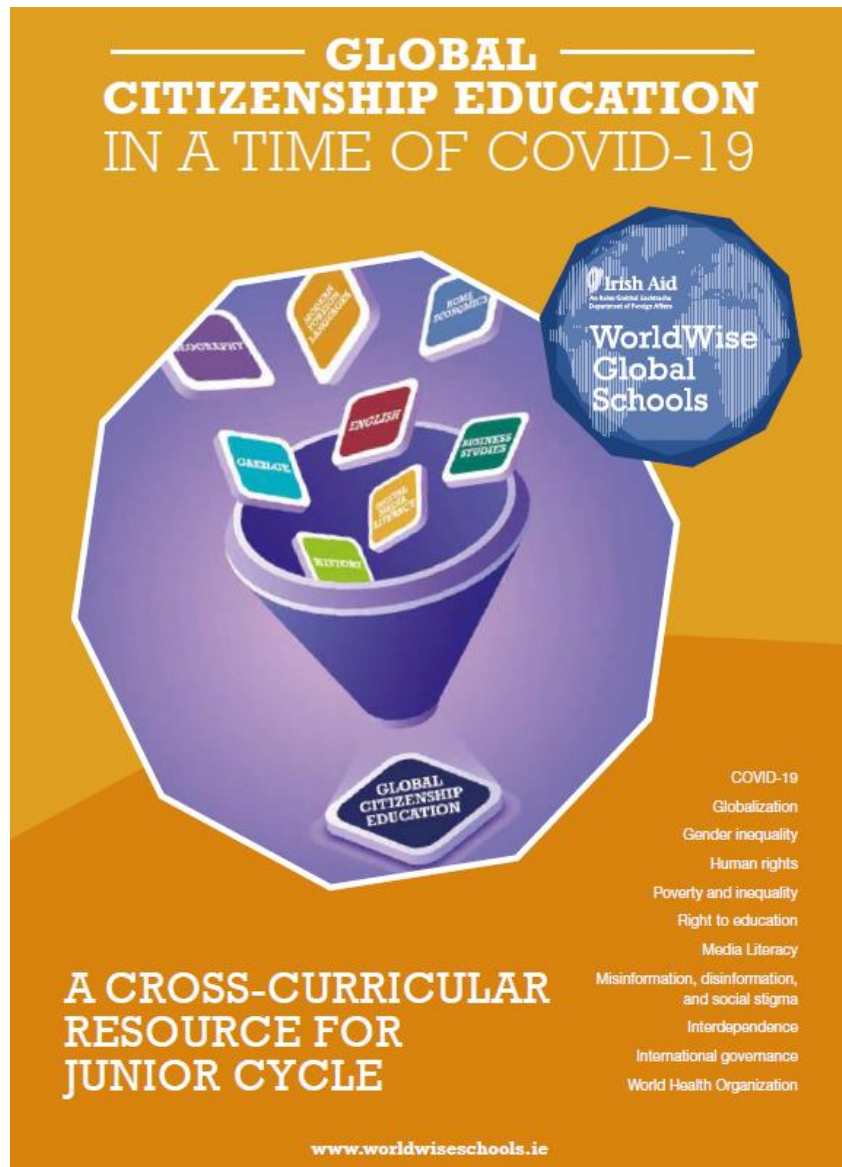


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## *WORLDWISE GLOBAL SCHOOLS (2021). GLOBAL CITIZENSHIP EDUCATION IN A TIME OF COVID-19*



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# GLOBALIZATION, DEGLOBALIZATION AND COVID-19

## GLOBAL CITIZENSHIP EDUCATION ISSUE: GLOBALIZATION

### INFORMATION FOR TEACHERS: GLOBALIZATION, DEGLOBALIZATION AND COVID-19

Although it is common to talk about globalization when discussing the economy, globalization can also refer to the political, technological, and cultural connectors or links between and across communities and countries.

Globalization is not new. There have been many waves of globalization over the course of human history. The Age of Exploration began in the fifteenth century, paid for by powerful and wealthy monarchs like Ferdinand and Isabella of Spain. During this time, explorers from European countries traveled to, traded with, and settled in previously unknown corners of the world. Between 1800 and 1914 and the start of World War I, developments in technology and transport, and trade policies, saw a growth in international trade and a mass movement of people between countries and continents. The end of World War II in 1945 saw even more economic and political cooperation amongst groups of countries. Since 1980, technological advances have led to cheaper and faster exchange of ideas and even better transportation links. The trading system that emerged in the 1990s went further than ever before. China has become the world's factory and borders around the world have opened even more to the movement of goods, capital, people, and information. What is unique about the latest wave of globalization is the scale, speed, and variety of the flows of trade, capital, people, and information.

#### Today, globalization is driven by:

- technological advances such as more powerful broadband speeds, greater access to smart devices, increased number of apps and social media platforms, artificial intelligence, satellite etc.
- changes in transport, such as more roads and airports, faster trains, shipping, more frequent flights etc.
- international trade agreements (between two or more countries) agree how they are going to organize trading (imports and selling) exports of goods and services, leading to more and bigger markets for trade and investment
- Transnational Corporations that operate across different countries, monetary and legal traditions
- membership of political unions or organizations like the European Union (EU) and the United Nations (UN)
- the exchange and movement of people that happen because of all the changes listed above.

