

This book will be useful for development educators and students wishing to understand the impact, at least to date, of the COVID-19 pandemic on a deeper level. It will also be useful for those interested in health systems and the political determinants of health, particularly in how access to vaccines and other health technologies can be improved both in general and in the context of a pandemic emergency. The contributions flow well together, and the language and content succeed in being both accessible and stimulating. I also appreciate that the text is available in an open-access format online, in keeping with the principles of equity which are emphasised in this book.

This collection goes considerably beyond its title of exploring the development impact of COVID-19. The connections forged by the editors in compiling these contributions add valuable weight to critiques of neoliberalism which helped to create the environment which left so many regions unprepared for the pandemic. It is clear from this resource that a pandemic will never be our great equaliser. As put so well in the contribution by Ngcobo and Pogge, governments, civil society and other non-state actors must work together as

‘duty-bearers’ for the deliverance of universal human rights in order to fill that role.

## References

McCann, G, Mishra, N and Carmody, P (2022) *COVID-19, the Global South and the Pandemic’s Development Impact*, Bristol: Bristol University Press, available: <https://bristoluniversitypress.co.uk/covid-19-the-global-south-and-the-pandemics-development-impact> (accessed 16 January 2023).

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