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BROOKINGS CAFETERIA PODCAST

ADDRESSING COVID-19 IN RESOURCE-POOR AND FRAGILE COUNTRIES

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PARTICIPANTS:

Host:

FRED DEWS
Managing Editor, Podcasts and Digital Projects
The Brookings Institution

Interviewer:

VANDA FELBAB-BROWN
Senior Fellow, Foreign Policy, Center for 21st Century Security and Intelligence
The Brookings Institution

Guests:

PAUL H. WISE
Senior Fellow
Freeman Spogli Institute for International Studies, Stanford University and
Richard E. Behrman Professor of Child Health and Society
Stanford University

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P R O C E E D I N G S

DEWS: Welcome to the Brookings Cafeteria the Podcast about ideas and the experts who have them. I'm Fred Dews. Responding to Coronavirus as individuals, society and governments is challenging enough in the United States and other developed countries with modern infrastructure and stable systems. But what happens when a pandemic strikes poor and unstable countries that have few hospitals or lack reliable electricity, water and food supplies that don't have refrigeration and suffer from social and political violence? To explore these scenarios and talk about policy solutions during the Coronavirus Pandemic, I'm pleased to present a conversation between two experts whose work focuses on these and related problems.

Vanda Felbab-Brown is a Senior Fellow in Foreign Policy at Brookings and has deep experience in policy challenges that include urban violence, illicit economies, insurgency, wildlife trafficking and more.

Paul Wise is a medical doctor and a Senior Fellow at the Freeman Spogli Institute for International Studies at Stanford University where he is also a Professor of Pediatrics at Stanford Hospital. In his work, Dr. Wise bridges the fields of child health, public policy and international security studies, with a special interest in the long-term indirect effects of war and the political insecurity dimensions of humanitarian health provision in areas of violent conflict.

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And now here's Vanda Felbab-Brown's interview with Paul Wise.

FELBAB-BROWN: Paul for much of your career you have been working on the issues of healthcare delivery in particularly difficult places, such as countries of war. And much of your effort has really been in the intersection of delivering healthcare, particularly childcare, public policy, international security studies and war insecurity. You and I wrote together, some weeks ago, a piece on COVID in slums, reviewing what might happen in these places. What is it about marginalized areas, rural territories, war zones, urban slums, prisons that pose particular challenges to dealing with COVID and other pandemics?

WISE: Thanks Vanda. There are profound technical challenges which in turn generate profound political challenges. Let me start with some technical challenges.

The primary challenge is translating the CDC and World Health Organization guidelines to respond to COVID-19 to the reality of the most crowded, insecure and poorest places on earth. What are these general guidelines for to responding to COVID-19? First is staying home, a kind of social isolation. Social distancing also to reduce the potential spread of the virus. Disinfecting surfaces and potential fomites. Fomites being inanimate objects that could potentially spread the virus. And hand washing which involves inanimate objects with the potential to spread the virus, namely your hands to your face and to others. Also monitoring symptoms of illness

and then seeking care when you become really sick. So those are the general guidelines that have been implemented in Europe, in the United States to a large extent.

So how do you do this in intensely poor, densely populated, urban, semi-urban parts of the world? Staying home, number one is extremely difficult to do. If people stay home, they lose income and usually these households have no reserves, no buffers whatsoever. They also need to go out and purchase food on a pretty much daily basis. There's no refrigeration, in many households, and if they stay home with no income, with inability to purchase food they can starve. Social distancing is also difficult. These urban areas are highly heterogenous. So, we need to be careful of making broad generalization. Their origins can be different, their social organization could be different. But basically, we're talking about areas of high population density and low standards of housing and low standards of state services. It's difficult to socially distance, if you are living in a one or two room house with large numbers of family members. It's difficult to go to markets where crowding is not metered, like it is at a Costco or a Trader's Joes these days in the United States. And social distancing is extremely difficult if not impossible in these areas. Hand washing, some places have limited or no water supply to speak of and others will have communal water supplies where getting water means the basic elimination of social distancing. Health services may be limited if they exist at all. What do you do when people get very sick when there's really no place to go? Those are the technical considerations that relate to what we would call the direct effects.