Political stability and instability also have promoted globalization, the former, for example, by enabling business and tourism, and the latter by halting human movement.

Globalization has an enormous impact upon our wellbeing – both individual and collective. For example, globalization decreases the range of information and entertainment available, while it does and has the way that people communicate, the types of jobs and the ways that we can engage and participate in politics and society, and the health of the environment in which we live. For this reason, it is important to think about and question how globalization is affecting our life and the lives of others. Healthy debate about whether globalization is a good or bad thing, and what it means for the human story and our planet, is important.

Even though I'm pro globalization, I have to say thank God for the anti-globalization movement. They are putting important issues on the agenda.

#### Amartya Sen, author and Nobel Prize winning economist

Some argue that globalization in the last half century has helped to lift more than a billion people out of poverty and delivered unprecedented stability and prosperity to much of our planet. The counter argument is that this claim is based on erroneous data or application of data by adherents to capitalism. There is no doubt that globalization can be destructive as well as constructive, creating losers as well as winners, and in recent years, a growing number of governments and individuals have come to view globalization as a net risk. Critics worry about the speed of globalization, its ability to permeate borders and regulations, its capacity to transform and even colonize countries and deepen existing inequalities.

When globalization means, as it so often does, that the rich and powerful now have new means to further enrich and empower themselves at the cost of the poorer and weaker, we have a responsibility to protest in the name of universal freedom.

#### Nelson Mandela (1918-2013), anti-apartheid activist and former President of South Africa

To consider the impact of the COVID-19 pandemic on our globalized world, it is useful to take a deeper look at conflicting perspectives on different aspects of globalization:

#### TRADE AND INVESTMENT

Some commentators believe globalization has brought new opportunities and efficiency gains, for example, better paying jobs in export-oriented factories or agriculture, and higher quality, less expensive consumer goods. Others argue that all this has come at a cost. For example, poor working conditions, increased unemployment when imports replace domestic production etc. In recent years, opposition to free trade has grown, leading to calls for governments to limit imports, promote exports, or both. The decade following the recession of the 2000s saw a resurgence of protectionism, while global trade patterns and foreign direct investment never bounced back to pre-recession levels. Into this mix, COVID-19 is what economists call an exogenous shock – something that has a big impact, but comes from outside our globalized economic system. Fuelled by pandemic concerns, protectionist tendencies have grown, especially when essential goods, like medical equipment and food products, are concerned. This has led to the creation of various problems like hoarding and panic buying in import dependent countries.

The pandemic has led to a situation where taxpayers are being asked to underwrite national businesses through stimulus packages, creating an incentive to favor these businesses. The global lockdown experience strengthened calls to bring manufacturing jobs home – or at least to the overseas elements of domestic businesses to more and mostly closer countries. Some analysts argue that an international trading system subject to an unstable set of national controls will mean that Global South countries will find it harder to 'catch up' and, in the Global North, we will be more exposed. They caution that the risk to make supply chains more resilient is not to return to a protectionist stance, which concentrates risk and forfeits economies of scale, but to diversify. From a sustainability perspective, commentators argue that supply chains should be shortened, with

production happening closer to consumption, thereby lessening negative environmental impact. The argument is that this model would have the added benefit of reducing the risk of disruption to supply during times of shock, such as COVID-19.

During periods of lockdown, closure of factories, shops, and offices caused demand to tumble and prevented many suppliers from reaching customers. Disruptors at one point of the chain can trigger serious local problems elsewhere. The effects have been negative for countries and people that depend on tourism, inflows of international remittances (transfers of money from people who have migrated overseas to friends and family in their country of origin), or official development assistance. For example, the collapse of international travel because of COVID-19 threatens conservation efforts in places such as Namibia, because income from tourism supported the Global South nation to maintain vital natural preserves for the world's largest population of black rhinos. And, according to the World Bank, remittance flows are expected to drop by approximately 14% by 2021. This will negatively affect households and communities in recipient countries and represents a significant negative impact on an important source of income and tax revenue just when these countries need it most.

The flow of capital is also suffering as COVID-19 affects long term investment flows. The pandemic is changing the definition of what countries see as critical national assets. In Italy, the government now has authority to veto meaningful foreign investment in any business working in electricity, water, health, media, data collection, aerospace, electronic systems, banks, insurance, robotics, or biotechnology. Alarmed Italian industrialists say their country's economy needs more foreign capital, not less, to emerge from this crisis.

As governments try to pay for their new debts by taxing businesses and investors, some countries may be tempted to further restrict the flow of capital across borders. Foreign direct investment in emerging Global South markets – playing for new bridges, roads, factories, and ports – is expected to drop to levels not seen since 2010. Countries in the Global South are particularly worried about a possible pullback in Chinese investment, one of the main drivers of infrastructure projects in emerging markets. This is especially concerning for countries in Africa, since China is Africa's largest trading partner, and the continent's largest bilateral creditor.

The reopening of economies will see a recovery in trade and investment, but the eventual shape of that recovery is, at this point, unknown.

