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Covid-19 Pandemic and International Politics: An Assessment of Strategic Reparedness and Response Plan

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Abstract: COVID-19 has become a global fastest trans-border pandemic with the worst health fatality in history. From the corpora of historic pandemics, COVID-19 is not the first and may not be the last China would be at the epicenter of global pandemics. Each of the earlier pandemics came with anxiety, fear, panic, and offered both gloom and bloom yet the international polity has always been caught up in a web of poor implementation of strategic preparedness and response plan in preventing and controlling these emergencies. Although the animal-origin thesis is still speculative of the Wuhan-epidemic, the 'antigenic drift' characteristic, speed of secondary transmission and the lethal effect of more than other waves of global pandemics since 430 B.C., make COVID-19 a much more serious danger to lives of peoples across the globe. Our broad objective is to examine the social and economic impact of COVID-19 pandemic in order to provide mature, reliable and evidence-based judgment on global strategic preparedness and response plan for prevention and control of the pandemic. Our specific objective is to underscore international political dynamics on the COVID-19 plan. The research adopted *ex-post facto* design and observation method drawn from secondary data which were analysed qualitatively. Using globalisation theory, the research found existing gap between strategy and tactics in implementation of the global response plan based on international political dynamics. The research recommendation, among others, is that resilient infrastructures for real-time information management should be built for the prevention and control of health-related and other global emergencies.

Keywords: COVID-19, pandemic, international politics, assessment, response plan

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I. INTRODUCTION

COVID-19 has become a global fastest trans-border health pandemic with the worst fatality in history. A pandemic, from Greek *pan* (all) and *demos* (people), refer to "all people". It is the term used by disease experts to describe epidemics that grow in multiple countries and continents at the same time. A pandemic is a worst-case of, and different from, an epidemic. Epidemic is described as an outbreak that has grown out of control yet is limited to one country or location. In contrast, while an epidemic is not a pandemic at early stage when it is restricted to a country or location, it can spread to become a pandemic. The term, pandemic, refers to only the spread of a disease, not its potency or deadliness.

From the corpora of historic pandemics, COVID-19 is not and may not be the last of pandemics in which China would be at the epicenter of global pandemics, ostensibly because of the challenge for environment, development and sustainability in China (Gallagher, 2013), the environment, inequality and the internal contradictions of globalisation (Kaplinski, 2013) and the "vagaries of market cycles and the vicissitudes of disasters" (Smith, 2013, p. 113). Each of the earlier pandemics came with anxiety, fear and panic, yet the international polity has always been caught up in a web of poor implementation of global strategic preparedness and response plan against these emergencies.

Though the animal-origin thesis is still speculative of the Wuhan-epidemic, the 'antigenic drift' characteristic, speed of transmission and more lethal effect of COVID-19, more than other waves of pandemic since 430 B.C., make the virus a much more danger to lives of peoples across the globe. As in two immediate past instances of corona-virus disease in 18 years, SARS (2002 and 2003) and Middle East Respiratory Syndrome (MERS) (2012 – to the present), COVID-19 outbreak posed critical challenges for global public health, research and medical communities (Fauci et al 2020; de Wit et al, 2020).

The research has two-horned objectives: the first is the broad objective, to examine the social and economic impact of COVID-19 pandemic; and the second is the specific objective to underscore international political dynamics on the COVID-19 plan. The methodology of the research encompasses adoption of

globalisation theory, *ex-post facto* design and observation method drawn from secondary data which were analysed qualitatively.

The research is divided into nine interlocking sections to appropriately navigate the contours. Sections are: 1, Introduction; 2, Background to COVID-19 Pandemic; 3, Development and Spread of COVID-19 Pandemic; 4, Socio-Economic Impact of COVID-19 Pandemic; 5, Assessment of Strategic Preparedness and Response Against COVID-19; 6, The Striking Legacy of China's Strategic Response Measures; 7, International Politics and Implementation of COVID-19 Response Plan; 8, Recommendations; and 9, Concluding Remarks.

Background to COVID-19 Pandemic

Global mankind is bedeviled by historic epidemics and pandemics from ages with the earliest pandemic in 430 B.C. from a pandemic of communicable disease, at least sixteen historic pandemics preceded COVID-19. Timelines of global pandemics are presented in table 1.