The direct effects being dealing with the risk of contagion and then the issues of inherent in getting sick where you have very limited health capabilities. But there are also indirect effects that have to be addressed, that COVID-19 has the ability to trigger a food crisis. Which is always hovering on the verge of food insecurity in these areas. Let's look at the high rates of child malnutrition and young child mortality that exist in these places to know just how close these families, these communities, these urban areas are hovering on the verge of starvation. And the indirect effects of COVID-19 may, in fact, be as or more profound than the direct effects of the disease itself. And therefore, our ability to address these issues, the fundamental technical challenges depend on mounting responses to reduce the direct effects but to also these longer-term indirect effects.

There are also political challenges. Few things test the relationship between a people and its government more than war and plague. The primary response to plague, this kind of infectious outbreak, is quarantine or its derivatives isolation, social distancing, staying at home. But what this requires is a massive behavior change on the part of whole populations of people. And often this massive behavior change implies important material and social sacrifices. This is difficult to do at a community level at a population level and at a societal level. This requires that a government command profound technical and political legitimacy. Technical legitimacy in the sense of technical authority. People must feel that expertise is legitimate, must believe in the technical assessments and the technical guidance that is embraced and disseminated by the state. In places where years of bad experiences

or places where there have been particularly places like the United States over the past few years, attacks on expertise that can undermine the informational authority in ways that undermine in response to state guidance undermine the state response to pandemic threat. If people don't believe the technical experts that are generating technical guidance, then state capability to response will be profoundly diminished. There's also the requirement for political legitimately. Procedural legitimacy in the sense are our leaders chosen by procedures that are felt to be legitimate. Democratic procedures tend to generate some level of procedural political legitimacy. There's also performance legitimacy where people really don't care how these leaders were chosen as long as they perform. As long as they produce results. That also can convey significant legitimacy. But the concern here is when there is minimal or no technical or political legitimacy. The only alternative is coercion. Where population behavioral response is inattentive to state guidance where legitimacy is weak, there is a tendency to depend on the threat or use of force. And we see in pandemic response, responsibility for managing an outbreak shifts from the ministry of health to the army. We saw this take place in the Ebola outbreak in West Africa, we see it in the DRC Ebola response. And we've seen it to different extent in different places in the world in response to COVID-19. Usually there's a kind of hybrid approach in which both currencies political legitimacy and coercion are utilized in different times and in different places to control the outbreak. So, my concern and the focus on our work is understanding the interactions between technical legitimacy and pollical legitimacy the use of force in areas of weak governance or where the state is actually

viewed as inherently predatory. Where these interactions can become complex and diminish the ability to respond effectively to the threat of COVID-19.

FELBAB-BROWN: Many of the issues you spoke about we are seeing in different ways. Whether it is excessive use or pace of powers. We are seeing there with President Duterte in the Philippines and extraordinarily heavily militarized response. Whether it is leaders promoting bogus medication and bogus treatments really a stunning coincidence. Iran's Ayatollah Khomeini, for example, has been promoting the use of herbal medicines to deal with Iran's extraordinary COVID outbreak. And many of the herbal doctors, herbal magicians have been promoting for example the use of rose oil as a way to prevent and cure COVID. In China the government has been encouraging the use of bear bile as a way to cure COVID promoting so called traditional Chinese medicine that lies behind so much of poaching and wildlife trafficking, that indeed are believed to be the originations of the pandemic. Bear bile is a horrific substance in the first place because of the cruelty and the barbarity with which it is extracted from bears but it's also utterly bogus it doesn't cure anything let alone COVID. And of course, in the United States, President Trump has suggested ingesting disinfectant as a way to prevent and treat COVID.

So those are false, disastrous suggestions and policies that some leaders are promoting. Nonetheless the reality of the inability to ____ social distancing, the reality that people face the choice between starvation or going out into a place where they can get infected is indeed a reality for very many people in developing

countries. So not surprisingly they have found it extraordinarily difficult to comply. And while we might see compliance for 1 week, 2 weeks, 3 weeks this really becomes the period where many populations then start demanding to be let out or start violating the lock downs.