#### HUMAN MOVEMENT

Human movement can contribute to economic, political, scientific, and cultural richness and success. But some view migration as a negative, seeing immigrants as a threat to jobs, security, culture, and/or public health. Several political leaders used the closing of national borders during COVID-19 to keep foreigners, tourists, and migrants out, and to exploit and fuel pre-existing sentiments of xenophobia and racism. Many commentators believe that COVID-19 will further polarize travel and migration because of enforcement of a less-travelers protectionism and self-reliance.

National lockdowns left many migrant workers stranded in host countries. In the period following reopening, many newly unemployed migrants faced tighter visa restrictions and were forced to return home, putting further pressure on their countries of origin. COVID-19 restrictions on travel also impacted the immigrant and environmental flow of people across borders. These drops are likely temporary. In some countries, rising food insecurity is viewed as riskier than the dangers of crossing borders in a pandemic. The migrant flow of people may in fact increase as legal migration routes become increasingly complicated because of COVID-19.

#### INFORMATION AND IDEAS

The pandemic has revealed the power of digital communication tools, tools that have facilitated learning and working from home in the context of lockdowns and more relaxed COVID-19 related restrictions alike. However, the digital divide has become more significant than ever, as hundreds of millions of people globally still do not have access to reliable broadband internet. Those with internet access complain about a loss of nonverbal communication; and, with no chance for more informal conversations with negative effects on levels of communication, the sharing of cultural experiences, and the ability to generate ideas and problem solve.

To the extent nationalized, the pandemic has demonstrated that globalization is to blame not only for the rapid spread of COVID-19, but for the resultant disruption to supply chains, the shortages of testing kits and personal protective equipment. However, a shift away from globalization and towards digitalization also has costs and limits. Blocking imports can cause inflation, reduce consumer choice, slow the pace of creativity and innovation, and lead others to retaliate with import restrictions of their own. Blocking the movement of people can rob societies of talent and essential workers, while contributing to the misery of those forced to flee because of political or religious persecution, war, hunger, and climate change. Blocking ideas can stifle creativity and innovation and impede the health and effective policy initiatives, the connection of policy errors, and a renewed global interdependence.

[COVID-19] can move quickly because we are more connected now. So, we have a disadvantage [linked to globalization.] But we have the advantage of having better technologies.

#### Dr Tedros Adhanom Ghebreyesus, Director General, World Health Organization

Across the political spectrum, the pandemic has led many to question our pre-COVID-19 model of globalization. There is a dawning realization that the way we travel, work, consume, invest, interact, travel, migrate, cooperate on global challenges, and pursue prosperity has likely been changed forever. The question we all must now ask is how can we rebuild ourselves, future-proofing our individual and collective wellbeing so that our world is more resilient to shocks such as pandemics, or climate disruption?

Sources: see bibliography analysis <https://www.worldethicschools.ca/resource-library/>

We're doing so much and we're doing it in the name of globalization and some sense of chasing that wonderful thing that people call economic growth. In my view, that's becoming a malignancy, not growth, because what it's doing is driving unsustainable practices in terms of how we manage communities, how we manage development, how we manage prosperity... We need a world that is more sustainable, where profit is not of divine command. Where the slavery to economic growth is taken out of the equation. We need sustainable growth in our communities. We need sustainable livelihoods for our people.

#### Mike Ryan, Executive Director Health Emergencies Programme, World Health Organization

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# Poverty and Inequality

## GLOBAL CITIZENSHIP EDUCATION ISSUE: POVERTY AND INEQUALITY

### INFORMATION FOR TEACHERS: PROTECTION AND CARE DURING COVID-19

Initial reporting on COVID-19 focused on the Chinese city of Wuhan, where the virus is believed to have originated, and on the rising infection rates in early hotspots like Italy, Spain, and the United States. In the following months, much attention in the Global North centered largely based on the Global North, even though the pandemic became a global phenomenon. This was partly a function of the fact that countries in the Global North reported the most complete cases and deaths. But the global humanitarian relief body, the International Rescue Committee, believes the true scale of the pandemic in the Global South may be hidden because of a lack of testing and issues with data.

COVID-19 is indiscriminate in terms of who it affects and how it affects, but the ongoing pandemic is far from a global equalizer or leveler. Although everyone is potentially affected in one way or another by the pandemic, some individuals and groups are more vulnerable than others. In a sense, the pandemic has underscored the difficulties of the extreme inequality of wealth, resources, and power between the Global North and South. For example, according to the United Nations Development Programme (UNDP), a very high human development country like on average 50 hospital beds, over 20 physicians, and 40 nurses per 10,000 people, compared to 7 hospital beds, 2 physicians, and 4 nurses in a country ranked as low on the human development index. Despite heavily reported progress in poverty reduction, about 1 in 4 people still live in multidimensional poverty or are vulnerable to it, and more than 10 percent of the global population does not have any social protection.

Individual nation-states have differing capacities to respond to shocks like COVID-19 and support their populations, especially as large portions of labor markets come to a halt. Capacity to respond is also determined by different policy and fiscal spaces, and levels of health. Along with its direct health effects, COVID-19 indirectly impacts the lives of disadvantaged populations due to the economic fallout. For many people living in the Global South, particularly those without savings or those working in the informal economy, the indirect economic impact of the virus can be fatal. A UN Women report, *From Insights to Action: Gender equality in the wake of COVID-19*, stated that the pandemic will push 34 million people into extreme poverty by 2021, 47 million of whom are women and girls. This will increase the number of women and girls living in extreme poverty worldwide to

Figure 4: Health system capacity. Source: UNDP (2018). COVID-19 and human development: Exploring global preparedness and vulnerability. <https://bit.ly/3kxwv9g>

400 million, with projections showing that these levels will not revert to pre-pandemic levels until 2025.