Table 1: Timeline of Global Historic Pandemics, 430 B.C. – 2019

S/No.	Period	Pandemic	Symptom	Effect	Origin
1 .	430 B.C.	Malaria, tuberculosis, influenza, leprosy, etc.	Fever, thirst, bloody throat and tongue.	Communicable diseases in the agrarian days of hunter-gatherers which crept in from Libya, Ethiopia and Egypt into Athens and killed about two-thirds of the population of Athens.	Libya, Ethiopia and Egypt.
2 .	165 A.D.	Antonine Plague	Fever, sore throat, diarrhea and pus-filled sores.	The early appearance of smallpox, which began with the Huns and infected the Germans, who passed it to Roman troops who couriered the disease into Roman Empire, where it killed Emperor Marcus Aurelius. The plague lasted to about 180 A.D.	Huns.
3 .	250 A.D.	Cyprian Plague	Diarrhea, fever, fatigue, throat ulcers, vomiting, gangrenous hands and feet, etc.	Named after its first victim, the Christian Bishop of Carthage. As victims flee, it spread from Ethiopia from Ethiopia, through North Africa to Rome, then to Egypt and northward. Over the next three centuries, the outbreak was recuring. In 444 A.D., the plague affected Britain.	Rome
4 .	541 A.D.	Justinian Plague	Enlargement of lymphatic gland.	Named after Emperor Justinian of Rome. It was first significant appearance of bubonic plague, caused by rats, spread by fleas and observed in Egypt and passed to Palestine and the Byzantine Empire and afterwards to the Mediterranean. Its recurrence over two centuries claimed 50 million lives (26% of	China, Egypt.
5 .	11th Century Leprosy	Leprosy	coloured skin patches, numbness and weakness of hands and feet.	Leprosy, now called Hansen's disease, had been in existence since. Ages. Army commander of Syria, Naaman was a leper. Jesus Christ healed 10 lepers. It was reported as early as 600 B.C. in India, China, and Egypt and grew into pandemic in Europe in the Middle Ages. Leprosy terrified humanity and	Syria, India, China, Egypt and
6 .	1350 A.D.	The Black Death	As symptoms of bubonic plague	Black death marked the second wave of bubonic plague which first emerged from China and through Sicily in 1347 A.D. and through sufferers who landed the port of Messina, it spread throughout Europe from where it killed one-thirds of world population.	China/ Sicily
7 .	1492 A.D.	The Columbian Exchange	Fever, cough, runny nose, sore throat, skin rash	Attended the arrival of the Spanish in the Caribbean which spread smallpox, measles and bubonic plague to the native population thus killed as much as 90% throughout the north and south continents.	Spain.
8 .	1665 A.D.	The Great Plague of London	As with bubonic plague	The Plague was a resurgence of the bubonic plague. It killed 20% of the population of London.	London.
9 .	1817 A.D.	First Cholera Pandemic	Diarrhea, dehydration, abdominal pain vomiting, nausea	Pandemic originated from Russia and was the first of seven cholera pandemics over the next 150 years. The sickness was. transmitted through faeces-infected water and food. From Russia, it passed to British soldiers, on to India, then to Spain, Africa, Indonesia, China, Japan, Italy, Germany and America	Russia.
10.	1855 A.D.	The Third Plague Pandemic	Abdominal pain, diarrhea, fever and chills, shock, etc.	Pandemic was occasioned by a return of the bubonic plague in Yunnan, China and moved to India and Hong Kong. It claimed 15 million victims.	China
11.	1875 A.D.	Fiji Measles Pandemic	Fever, runny nose, sneezing, cough, etc.	Pandemic killed 40,000 people whose corpses were scavenged by wild animals as entire villages died and were burnt down .	
12.	1889 A.D.	Russian Flu		Pandemic was first observed in Siberia and Kazakhstan, later passed to Moscow, Finland and afterwards to Poland and to the rest of Europe and the next year to North America and Africa. it killed 360,000 by the end of 1890	Russia
13.	1918	Spanish Flu	Fever and chills, cough, diarrhea, fatigue, body aches, etc.	Pandemic began in Madrid, capital of Spain and was the first experience of avian-borne flu in Europe, the United States and parts of Asia, before it spread to other parts of the world. It claimed 50 million victims, globally.	Spain
14.	1957	Asian Flu	As in 13	Pandemic started in Hong Kong and spread to China, U.S. and was widespread in England. It claimed 1.1 million victims, globally.	
15.	1981	HIV/AIDS	Fever, headache, enlarged lymph nodes	Pandemic was first identified in America gay communities, although believed to have developed from Chimpanzee. HIV/AIDS is transmitted through blood and genital fluid,, which destroys t-cells. It killed 35 million victims worldwide.	America
16.	2003	SARS	Respiratory challenges, dry cough, fever, head and body aches	Pandemic started in China and spreads through respiratory droplets from coughs and sneezes. It was believed to have started from bats, spread to cats and then to humans. It infected 8,096 people and killed 774 others.	China.