So, there are some possible solutions, or at least possible remedies. Police remedies, such as the adoption of direct cash transfers which can be done without people having to go to bank and many places in Africa for example, many people will use mobile transfers over their phone to start with, as a way to pay bills. So, government could, for example, adopt cash transfers as a mechanism to offset the economic hardships and to allow people to stay home. In some countries even have potential in places like slums governments for example waive fees for services whether its water or electricity or internet to allow the distribution of information work with governments work with companies rather than are in charge of providing these services to waive the fees while people are unable to pay. Now you talked about the lack of metering in markets that are not COSTCOS or Trader Joes, but then again there is a capacity to organize and chose to organize social leaders, younger people who can get infected but who face lesser risks of the severity of the disease in helping to keep people apart at water holes. Nonetheless, the situation is very challenging and we are just now at the cusp of seeing its outbreaks and really taking off in places like Afghanistan where as of today about 1,700 cases have been confirmed and its tiny percentage of the likely actual number of infections because there is really no testing and the unofficial estimates are the numbers are probably

ten times higher. In Africa we just saw over the last week over 40 percent jumps and again those are just jumps from the numbers that we know that are being tested but there are not in fact true representation of the spread of the illness. And yet there is very steady mobilization in these places to suggest that people should not be asked to comply. Lots of mobilization in Africa, in Nigeria, a country which has all of the difficult condition high density of people in urban spaces extreme poverty in large places in many different forms of militancy across the country and a country that was just close to famine and levels in the north for much of the past 40 years and can very easily slip into famine conditions once again as a result of COVID. So very difficult situations where governments need to step up their game at least with the minimum they can do though the minimal they can do may be vastly inadequate nonetheless in stopping the spread. Nonetheless in the conversation so far, we have been talking about what governments can do. Now part of the motivation of why (inaudible) that state is not present or at least not present in any meaningful way to be the provider. What happens in those places? It's part of the work that you have been doing in Guatemala.

WISE: Thanks Vanda. It's important to recognize that these communities while vulnerable are not passive. They have enormous strengths, and as we address and as we consider the requirements of responding to Covid-19, in these areas, we recognize that these communities are already mobilizing in their own ways to protect themselves. That these communities have enormous strengths, not just vulnerabilities.

However, the global efforts to respond to COVID-19 have not facilitated, taken advantage, or supported these strengths, this creativity that is being exhibited locally, by local communities, by local NGOs, by local informal infrastructure. That has long been the primary mechanism by which these communities provide security and wellbeing to their people. They have not generally relied on states services and in many places have developed structures to protect themselves from a predatory state. So much of our work is building strong relationships, we have over many years. With this creative capacity, with these strengths in local communities. Some of the things that are being implemented being discussed, tested are things like task shifting, protocols for COVID-19. Task shifting has been in place in many parts of the world where you're not going to have enough doctors and nurses, so you train local people, some without much education. But train them to do health related specific tasks. And these communities' health workers systems, this task shifting has been extremely successful. And these systems have been extremely creative in constructing protocols systems approaches systems strategies that are extremely effective that emerged from local knowledge, local experience. And to a certain extent local power. And we are working hard with colleagues around the world at universities like Johns Hopkins, the London School Hygiene Tropical Medicine, UCSF, and the UC system in California. But more importantly with universities and local communities in Africa in Central America, in South Asia to develop and then disseminate the strategies from the ground up.

One of the things that has emerged is what's been called Radical Shielding. A kind of reverse isolation. Most times isolation involves separating people who are sick from the rest of the population. This is reverse isolation where the most vulnerable people in a community are identified and they are isolated. Hopefully not emotionally isolated but physically isolated in terms of distancing and use of masks. And other kinds of approaches to protect the most vulnerable, namely the elderly or people with chronic disease in these communities. This could take many forms and people are working hard to figure out the best ways to consider radical shielding or reverse isolation as a means of protecting these communities. There are other components that are being put into place that basically it's translating WHO, CDC recommendations, this technical guidance, into the realities of these communities. The material reality, these are poor places, crowded places in general. But also the political realities where local infrastructure, local capacity, local organization and local power are the essential components that are building the collective action.

FELBAB-BROWN: I was very impressed by you reading the story of how communities in Myanmar have organized so many of these communities precisely exist in conditions of poverty, minimal health care, high vulnerability to displacement by militant groups. And have experienced a range of natural disasters such as hurricanes and flooding as well as manmade disasters. And they have really been proactive in self generating quarantine places for migrants who have been returning from Thailand to the middle east or other parts of Asia. With the community fearing that they will bring COVID with them. But in doing so, in a