In countries with highly informal economies, physical distancing and self-isolation by individuals who have tested positive for COVID-19 (or are exhibiting symptoms associated with the virus) are public health issues recommended by the World Health Organization (WHO) – are extremely difficult to implement. Many cities in the Global South, such as Nairobi in Kenya, densely populated with narrow, haphazard and unregulated public transportation. Moreover, the people in these cities cannot afford to be quarantined. Many people share bathrooms, living spaces, and bedrooms with their family, as well as people outside of their immediate family. Only a small number of privileged residents can come close to practicing the kind of physical distancing recommended by the WHO.

Physical distancing and self-isolation are also major challenges whenever you find large populations who have been forced from their homes. Many countries in the Global South have home-to-home (Displaced Persons) camps, people driven from their homes by violence, political conflict, social strife, competition for resources, the effects of climate breakdown or other environmental challenges. Unlike villages, DPs remain within the borders of their home countries. In 2018, the UNHCR, the United Nations' refugee agency, reported 43.7 million DPs worldwide. These populations live in camps, makeshift accommodations, and are often forced to live in cramped camps or settlements, where physical distancing is functionally impossible. COVID-19 has created new risks for these already disadvantaged populations and has worsened the factors that pushed people from their homes in the first place.

In Nigeria, for example, population displacement has largely been caused by conflict with the militant group Boko Haram, competition between pastoralists and farmers, and natural disasters. It is worsened flooding. This flooding is the result of poor urban planning, rapid urbanization, and increasingly central areas attributed to climate change. DPs in Nigeria end up in large, long-standing camps like the Dabaiya displaced person camps in northeast Nigeria, or overcrowded tents to approximately 20,000 people. Conditions in DPs and similar camps make physical distancing extremely hard.

In 2019, the UNHCR estimated that there were 26 million refugees worldwide. Refugee populations are particularly large in countries like Turkey, Colombia, Pakistan, and Uganda. One of the biggest, most densely packed refugee camps is now located in Cox's Bazar in Bangladesh, where 800,000 refugees are living after fleeing Myanmar in 2017. Here, an estimated 40,000 people per square kilometer live in plastic shacks constructed with by-bids.



Figure 5: COVID-19, cities and communities. Source: <https://www.un.org/sustainabledevelopment/>

In 2019, the United Nations estimated that 20%, or 838 million people, in urban areas were living in slum conditions. The majority of slum dwellers live in three regions: Eastern and South-Eastern Asia, Central and Southern Asia and Sub-Saharan Africa. In Brazil's Favela da Rocinha, Rio de Janeiro's biggest slum, about 250,000 people live in cramped conditions. Living quarters are overcrowded, as residents typically share their homes with other families. Most homes do not have running water, making regular handwashing with soap and clean water difficult. If a person living in one of Brazil's many favelas tests positive for the virus or exhibits symptoms associated with it, there is likely to be no space for them to isolate.

Seen in global terms, the world requires radical changes and a more cohesive multilateral response to the ongoing multidimensional crises. Without international support, it will be difficult for countries in the Global South to come out of this crisis. Financial Justice Ireland, together with other NGOs based in Ireland and elsewhere, called on governments and international organizations like the World Bank and the International Monetary Fund, to agree to a cancellation of low-income country debt as a way of leading the COVID-19 crisis. They argued that cancelling all debt payments due to other governments, multilateral institutions and private lenders would free up to US\$1.5 billion in 2020. Extending the cancellation to apply to payments due in 2021 would make another US\$1.5 billion available to help sales from now and in the future.

As countries work in collaboration to roll out vaccination and secure their economies, the world also needs to pay attention to the groups of people being forced in the Global South and to try and find comprehensive solutions. This means international, including financial, cooperation, and it also means that those of us who are in the privileged position of being able to follow the best advice from reputable public health agencies about how to avoid the spread of COVID-19 have a responsibility to do so.

Source: see bibliography available <https://www.worldbank.org/en/news/press-release/2020/08/11>



Figure 6: COVID-19 information

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# The right to education and COVID-19

## GLOBAL CITIZENSHIP EDUCATION ISSUE: HUMAN RIGHTS

### INFORMATION FOR TEACHERS: THE RIGHT TO EDUCATION AND COVID-19

1. Everyone has the right to education. Education shall be free, at least in the elementary and fundamental stages. Elementary education shall be compulsory. Technical and professional education shall be made generally available and higher education shall be equally accessible to all on the basis of merit.
2. Education shall be directed to the full development of the human personality and to the strengthening of respect for human rights and fundamental freedoms. It shall promote understanding, tolerance, and friendship among all nations, racial or religious groups, and shall further the activities of the United Nations for the maintenance of peace.
3. Parents have a prior right to choose the kind of education that shall be given to their children.