Sources: Adapted from various sources

Gleaning table 1, one discovers that since the evolution of health pandemics, the causal viruses produce genetically related common symptoms and sicknesses whether it is called flu, influenza or grippe. COVID-19 belongs to the same family of viruses that display "symptomology of pneumonia, fever, breathing difficulty, and tong infection" (Li et al, 2020). David Roos argued that five of history's worst pandemics were Justinian Plague (75 million deaths), Black Death (25 million deaths), the Great Plague of London (20% of population of London), Smallpox (20 million deaths), and Cholera (150,000 annually) (Boss 20 March 2020). Of the five, the first three plagues were caused by the bacterium, *Yersinia pestis*, afatal infection known as the plague (Roos, 27 March 2020). More so, the virus that causes both COVID-19 and the severe acute respiratory syndrome (SARS) from China, are structurally related (Qamar and Chen, 26 March 2020).

Development and Spread of COVID-19 Pandemic

The first case of corona-virus disease was observed in Wuhan, Hubei Province, China on 17 November 2019 (Center for Disease Control and Prevention, 26 January 2020), but it was claimed to have been unrecognised until eight more cases were discovered in December although researchers claimed also that the source of the virus was not known. The knowledge of the virus became public when Ophthalmologist Dr. Li Wenliang defied the orders of China and released safety information to other doctors. The disclosure by Dr Li forced China to report the development to the World Health Organisation (WHO) the following day 31 December 2019, while Dr. Li was charged with a crime against the police state.

The novel virus, named 2019-nCoV, declared global health emergency on 30 January, nicknamed COVID-19, was declared a global pandemic on 11 March by the WHO (Gallegos, 30 January 2020; Ramzy and

McNeil, 30 January; New York Times, 11 March 2020) in conformity with report of the Study Group (CSG) of the International Committee on Taxonomy of Viruses which defined virus-agent as "severe acute respiratory syndrome corona-virus 2 (SARS-COV-2" (Gorbalenye, et al, 9 March 2020; Gorbalenya, 11 February 2020).
COVID-19 arrived with symptoms of fever, cough and shortness of breath culminating into levels of mild to severe respiratory illness or pneumonia in both lungs and spread through exposure and close contacts with people hit by the virus, from person to person, states to states, region to region and from an epidemic in China to a global pandemic. Table 2 represents trends of recorded and confirmed COVID-19 infections of the first quarter in regions of Africa, Asia, America and Europe.

Table 2: Regional Trend of COVID-19 Reported Cases in Top 19 Countries, 31 December – 27 March 2020

AFRICA			**AMERICAS**		
S/No.	**Country**	**Cases**	**S/No.**	**Country**	**Cases**
1.	South Africa	927	1.	United States	85,991
2.	Egypt	456	2.	Canada	4018
3.	Algeria	305	3.	Brazil	2915
4.	Morocco	275	4.	Ecuador	1403
5.	Tunisia	173	5.	Chile	1306
6.	Burkina Faso	146	6.	Panama	674
7.	Ghana	132	7.	Argentina	589
8.	Senegal	106	8.	Mexico	585
9.	Côte d'Ivoire	96	9.	Peru	580
10.	Cameroon	88	10.	Colombia	
ASIA			**EUROPE**		
1.	China	82,079	1.	Italy	80,539
2.	Iran	29,406	2.	Spain	56,188
3.	South Korea	9,332	3.	Germany	42,288
4.	Turkey	3629	4.	France	29,155
5.	Israel	2666	5.	United Kingdom	11,658
6.	Malaysia	2031	6.	Switzerland	10,714
7.	Japan	1364	7.	Netherlands	7,431
8.	Pakistan	1197	8.	Austria	7,029
9.	Thailand	1136	9.	Belgium	6,235
10.	Saudi Arabia	1012	10.	Portugal	3,544

Note: Countries listed on the table are Top 10 and representative of others.
Source: Adapted from European Centre for Disease Prevention and Control, 27 March 2020.