humane way and in a way that is rude and discriminating to the migrants has been the case elsewhere including in US responses or in Mexico. And also devising systems, minimizing movements across communities. Clearly these communities have experience, experience that is equitable and not brutal in dealing with issues that they need to respond to. We have seen similar efforts of soft organization in India that has often been much darker where a lot of the community self-organization and policing has in fact resulted in yet another significant increase in far-right Hindu brutality inside middle violence against Muslim communities. And the fact that the forces of COVID spread where mosques where people gathered and large number of people ended up being infected and then spread the disease only fed to the propaganda where even the government of India, its health care officials would be speaking about Muslims and mosques being human bombs. Using that kind of language that just precipitated attacks. So really not a nice side of community self-organization. And indeed, what capacity the community has for sub organization is very much a function of its preexisting strength how much the leadership has been disseminated by war or crime. It's not surprising that criminal groups or organized crime groups frequently target community organizers in the first place try to eliminate them so the community loses the capacity to respond to their coercion and it also means that the community loses the capacity to respond to other shocks or even self-organize for just coping with daily activities.

WISE: Well these last comments triggered a question that I have been wondering about quite a bit over the last few weeks is that I see many political

scientists and other comparing their responses to COVID-19 between democratic and autocratic regimes as the primary dichotomization of the political systems and how they respond. However, I've been more impressed by the divergence in response between populous leaders and others less dependent upon populous support. Why do you think that populists in such places as Brazil, Mexico, the UK and the United States have all had such denialist impulses? What is it about a pandemic that tends to generate this kind of response?

FELBAB-BROWN: So, as you said not all slums or urban dense places are the same, not all populists are the same with President Modi, the president of India being one of the outliers. Nonetheless, very many populous including Imran Khan, Prime Minister in Pakistan and in fact, President Rodrigo Duterte in the Philippines fall all into the mold that you suggested. Very strong efforts to deny that the pandemic exists, that it is not just a fable or fantasy language that we would frequently use and then trying to avoid social distancing and other measures for as long as possible. Potentially in the case of Bolsonaro still today, he is in denial and rejecting the need for such approaches. I think that it stems from several sources. One is that all of the populous that elected in the context of significant segments of populations believing that they have been economically underprivileged and that they have slipped through the cracks of the previous system and that the previous system did not take care of their basic needs. And they all campaign and promise to radically change the economic well-being of those groups. Whether this is Andres Manuel Lopez Obrador in Mexico, who message was fighting against the mafia of

power. The expression he used against the ____ Mexican people to bring economic well-being to the 40-50 percent of Mexicans who live in poverty. Or where this was Bolsonaro in Brazil that was again promising to empower, in particular, who were Brazilians. So, for them to adopt the social distancing means a very significant economic downturn as it has meant for the entire world. And hence they have been loathed to see the economic effect that directly contradicts their campaign. So, I think that's one element is the economic implications for them. The political implications of the economic downturn for them are perhaps even more pronounced than for any politician or any government.

Second, I would say that many of them have campaigned precisely on the premise that they will cure the country from the malaise they identified before by removing the country from the international system one way or another. Rejecting multilateral institutions. Rejecting elements of globalizations whether this is President Trump and his isolation is on the immigrant. Views whether this is Boris Johnson and Brexit in the UK. So, this strong isolation is along the line with this problem in the outside world and this not us has been very strong. And so, there is a tendency to reject the advice that is coming from abrupt. And it's also coupled with what you talked about namely that always someone promising to break the system, throw away the system, blow up the system seeing the previous system as at fault and rejecting education. And rejecting institutions not just international ones, domestic ones, rejecting experts and rejecting systematically rule of law and anyone who promotes rule of law. So, I would say the second strand is the rejection of

knowledge, the embrace of misinformation and lies, the rejections of multilateral approaches, the rejection of learning from others and rejecting others, in the first place.

And then I would say the third element is that they are copying each other that way before the pandemic the populous had been watching each other and copying each other's responses and success in being elected. Very pronounced with both Bolsonaro directly mimicking Trump. Trump referring very positive glowing terms to Duterte and other dimensions. And so, when the first populous started to check the COVID the others followed. But then there are sort of interesting developments to that. I would say what happened with both of the populous leaders is to some extent the same thing but happened with COVID and militant groups and criminal groups. Namely they all tried to appropriate for their purposes. So Duterte the classic example here first rejecting COVID using the same language as Bolsonaro and Trump this is fantasy it's not real still sticking with the message in mid-March. Now, the Philippines is probably the worst hit country in southeast Asia. With very rapid spread, minimal testing by expectations that probably tens of thousands hide and several thousands could likely have likely been infected even though testing is minimal. And so, what is Duterte to do while just last week he essentially grabbed power. Something he has been trying to do for the previous two years of his rule but now has declared himself to have extraordinary emergency powers that go way beyond what is arguably needed in the response. So, in a COVID, even though he is directly responsible for augmenting the spread of COVID

in the Philippines became a mechanism for him to aggregate even more power and to essentially launch a soft coup d'état in the country.