#### Article 26, Universal Declaration of Human Rights

Education is a global common good, meaning that if education systems collapse, peaceful, prosperous and productive societies cannot be sustained. Education is also a fundamental human right. It is an enabling right, which means that it can help to realize all other human rights. Similarly, quality education is a driver of progress across all 17 Global Goals for Sustainable Development. Before COVID-19, 258 million children and young people were out of school globally. But the pandemic has created the largest disruption of education systems in history, affecting nearly 1.6 billion learners in more than 190 countries and on all continents.

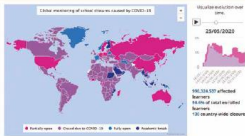


Figure 10. School closures and affected learners on 1 April 2020. As of April 2020, the number of learners affected by country-wide school closures was at the highest.

Note: Figures correspond to number of learners enrolled at pre-primary, primary, lower secondary, and upper secondary levels of education (ISCED levels 0 to 3), as well as at tertiary education levels (ISCED levels 5 to 8). Enrolment figures based on UNESCO Institute for Statistics data.

Research carried out by the ERSI in Ireland, concluded that the pandemic will have some impact on outcomes for all children, but will likely further widen the gap between the advantaged and less advantaged over time, as it will be harder for the most marginalised groups (Bereavish who are disadvantaged socio-economically, those with children with special education needs, migrants, refugees and others) to 'keep up'. The crisis is therefore exacerbating pre-existing education inequalities in Ireland and globally, by reducing the opportunities for many of the most vulnerable children, youth, and adults to continue their learning. Globally, learning losses also threaten to setback the generation and erase decades of progress, not least in support of girls and young women's educational access and attainment.

Research by Amnesty has shown that during school closures the burden of unpaid care and domestic work was greater for women and girls. This, combined with a widening gender digital divide, meant that girls were less likely to continue learning during the global COVID-19 closures. Female children and adolescents living in refugee camps or those who are internally displaced (who unlike refugees, have not left the borders of their country of origin), face particularly challenging barriers to education. As do girls who have been subjected to, or witnesses of, increased levels of gender-based violence during the pandemic restrictions.

We are only beginning to understand the complexity of the economic impacts of COVID-19, but we know that the effects on both the formal and informal economies are devastating. In the Global South, where limited social protection measures are in place, economic hardship caused by the crisis will impact families as they think about the financial and other consequences of educating their children. In August 2020, the United Nations estimated that approximately 2.8 billion additional children and youth (from pre-primary to tertiary) could drop out or not have access to school in 2020/21 because of the economic impact of the pandemic alone. According to the Malala Fund, school closures resulted in 107 million girls temporarily out of school, with the risk that 10 million of these might never return.

The impact of COVID-19 risks creating an education pandemic on top of a health pandemic; urgent global action is needed for adolescent girls' education.

Mary Robinson (1944 - ), Chair of the Elders, former United Nations High Commissioner for Refugees and former President of Ireland

The education disruption has substantial effects beyond learning. The closure of schools and other learning environments affected essential services for children and communities, including access to nutritious food and the ability of many parents to work. The pandemic will have lasting effects on public finances. As government budgets come under increasing pressure, funding for overseas development cooperation and assistance will likely also come under strain, and potentially exacerbate already massive pre-COVID-19 education funding gaps.

Figure 10. COVID-19 school closures. Source: UN Women.

But it is not all bad news. There is a general acceptance at an international level that investment in education, and especially in the education of girls, makes good financial sense. Girls who receive an education are less likely to marry young and more likely to lead healthy, productive lives. They earn higher incomes, participate in the decisions that most affect them, and build better futures for themselves and their families. Girls' education strengthens economies and reduces inequality.

COVID-19 has accelerated and stimulated innovation within the education sector. Worldwide we have seen innovative approaches in support of education and training continuity: learning from home was facilitated by online devices, public broadcasts, and take-home learning packages. Distance learning solutions were developed or rolled out thanks to quick response by teachers and schools, governments, and other partners. For example, the Irish Embassy in Freetown partnered with the Government of Sierra Leone and Women in Crisis, a local Sierra Leonean NGO, to provide dignity kits and reduce to children during COVID-19 school closures. This meant that children could learn to broadcast lessons while their schools were shut. The pandemic has reminded us of the essential role of schools, and that governments and other key partners have an ongoing duty of care to education personnel.



Figure 10. Girls in Sierra Leone with relief kit from UNICEF. Department of Foreign Affairs, in Ireland in Crisis team Ltd.

These innovative changes have highlighted that the promising future of learning, and the accelerated changes in modes of delivering quality education, cannot be separated from the international commitment, outlined in the Global Goals for Sustainable Development, of leaving no one behind. This is true for children and youth with unequal access to resources or an enabling environment to access learning. It is true for the teaching profession and their need for better training in new methods of education delivery, as well as support. Lastly, this is true for the educative community at large, including local communities, upon whom educational continuity depends during crisis and who are key to recovery after COVID-19. The massive efforts made in a short time to respond to the shock to education systems remind us that change is possible.

While the COVID-19 pandemic presents many challenges, it also provides an opportunity to reevaluate education systems globally so that they are more inclusive, resilient and gender responsive.