Table 2 represents the trend of spread of the Corona-virus in Africa, Asia, Americas and Europe as at 27 March 2020. Africa's 44 countries had reported cases of virus. Though the first country to report a case of infection was Egypt, on 14 February, South Africa came topmost. In Asia's 42 countries that reported, China was leading. In the Americas' 46 countries, the USA was leading, and in Europe's 54 countries affected, Italy was leading.

From China, Thailand was the first country to report the case of infection on 13 January, followed by Japan, Nepal, Malaysia, Singapore, South Korea, Taiwan, France and the U.S., on 16 January. For countries in Africa with least confirmed infections, it was not yet Uhuru as the number of infected persons and deaths were more likely to triple due to availability of test-kits, tests and change of weather from dry to rainy season. The only respite for Africa remained that the continent is rich across countries with medicinal plants phytochemicals which were proved to be potential anti-COVID-19 druggable or genetic conditions.
In Oceania, Australia suffered had highest cases (3166), followed by New Zealand (338), Guam (49), French Polynesia (30), N

Table 3: Global Trend of COVID-19-related Deaths, 31 December – 27 March 2020

S/No.	**Country**	No. of Deaths	**S/No.**	**Country**	No. of Deaths	**S/No.**	**Country**	No. of Deaths
1.	**Italy**	8165	35.	Australia	13	69	**Paraguay**	**3**
2.	Spain	4089	36	Argentina	12	70	Saudi Arabia	**3**
3..	China	3298	37	Dominican Republic	10	71	**Serbia**	**3**
4.	Iran	2234	38	Hungary	10	72	**Costa Rica**	**2**
5.	France	1696	39	Morocco	10	73	**Croatia**	**2**

6.	United States	1296	40	Czech Republic	9	74	**South Africa**	**2**
7.	United Kingdom	578	41	Luxembourg	9	75	**Taiwan**	**2**
8.	Netherlands	434	42	Pakistan	9	76	United Arab Emirates	**2**
9.	Germany	253	43	Panama	9	77	**Afghanistan**	**1**
10.	Belgium	220	44	Peru	9	78	**Armenia**	**1**
11.	Switzerland	161	45	Israel	8	79	**Cameroon**	**1**
12.	South Korea	139	46	Mexico	8	80	**Cape Verde**	**1**
13.	Indonesia	78	47	International conveyance in Japan	**5**	81	**Cayman Island**	**1**
14.	Brazil	77	48	Albania	6	82	Curaçoa	**1**
15.	Turkey	75	49	Columbia	6	83	Estonia	**1**
16.	Sweden	66	50	Lebanon	6	84	Gabon	**1**
17.	Portugal	60	51	Bangledesh	5	85	Gambia	**1**
18.	Austria	52	52	Slovenia	5	86	Guam	**1**
19.	Japan	46	53	Thailand	5	87	Guatemala	**1**
20.	Philippines	45	54	Tunisia	5	88	Guyana	**1**
21.	Denmark	41	55	Ukraine	5	89	Honduras	**1**
22.	Canada	39	56	Bahrain	4	90	Jamaica	**1**
23.	Iraq	36	57	Chile	4	91	Jersey	**1**
24.	Ecuador	34	58	DRC Congo	4	92	Kenya	**1**
25.	Greece	26	59	Finland	4	93	Kosovo**	1
26.	Malaysia	23	60	Lithuania	4	94	Moldovo	1
27.	Algeria	21	61	Andorra	3	95	Montenegro	1
28.	Egypt	21	62	Azerbaijan	3	96	Niger	1
29.	San Marino	21	63	Bosnia and Herzegovina	3	97	Nigeria	1
30.	Ireland	19	64	Bulgaria	3	98	Palestine*	1
31.	India	17	65	Burkina Faso	3	99	Sudan	1
32	Romania	17	66	Cyprus	3	100	Trinidad and Tobago	1
33.	Poland	16	67	Ghana	3	101	Venezuela	1
34.	Norway	16	68	North Macedonia	3	102	Zimbabwe	1