Similarly, the United States, President Trump has used COVID now to shut down migration in the United States and move to minimize or eliminate migration if he has his way. Not just in terms of undocumented workers but also in terms legal migration. Such as suspending and trying to minimize green card, visa and other elements. And we are seeing the same thing among militant groups whether they are Islamists or whether they are far right groups in the United States. However, they rejected COVID at first, later on they say ok well COVID is now a tool to, for example, infect Jewish people. Those are some of the statements that have been circulating among far-right groups in the US, who encourage their members to get infected by COVID and go to places with high concentration of Jewish people to infect them. ISIS in Syria and Iran, as suggested while COVID is a last punishment on the Ghafirs or the Infidels, it's fine believers will not be affected but later on has been suggesting well here is an opportunity to exploit this against the enemy against the Infidels against the west. Whether its people spreading the illness or whether it's encouraging the tax that aristocrat's tax while the law enforcement forces our focus on other issues are preoccupied with COVID. Whether this is encouraging trust ability and misinformation to create this trust and (Inaudible) of the state. Now there have been some interesting cases and those are cases of criminal groups or militants even like the Taliban, who in fact try to be the new providers.

WISE: New providers in some ways filling a gap that would often be filled by international NGOs, outside groups working in concert with local groups and capabilities to provide essential health services in areas of conflict or infectious outbreaks areas and intense need. The COVID-19 pandemic has put new kinds of pressures on international organizations, like MSF, Doctors Without Borders, International Rescue Committee, Save the Children, International Medical Corps. That have traditionally done very important work provided important services in very complex political environments. However, the travel bans, funding, restrictions and the needs in European home countries that require deployment of medical personnel in service to their own countries has altered, in some ways, deformed the traditional international humanitarian response. How do you see these governments in areas where governments are not prominent, non-state, actors, militias, criminal organizations responding to this gap but also to any response in the coming months that we insert, international organizations into supporting health and humanitarian services in these areas?

FELBAB-BROWN: Well I want to stress what you just said Paul, that what is different from the pandemic is the stress that this has created for the international humanitarian community because of pressure on personnel and the inability to travel and funding. And we are in the situation now where some 135 million people are estimated to be on the cusp of famine in places like Yemen, Syria, Nigeria that we spoke about, Somalia. Really the only way that this will be addressed is through international aid. Now what the militants and criminal groups can do is really chip

the margins. In the most significant way, they can permit the entry of governments and international medical teams. And we have seen a quite wide set of reactions. The most interesting one has been the Taliban, which has long opposed polio vaccinations, for example, believing that this is either a way to sterilize Muslim women or that is a mechanism of spying after US uses a doctor for identifying Bin Laden. So even as late last July or September, they prohibited groups like MSF and others from operating in the territory they controlled precisely because they were concerned that the international humanitarian medical personnel were spies for targeting their fighters and their leaders. That was changed with COVID, where the Taliban has repeatedly said that they welcome and will provide protection to both Afghan health workers as well as international health workers. What the Taliban did not say however is that they will suspend fighting. Which fundamentally would be really the most important step toward changing the situation on the ground and toward allowing more effective response. In fact, the level of fighting in Afghanistan is going up almost daily. The Taliban is upping the spring offensive and has been conducting 500-600 attacks a week, often killing between 20 and 40 Afghans security personnel in these attacks. So, very high operational tempo, a lot of deaths. A lot of attacks amidst COVID.

Shabaab is another interesting case. Al Shabaab is enormously complicit in magnifying the 2011 famine in Somalia. Because it was turning away the humanitarian community which already under much fear and pressure as a result of the Obama administration insisting that any kind of aid that falls into the hands of

Shabaab will be considered material support for Shabaab. And the group, the NGO can be legally held liable with very severe penalties. Ultimately the Obama administration backed away from frightening the international humanitarian community with these counter terrorism and anti-money laundering laws. But that still delayed entry of aid by weeks and significantly augmented a number of people who died in Somalia. So Shabaab this time appears to be posturing that they will allow aid, so they have not said it as strongly and resolutely as the Taliban. But they also said that they will not suspend fighting.