Source: see bibliography available <https://www.wideworldschools.ie/resources-library/>

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# Misinformation, Disinformation and Social Stigma during COVID-19

## GLOBAL CITIZENSHIP EDUCATION ISSUE: MEDIA LITERACY

### INFORMATION FOR TEACHERS: MISINFORMATION, DISINFORMATION, AND SOCIAL STIGMA DURING COVID-19

Our greatest enemy right now is not the virus itself. It's fear, rumours and stigma. Our greatest assets are facts, reason, and solidarity.  
Dr Tedros Adhanom Ghebreyesus, Director General, World Health Organization (WHO), Opening remarks at the media briefing on COVID-19, 28 February 2020

Social stigma in the context of health is the negative association between a person or group of people who share certain characteristics and a specific disease. In an epidemic or pandemic situation, this may mean people are labelled, disempowered, discriminated against, treated separately, and/or experience loss of status because of a perceived link with a disease. Such treatment can negatively affect those with the disease, as well as their caregivers, family, friends, and communities. People who do not have the disease, but share characteristics with this group, may also suffer from stigma. Globally, the COVID-19 outbreak has provoked incidences of social stigma and discriminatory behaviour against people of certain ethnic backgrounds, as well as against anyone perceived to have been in contact with the virus.

Social stigma in a public health crisis is not new.

Anthropological and historical accounts of past epidemics provide plenty of evidence of fear 'tagging' collective discrimination against minorities and others who are perceived as 'vulnerable'. For example, although leprosy (Hansen's disease) has been around for a long time, it gave to pandemic proportions in Europe in the 11th century. At the time, it was a compulsory held belief that leprosy was a divine punishment, or God punishing sufferers for their sins. This belief fuelled the extraction of people with the disease, and their families. During the 1800s cholera wave epidemic in America, Irish and German immigrants were blamed as the cause. In New York, in 1860, outbreaks of typhus and cholera were blamed on recently arrived Russian Jewish immigrants. In 1920, a single Chinese immigrant in San Francisco was found dead with suspected case of bubonic plague. City authorities reacted by enclosing all Caucasian residents of Chinatown to leave before quarantining the area for several days. The media subsequently engaged in commentary about the possibility of mass deportation of Chinese people. A major outbreak of polio in 1946 in New York City, led to accusations that Italian immigrants brought the epidemic to the United States. During World War II, Nazi propaganda portrayed Jewish people as transmitters of disease, as a way of strengthening public support for ghettos.

While the profile of victims of discrimination during COVID-19 varies from country to country, there seems to be a common pattern: most often not the target is generally people who are, or are perceived as being, originally from a different country, or those belonging to ethnic or cultural minorities. In the early months of COVID-19, those who suffered the most from discrimination were Asians and people of Asian descent. Discriminatory episodes reported across Europe involved incidences of verbal assaults in public places, denigrating campaigns on social media, the boycott of business activities and, in some cases, difficulties in accessing educational institutions.

Viruses don't discriminate and neither should we.



Figure 16: Discrimination against people with health conditions.

Discrimination against and stigmatization of migrants and refugees, including Asians or people of Asian descent, have been exacerbated by misinformation and disinformation in the media, especially social media. On March 16, 2020, Donald Trump, then president of the United States tweeted "The United States will be possibly supporting those initiatives... that are particularly affected by the Chinese Virus...". In the context of the availability of alternative scientific names such as coronavirus or COVID-19, Trump's tweet was labelled as xenophobic and stigmatizing. University of Alabama researchers compared tweets using the term "Chinese virus" in the United States before and after Trump used the term. They found a ten-fold increase at national level.

Incidents reported in newspaper articles and on social media seem to confirm that discrimination, based on race and ethnicity, is a global COVID-19 phenomenon. In Pakistan, the already marginalized Hazara this minority were blamed for the spread of COVID-19 and have suffered systemic discrimination as a result. Muslim communities in India, who represent the largest minority of the country, were victims of attacks and other forms of discrimination. UNESCO reports that Roma communities in northern Spain were targeted, allegedly as they were the first to be contaminated by COVID-19.

The level of discrimination and stigma associated with the COVID-19 pandemic can be attributed to three main factors:

1. It is a disease that is new and for which there are still many unknowns
2. People are often afraid of the unknown
3. It is easy to associate that fear with those who are viewed as 'other'

The pandemic has been exploited by anti-migrant, far right and hate groups, with conspiracy theories circulating on the origin, spread and treatment of the virus. The infodemic—characterised by an overabundance of news, mixing facts, rumours, and fake news—is a key driver of COVID-19 related social stigma. Conspiracy theories that COVID-19 is a bioweapon, or is spread via 5G connectivity or migrants, or that Bill Gates caused the epidemic to sell the world a vaccine, and, false preventative treatments promoted on social media, such as that eating garlic or drinking bleach can help fight COVID-19, can even have fatal consequences.