Source: European Centre for Disease Prevention and Control, 27 March 2020

Without prejudice to table 3 on the trends, COVID-19 had spread to over 180 countries, territories and conveyances ar
Corona-virus spreads primarily from droplets of saliva, sweats and discharge from the nose when an infected person coughs or
More importantly, the independent research report by Li and his colleagues was very revealing of the development and spread c

- the virus has futures of corona-virus family and belongs to the Betacorona-virus 2B lineage which has closest relationship
- genome sequencing analysis of 104 strains of the COVID-19 virus isolated from patients in different localities with sympto
- among 55,924 laboratory confirmed cases reported as of 20 February, the median age is 51 years (range 2 days–100 years
- COVID-19 is a zoonotic virus, from phylogenetics analysis, bats appear to be the reservoir of COVID-19 but the immediat
- COVID-19 is transmitted via droplets and fomites during close unprotected contact between an infector and infectee;
- China has a policy of meticulous case and contact identification for COVID-19, with more than 1,800 teams of epidemiolo
- children are less likely to become infected, which would have important epidemiologic implications; or
- children's symptoms were mild that their infection escaped detection, which has implications for the size of the denominato
- pneumonia-related COVID-diagnoses yielded 2% fatality rate;
- a 1099 laboratory-confirmed COVID-19 cases from 552 hospitals in 30 provinces, autonomous regions and municipalities

From the study, it was concluded that the most common symptoms were fever (43.8% on admission and 88.7% during hospitali

Socio-Economic Impact of Spread of COVID-19 Pandemic

The spread of COVID-19 manifested social and economic challenges worldwide. Socially, because COVID-19 does not respec
The pandemic filled man with a feeling of enervative fatalism. David Brooks, opinion columnist averred that "citizen avoid citi
Related to the above is the challenge of social stigmatisation. Social stigma is an emotional or mental trauma that results from t

- social avoidance or rejection;
- denials of social and economic rights and privileges; and
- physical violence.

While as of 3 April the confirmed cases of COVID-19 rose to over 1 million infected people and 50,000 deaths worldwide, hea
Record showed that 3,300 frontline medical providers were infected, for instance, in the UK, the Royal College of Nursing repo
More remarkably, Italy, Spain, and U.S. top the highest deaths respectively. For the 9 top confirmed COVID-19 cases, recover

Table 7: Top 10 Countries affected by COVID-19 Cases 31 December – 21 April 2020

S / No.	Country, others	Total Cases	Total Deaths	Total Recovered	Active Cases	Serious, Critical	Tot Cases/ 1M Pop	Deaths/ 1M Pop	Tests/ 1M pop	Mortality Rate
	World	**2,482,158**	**170,470**	**652,170**	**1,659,518**	**57,355**	**318**	**21.9**	**-**	**6.87%**
1	USA	792,913	42,517	72,389	678,007	13,951	2395	128	12167	5.36%
2	Spain	200,210	20,852	80,587	98,771	7371	4282	446	19896	10.42%
3	Italy	181,228	24,114	48,877	108,237	2575	2997	399	23122	13.31%
4	France	155,383	20,265	37,409	97,709	5681	2380	310	7103	13.04%
5	Germany	147,065	4,862	91,500	50,703	2889	1755	58	20,629	3.31%
6	UK	124,743	16,509	N/A	107,890	1559	1838	243	7386	13.23%
7	Turkey	90,980	2,140	13,430	75,410	1909	1079	25	7991	2.35%
8	Iran	83,505	5,209	59,273	19,023	3389	994	62	4203	6.24%
9	China	82,758	4,632	77,123	1,003	82	**57**	**3**		5.69%
10	Russia	47,121	405	3,466	43,270	700	323	**3**	14,070	0.86%

Source: Adapted fromWorldometer, 21 April 2020. https://www.worldometers.info

A cursory assessment of table 7 shows the global statistics of confirmed infection (2,4815,41), deaths (170,439), recovery (647,
However, the mortality rates in the top ten countries differ from the picture of total confirmed COVID-19 infections. Dividing t
WHO, as reported by the *BBC News,* confirmed that 64% public hospitals were fully functional but lacked adequate medical pe
Again, in comparison of the world mortality rate of COVID-19 to other pandemics, the picture is as presented in Fig. 1.