Really among the groups, the only significant group that has declared a humanitarian cease fire for COVID is a group in Columbia called the ELN. Elsewhere we are seeing that violence continues despite COVID. But that's the extent often times in larger groups can really meaningfully do. The Taliban again has been on a campaign to teach people on how to wash hands, they have organized meetings in which they preach social distancing. Now ironically some of these videos shows that at the meetings they preach social distancing they don't actually practice social distancing; people are much closer than six feet apart and the Taliban speakers will take off their masks to speak. But nonetheless they have been saying the right messages, they have not been in denial of the situation, they've been also explaining to people that even Muslim people can be infected, this is not just an illness of the Kafir. So, they have taken those steps, and to some extent they have been trying to hand out soaps, sanitizers and some food. Which is also what Mexican

criminal groups have done, a whole panoply of Mexican criminal groups including the most vicious ones who have been handing out bags containing food and soap.

But none of these groups have any capacity to provide any testing any kind of treatment. So, they will say do the distancing when you become very ill then you need to go to the medical hospital run by the government or to the clinic or by an NGO to be tested. And it just shows that although they are sometimes even having better messages than some of the populous leaders in some cases, not all those we have spoken about. Their actual technical mission capacity is very limited. Many of these groups excel in delivering justice and delivering effective dispute resolutions systems like the Taliban, like Al Shabaab even groups like FARC dissidents from the FARC previously in Columbia. But they don't have medical expertise. They can build a clinic, but they need someone else to staff it. They can still come out, out of COVID very much strengthened and be seen as the more effective, more caring providers, more immediate providers then even the governments. And how much political capital, militants and organized crime groups get out of the response to COVID will vary by many factors including what their response to COVID actually is; it will vary by how the state acts as an alternative provider if at all. And it will also vary by how they can calibrate their brutality, extortion, violence and repression with delivering meaningful services. But just like populous leaders, COVID is a tool to be utilized for their purposes.

WISE: Well in some, my hope is the funding for these international groups will come back, and come back stronger than ever. However, my fear is that there

will be new forms by which these groups exercise power. And in response to COVID and the destabilization of local structures and power relationships that what we may see is a requirement for international humanitarian groups to find alternative negotiating postures that afford access to populations in dire need but also negotiations to ensure the security of humanitarian personnel and facilities. My fear is that the impact of COVID-19 on these power relationships in the areas of greatest humanitarian requirements will have shifted in ways that will place new obstacles and new burdens on humanitarian organizations and providing the critical services and compassion that these communities not only need but deserve.

FELBAB-BROWN: Second to last question Paul, which is the vaccine. When it comes or however quickly or late, is it going to be the solution and how significant of a solution is it going to be in developing countries? One dimension of the spread of COVID and for the method of other infectious diseases highly infectious diseases. In developing countries and the inability to isolate sufficiently long enough is that, of course, the chance of reinfection and restarting of the pandemic or restarting of epidemic there will be much higher. So, we can see that things east, for example, in Mali but this has been really taking a very dramatically, people rush out back to work because they have been starving or are close to having absolutely no reserves and the whole cycle starts over again. So, it seems to me that there is at least a possibility that in developing countries marginalized aided us and among marginalized populations the infection will be living on longer and longer and then in developed places. Is then the vaccine the silver bullet out?

WISE: Well there are technical concerns about the vaccine, like will it work? Coronaviruses are complicated things and creating a vaccine for it may be complicated and understanding its impact on human health may be complicated. I'm not a vaccine expert. However, I'm also worried about, not so much, the vaccine for COVID-19 as what happens to when you disrupt the vaccination programs all around the world and people particularly kids start dying of Pertussis and in some places Polio and other diseases for which we have great vaccines and good strong vaccination programs that have been disrupted because of COVID-19. The implications certainly for children may be more profound than for COVID-19. I do worry about the provision; the equitable provision of whatever vaccine is shown to be effective. Power revolves in scarcity. And when you have a scarce efficacious health intervention is when you will see unequal mechanisms of provision, where the powerful and the wealthy both countries and people within these countries are far more likely to get the vaccine in least in the short run.