COVID-19 disinformation and misinformation, especially on social media, compounds stigmatization which has a negative effect on social cohesion, mental health, and wellbeing of people, especially those being stigmatized against. This can result in more severe health problems and difficulties controlling the disease. Stigma related to a public health crisis can:

- Drive people to hide the illness to avoid discrimination
- Prevent people from seeking health care immediately
- Discourage people from adopting healthy behaviours

Accurate communication about COVID-19 is critical in supporting people to take effective action to help control COVID-19 and to avoid further fear and stigma. The media can play an important role in providing authentic and truthful information and fighting disinformation and misinformation around this issue. Mainstream journalism is an essential platform for awareness-raising, fact-checking coverage, and digital storytelling. For example, media outlets around the world have featured stories of how migrants, including refugees, are supporting affected communities. And, while social media has been used to spread anxiety and hate, it has also served as a space to counter stigmatization and discrimination and display solidarity. Facebook and YouTube agreed to take proactive steps to address COVID-19 conspiracy theories and health disinformation after facing considerable pressure from mainstream media and politicians.

Social media can reach large numbers of people with health information at relatively low cost. For example, in 2014, Nigeria successfully contained the Ebola outbreak that affected other West African countries, partly by employing targeted social media campaigns with accurate information and countering false messages circulating on Twitter and Facebook. The intervention was particularly effective because international non-governmental organizations (NGOs), social media influencers, celebrities and bloggers used their broad platforms to forward and share accurate public health information.

During COVID-19 certain hashtags have gone viral on social media. In January 2020, the hashtag #AfricaIsNotAContinent was coined by the French African community on Twitter in response to a spike of racially motivated attacks. This hashtag campaign was quickly translated into English, German, Italian, Spanish and appeared across various platforms. Taiwanese-Spanish musician Chente has posted an Instagram picture of the phrase screened across his torso on the runways of Madrid Fashion Week.



Figure 16: Chente has 'Africa is not a continent'.

In many countries, mass media campaigns have been launched by national and local authorities, and civil society, calling for citizens' solidarity and trying to change people's attitudes towards groups who are at risk of discrimination in a COVID-19 context.

Citizen-driven support and solidarity networks play a crucial role in preventing and limiting the effects of social stigmatization and ethnic discrimination associated with the virus. Health protection relies not only on a well-functioning health system with universal coverage, but also on social inclusion, justice, and solidarity.

Sources: see bibliography available <https://www.worldschoolslibrary.org/>

## Thinking about Global Goals

- By 2030...
- Goal 3: Ensure healthy lives and promote well-being for all at all ages
  - Goal 4: Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
  - Goal 10: Reduce inequality within and among countries
  - Goal 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
  - Goal 17: Strengthen the means of implementation and revitalize the global partnership for sustainable development



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# Risk assessment, the World Health Organization and COVID-19

## GLOBAL CITIZENSHIP EDUCATION ISSUE: INTERNATIONAL GOVERNANCE

### INFORMATION FOR TEACHERS: RISK ASSESSMENT, THE WORLD HEALTH ORGANIZATION AND COVID-19

COVID-19 is a reminder of the need to safeguard and protect human life against global systemic risks. The pandemic exposes a paradox between an enormously complex planetary ecosystem and our dominant form of political organization, a fragmented system of sovereign states. The American architect and theorist Buckminster Fuller (1895-1983) captured this contradiction almost 40 years ago:

We have today, in fact, 150 supreme admirals and only one ship – Spaceship Earth. We have the 150 admirals in their 150 starcoms each trying to run their respective starcom as if it were a separate ship.

Emerging evidence of the most successful pandemic response in some countries and regions speak to the importance of the capacity of nation states to deliver fundamental public goods, like healthcare, especially in times of crisis. It is also important to interrogate the high levels of unpreparedness in many countries and to examine the fault lines that exist in international cooperation.

COVID-19: Government Response Strategy Index, Nov 06, 2020

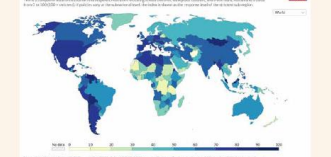


Figure 17: Government response strategy index. Source: OurWorldInData.org

With the outbreak of COVID-19, most countries in our world employed some level of quarantining to mitigate against the collapse of health systems. The western response to a lack of sanitation and protective equipment, a challenge that existed despite recognition of national levels in many countries that infectious disease represents a substantial public health risk.

Pandemics have consistently featured on the national and global risk registers produced by governments and international organizations such as the World Economic Forum. These risk registers are administrative tools, which highlight the most likely and impactful events that could face societies in the short and long-term.

On 31 December 2019, WHO's Country Office in the People's Republic of China picked up a media statement by the Wuhan Municipal Health Commission on cases of 'viral pneumonia' in Wuhan. Subsequently the WHO were criticised for a perceived slowness in declaring the outbreak a public health emergency of international concern; defiance in China; and unwilling dissemination of Chinese misinformation regarding the risk posed by COVID-19. WHO commentators say that the organizations deferential attitude to China (and other governments) reflects WHO's reliance on United Nations member states. For example, the WHO has no powers to force information-sharing or pandemic preparedness.

The WHO shares a common funding model with other agencies of the United Nations. It receives mandatory or assessed contributions from member countries, including Ireland, which are determined by each country's income level and population. The decision-making body of the WHO – the World Health Assembly (WHA) – comprised by delegations from all member states, decides how to use assessed contributions. However, assessed contribution funding has been steadily declining, representing only 10% of WHO's overall budget in 2018-19. WHO also receives voluntary contributions from both member states and non-governmental organisations (NGOs). Voluntary contributions combine both funds unless to any specific purposes and money which can only be spent on specific activities decided by donors. In 2018, 60% of WHO's overall budget was funds allocated for specific use.