Fig. 1: Mortality Rates of Selected Global Pandemic, 1918-2012

1918 – Flu Pandemic • Mortality rate: 2.5% • World population: 1.8 billion (est.) 1957 – Flu Pandemic • Mortality rate: 0.6% • World population: 2.87 billion 2003 – SARS Pandemic • Mortality rate: 10% • World Population: 6.38 billion	2009 – H1N • Mortality rate: 0.02% • World population: 6.79 billion 2012 MERS Pandemic • Mortality rate: 35% • World population: 7.13 billion 2019 Ebola • Mortality rate: over 50%

Source: B. Lovelace Jr, "The Corona-virus May be Deadlier than the 1918 Flu: Here's How it Stacks up to Other Pandemics, 2

Comparison of table 3 and Fig. 1 logically leaves humanity with hope that the mortality rate of COVID-19 would be lower than
Economically, China's loss of more than 3000 in deaths, lockdown, quarantine, social distancing, and the negative impact on m
The WHO and IMF chiefs are agreed that the global economy is in recession and 85 countries have applied for IMF emergency
The situation raised the questions begging for answers: how long will the trend last?; how long must nations continue to depenc

Assessment of Strategic Preparedness and Response Plan against COVID-19

Drawing experience from precursors of COVID-19 pandemic and the Georgian episode in Albany**,** isolation,lockdowns and bar
However, the lockdowns were all induced by fear, anxiety, panic and catch-up syndrome. Three critical and inter-locking phase

- ensure social distance, mostly from people who are sick;
- wash your hands very often daily with soap and running water or at least 60% alcohol-based sanitiser, especially after
- avoid touching your eyes, nose, and mouth with unwashed hands.

The 'containment' phase begins with suspected victims of the infection to take necessary measures to limit both the spread and

- stay-at-home isolation or social distance;
- separate yourself from other people in your home;
- cover cough or sneeze with tissue, then throw used tissue in the trash for disposal;
- avoid sharing personal household items;
- monitor your symptoms; and
- carry out frequent cleaning and disinfecting touched objects and surfaces.

The 'management' phase required tested and confirmed victims hit by the virus to submit to medical care which may require us

The Striking Legacy of China's Strategic Response Measures

China demonstrated transferable preventive, containment and management measures against COVID-19, within the global SPR

- research on the structure and behaviour of the virus pathogen;
- massive quarantine of Hubei Province, a region of 60 million people and the epicenter of the corona virus;
- post-landing stop-and-search of passengers entering China;

- tightening restrictions of the Chinese financial hub Shanghai and manufacturing centre Guangdong;
- restriction of ships from virus-hit countries for 14 days maximum incubation period; and
- a cautious standby policy against possible leak-back from other parts of the globe.

China hedged against a leak-back through border closures since no purposive vaccine had been produced for treatment. Part of Corona-virus, unlike its cousin that caused SARS, seems impossible to eliminate permanently, based on the following epidemic

- even with high amounts of the virus in the blood cells and on-going secondary transmission to other, the symptoms w
- at the early stage or mild infection, a courier could test negative;
- it spreads too easily and unlike China, most countries of the world have no matching capability and capacity to contai
- as legion of the sick warily and unwarily go untested, the outcome remains unpredictable and the corona-virus tally m
- in the present wave of the challenge, measures without formal testing and identification of the "haves" and "have-not

The assessment of strategic preparedness and response against COVID-19 pandemic has left no one in doubt of the existence ef

International Politics and Implementation of COVID-19 Response Plan

International politics is the driver of every country's 'national interests', however omnibus the concept. A country's responses - China reported the Wuhan virus to the WHO on 31 December 2019, but up untill 22 January, WHO contended that the virus di More technically, WHO defined the virus as "an outbreak of new pathogen that spreads easily from person to person across the Beyond polemics, the UN Secretary-General Antonio Guterres announced the organisation's $2 billion global humanitarian res

- delivering essential laboratory equipment to test for the virus and medical supplies to treat patients;
- installing hand-washing stations in camps and settlements;
- launching public information campaigns on how to protect oneself and others from the virus; and
- establishing air-bridges and hubs across Africa, Asia and Latin America to more humanitarian workers and supplies to

Guterres enjoined UN Member-States to commit to stemming the spread of COVID-19 and avoid diversion of the humanitarian Besides, drawing from Obligation to International Health Regulations (2005), states, governmental and non-governmental orga At the forefront of non-governmental organisations' effort is the ARC Project, a non-profit organisation which campaigns that a For the role of NGOs, there are some do's and don'ts put in fig. 2.