That all technical innovations in health, that all improvements in our medical capabilities are more likely to widen disparities then to reduce them when they first come out. And that's because our delivery systems are socially stratified, so they tend to privilege more wealthy, more powerful populations than the disenfranchised. And, therefore my expectation, unless we put in highly progressive policies in anticipation of the development of a vaccine, you will see a tilt towards provision to the wealthier more powerful populations in the first several years that this capability is made available. My hope is that policies, delivery systems can be strengthened in

the areas of greatest need and areas that are traditionally been underserved. Whether we will rise to that challenge globally, whether our policies, or global health policies the international organizations that are heavily involved with the provision of vaccines, in areas of great need whether they will have the capability in a setting of global fear of COVID, I'm not sure. But the challenge is profound, and it is not too early not to be addressing this challenge with intensity with energy and with compassion as we speak.

FELBAB-BROWN: So with that Paul, what would you say are the three most important policy takeaways, for where we are right now particularly for developing countries marginalized spaces, marginalized groups of people?

WISE: Well the first is the most urgent which is to create and implement strategies that are capable of protecting populations without strong health systems from COVID-19. In other words, the places we have been talking about require far more innovative and pragmatic preventive protections, preventive strategies. And to be straight on this I don't see a strong global effort mobilizing to do this. I see haphazard patchwork kinds of approaches and not the kind of strong collective action that will be required to develop together with these communities with their capabilities and extent infrastructure, effective strategies to protect people living in migrant encampments on the Mexican side of the US-Mexican border. In rural areas of Guatemala, of areas plagued by chronic violent conflict. Or densely populated Urban and Semi-Urban areas controlled by criminal gangs. I just don't see this coming together in ways that will meet the needs.

Second, I think we also need to provide far greater assistance in nontraditional ways to the communities of greatest concern. As you mentioned cash transfer and other types of support to address the indirect effects of COVID-19 in these places. Places that always hover on the edge of starvation. Always experience high rates of preventable illness. We need policies to be implemented that deal with the indirect effects.

And the third is to anticipate the development of new medical capabilities, either effective treatments or a vaccine. To have the policies in place, the financing in place the delivery structures in place to ensure equitable provision. That all communities in need will be provided the new efficacious intervention based on need and not based on claims to societal power.

FELBAB-BROWN: Those very important points mentioned in interesting ways in what I have been thinking are some of the fundamental policy takeaways from our conversation.

And I would say that the first one is to realize that states with large marginal populations or marginal aided us, constantly compete with other providers for legitimacy. Whether they are a criminal group, militant group, or semi-militant groups such as far right groups in the United States, militias in the United States that are mobilizing. And the state needs to realize that being an effective provider of law enforcement, justice, dispute resolutions, and services is fundamentally not about benevolence, but it is about very survival in this competition in the state making in this competition without enough of providers. In the context where the state, its

institutions, bureaucracies are being challenged far more than ever and are being questioned about their utility in a way that we really haven't seen over very many decades.

Now the second would be the one where you talk about compassion where again I believe that one of the important takeaways for all of us as people but also countries is that we cannot just neglect the developing countries, the marginalized population. That we cannot just hold the masks and test kits for ourselves or for the wealthier. Even as much as elected officials obviously fuel primary responsibility justly to those who vote for them not for the larger communities. But at the end of the day, the ability to have the infection start again, but the infection because of global travel, because of necessary global travel, because of other dimensions, requires that the response is not just self-regarding that this also other regarding.

And finally, something that we did not talk about in this show, but it is fundamental and often not gets too much attention in the policy debate in general circles is the need to prevent or at least minimize the chances of another pandemic. Another pandemic will come, in some ways it's lucky how long it took between SARS and COVID and it was lucky that SARS ended up being far more contained than it could have been. But the issue of zoogenic diseases that spread from animals to people is present and it's intimately intertwined with dramatic off takes of wildlife, for human consumption, for pets. For issues such as traditional medicine we are vacuuming global habitat of animals at a rate that is unprecedented, that is a thousand times greater than history of averages of extinction so much so that we are

facing the sixth human made extinction. So much better regulation of wildlife trade is a crucial element for preventing future pandemics but so is much better habits on conservation. We really want to minimize the situations where a human has come into contact with wild animals to prevent emergence of illnesses such as HIV/AIDS, such as Ebola and SARS, of course now COVID all of which have to do with far more intense contact between human and wild animals. And persevering habitat, preserving forests, minimizing destruction of natural spaces, keeping intact natural places as intact as possible is really the big challenge not just for conservation but even for the health community and increasingly for basic economic national security wellbeing of countries. Thank you, Paul, very much for joining me and for the stimulating conversation.

WISE: Thank you Vanda, always a pleasure.

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