WHO funds are allocated into programmes across six categories:

- Communicable diseases
- Non-communicable diseases
- Promoting health through the life course (essentially a combination of maternal, child and adult health programmes)
- Health systems
- Health emergencies programmes
- Corporate services, which includes expenditure on improving governance, leadership, and programme management

WHO budgets are rarely spent directly on delivering health services or programmes. Instead, the money is mostly used to provide scientific and technical advice to governments. This ranges from helping to develop health policies, to collecting and using data and other scientific research evidence, and training. An important aspect of WHO's work also involves producing guidelines for implementing different health programmes and responding to major health challenges and sharing of knowledge between countries.

It is estimated that US\$4 billion a year is needed to fund the global functions of WHO's pandemic preparedness. However, WHO's pandemic preparedness funds fall chronically short of this target. Countries have never given the WHO the requisite independence, powers or resources required to fulfil its mission to ensure "the attainment by all peoples of the highest possible level of health".

A 2007 study by scientists in Hong Kong identified the risk of a re-emergence of a SARS-like coronavirus. If a re-emergence was predictable then a pandemic was preventable and in theory the WHO could have played a more central role in avoidance and mitigation of the COVID-19 pandemic. But WHO is embattled – with limited resources and at the mercy of obstructive member states. It has very few effective tools to directly monitor outbreaks of infectious disease, coordinate pandemic planning, allocate resources to those countries most in need, or ensure effective pandemic implementation at country-level.



Figure 18: Shutter just showing likelihood and impact of pandemic risk. Source: World Economic Forum Global Risks Report, 2020.

- Events comparable to COVID-19 are beyond living memory. The last time that related experienced anything similar was during the 1918-19 "Spanish" flu, which led to the deaths of approximately 20,000, mostly young people, nationwide.
- Recent epidemics like SARS, bird flu, swine flu and even Ebola were contained and subdued leading to a sense that modern medicine, at least in Global North countries, could cope.
- Risk registers are calculated using many assumptions, with the result that some politicians may view them as speculative and hypothetical.
- Electoral cycles are short, and areas of public policy that require long-term investment, especially intangible such as disaster planning, tend to be lower priority.
- Human beings are good at acknowledging when problems are fixed, but not so good at acknowledging a problem averted. Consequently, government attention tends to focus on events that have already happened.

Despite the importance of national capacity, there remains a key role for global cooperation across a range of issues, including health. The 2009 Global Risk register, published by the World Economic Forum, warned that geopolitical turbulence and the waning of multilateralism threatened our global ability to tackle shared, critical risks. An increasingly fragmented global governance architecture was evident before COVID-19, and, the pandemic has highlighted, and some would argue further undermined, these dangers.

Global health cooperation began with the first International Sanitary Conference in Paris, which opened on 23 July 1851. The objective of this conference was to implement safe minimum maritime quarantine requirements across different European countries. This conference and the other International Sanitary Conferences which followed, were the forerunners of the World Health Organization (WHO), an UN agency which came into force on 7 April 1948, a date that is now celebrated every year as World Health Day.

In April 2020, the United States announced that it was withdrawing its financial support from the WHO while reviewing its performance. At a time when the WHO clearly needed an increased global humanitarian response fund to assist the world's poorest countries to tackle COVID-19 and other health emergencies, this decision was extremely unfortunate. On a more positive note, other governments, including the Government of Ireland, pledged €7.4 billion as part of a new international alliance, legally driven by the European Commission, to fight COVID-19.

Although the United States, under the presidency of Joe Biden, subsequently reversed Trump's decision to withdraw from the WHO, it is unknown whether combined UN member state contributions are sufficient to ensure that the WHO can fulfil its promise as a responsive global agency, preventing and mitigating against the risk of COVID-19 and other infectious diseases.

Whether or not existing global governance configurations, such as the WHO, can be repositioned to address systemic global risks is an open question. To the committed internationalist, the pandemic, cutting as it does across national, ethnic, and economic lines (while acknowledging that some groups are more vulnerable to and disadvantaged by the fallout than others) raises the inarguable case for multilateralism, deeper cooperation and better collaboration. They argue that nation-states were unprepared for the risks of the pandemic and have had highly uneven success in their response to COVID-19. We live in a world where the greatest threats to individual states are, the argument goes, from challenges that do not care about national borders: for example, the climate crisis, biodiversity emergency, gender inequality and pandemics. Internationalists believe that a divided world will make solving these global challenges more difficult, including securing an economic recovery and finding a vaccine.

A United Nations Development Programme report published in 2020, COVID-19 and Human Development: Assessing the Crisis, Envisioning the Recovery, highlights the importance of collective action at community, country, and global levels. This report talked about the fact that the response to COVID-19 allowed how people around the world can work together collectively. The example given was the global adoption of physical distancing behaviour – in some cases a practice that began before formal policies and regulations were put in place. Physical distancing depends on the voluntary cooperation of billions of people. The report concluded that acceptance and practice of the and other practices known to limit the spread of COVID-19 are proof of the concept that humanity can respond collectively to a shared global challenge.

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