Fig. 2: Do's and Don'ts for NGOs at Times of COVID-19

What not to do	What to do
Panic (x)	Prepare and act
Inaction (x)	Proactive approach and planning
Not fundraising (x)	Planning new fundraising approaches
Delaying appeals (x)	Modifying appeals in needed
Putting all your eggs in one basket, e.g., that annual gala/event (x)	Diversifying fundraising avenues/getting digital and picking up your phone.
Keeping away from beneficiaries and donors (x)	Reaching out on a regular basis keeping all stakeholders updated. Adequately stewarding and cultivating donors
Using same old emails for communication (x)	Being creative and innovative in using social media, phone calling, webinars, live online events and so on
Worrying about staff working from houses and micromanagement (x)	Caring about the well-being of staff, placing trust in them, creating a well laid out plan, handing over individual responsibilities, regular review and catching up calls
Losing hope (x)	Staying positive, focusing on what can be done and spreading hope.

Source: Saumya Arora, "Managing Your NGO in the Times of COVID-19", March 2020.

Abraar Karan observed correctly that trust is critical for sustained and coordinated effort in the contact-trace of COVID-19 infe Though it would be curious to believe the postulation that drinking bleach could cure COVID-19 (Frier and Wagner, 18 March Instructively, Kenneth Waltz and others identified the individual, State, and international system as three images/causes of use

- create a virus and the antidote;
- spread the virus;
- demonstrate the efficiency, building hospitals in a few days;
- cause chaos in the world, starting from Europe;
- quickly plaster the economy of dozens of countries;
- stop production lines in factories in other countries
- cause sticks markets to fall and buy companies at a bargain price;
- quickly control the epidemic;
- lower the price of commodities, including the price of oil which China buys on large scale; and
- get back to producing quickly while the world is at a standstill China buys what it negotiated cheaply and sells more ex

It is instructive to those who dismiss facts on the subterfuge of fiction or conspiracy theory that the difference between fact and While other parts of the world play catch-up to China's containment model, China quickly closed its borders to avoid a leak-ba If conspiracy theory was a fallacy in mirroring Chinese post-COVID-19 economic war with the U.S. and shoring rapid econom Another variant of the challenge posed by COVID-19 is that autocrats across the world have begun to use perceived suppressio Though these emergency powers are demands of the COVID-19 wartime, there is doubt that they could be relinquished in post- COVID-19, like the Monkeypox and the Middle East Respiratory Syndrome (MERS-CoV), from infected dromedary camels in Globally, the pandemic has widened the resources and health services gaps between the better-off, financially secure groups an The social trepidations of COVID-19 looms large: in many countries COVID-19 became subject of political score, for instance,

In Belarus, the authoritarian leader of Europe's last bastion of dictatorship, President Alyaksandr Lukaschenka called the pande Politics, no doubt, underlie the challenges of insufficient funding, slow contact-tracing, low supplies, different methodologies a Nevertheless, enturies of pandemics were expected to serve enough warning signs to political elites and leaderships that power

Recommendations

To contain and control COVID-19 pandemic and save humanity from future pandemics, the following policy-steps are imperati

- eat healthy and nutritious diet enriched with medicinal vegetable plants;
- identify the relationship between the virus and the underlying sicknesses and undertake effective treatment, particular
- undertake case-studies of regions and top 5 countries with the highest and least rates of infections, recoveries and dea
- nations should cooperate to take a global approach rather than play extreme 'nationalisms in an open world', in conta
- demands an all-inclusive stakeholders' – nations, governmental and non-governmental organisations, individuals, civ
- listen and adhere to credible guidelines and data for the control of COVID-19; and for a long-term response,
- create resilient institutions and structures for real-time information-gathering on disease incubation, outbreak, contact

II. CONCLUDING REMARKS

COVID-19 caught humanity off-guard, spread from China to more than 210 countries, territories and conveyances in just a qua Though the world demonstrated it drew no significant and helpful lessons from earlier pandemics, including the SARS, MERS,

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