



COVID-19: Not Out of the Woods Yet

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Summary

The COVID-19 pandemic was recently described as “[easily the most severe](#)” [global health emergency](#) faced by the World Health Organisation (WHO). Though there have been claims that normal life may resume by Christmas, the evidence suggests that this is highly unlikely. There is still much to learn about the virus and its behaviour, but it seems probable that we are still in the early stages of the global pandemic and the worst impacts of the outbreak may be yet to come.

Introduction – recent briefings

This is the fifth in a sequence of ORG briefings on international security briefings analysing the development and impact of the COVID-19 pandemic. The first of these [Austerity in the Age of COVID-19: A Match Made in Hell?](#) was published when some European countries were experiencing a rapid increase in cases and there had already been 24,000 deaths worldwide. It warned of the likely disruption of political and economic systems and questioned whether the neoliberal social and economic orientations in many countries were suited to responding to a pandemic.

In April, the focus was on the worldwide spread of the disease in which there were now 210,000 deaths, including over 20,000 in France, Spain and Italy, as well as three million cases reported. ([The Global Crisis of Our Time: The Long-Term Impacts of COVID-19](#)). Although there were some early signs of progress in research on vaccines and anti-viral drugs, the fear was that the impact would last for years and that patterns of global inequality would increase.

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The May analysis, *COVID-19 and the Emerging Global Picture*, also concentrated on the broad global situation still barely five months into the pandemic. By the end of that month the global death toll had reached 400,000 with six million cases diagnosed. The effectiveness of states in controlling the pandemic was highly variable, with New Zealand, Australia, China, Taiwan, Singapore, South Korea and Germany relatively successful, against continuing growth in the United States, Brazil, India and the UK. In some states the pandemic appeared to have peaked, not least in France, Spain and Italy but, with some lockdown and quarantine measures being relaxed, there were fears of further waves.

The June briefing, *Writing on the Wall? The UK and the Early Warning Signs of COVID-19*, concentrated on the situation in the UK as a case study of a country that did not have the pandemic under control but had previously been considered a world leader in pandemic preparedness. Explanations included the failure to follow expert advice on strategic stockpiling and training, a preoccupation with Brexit, the post-general election hiatus, a false sense of security despite early indications from East Asia and a prioritising of economic growth at the expense of the early use of control measures. The consequences included over 40,000 deaths diagnosed as COVID-19, at least 10,000 more who had not been tested and excess deaths overall of more than 63,000.

Global Trends

This briefing returns to an analysis of global trends, supporting the view of the World Health Organisation (WHO) that the pandemic is still in its early stages. As of late July, the WHO was reporting 15.7 million cases diagnosed and 640,000 deaths. Diagnosis depends very much on the intensity of testing and

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there may be substantial underestimating in countries with limited public health facilities.

The global figures, especially for deaths, were appalling but could have been worse given those for late May had **already been** 400,000 deaths and six million cases. This was because across much of the world there were huge efforts being made at containment, including lockdowns, quarantines and movement controls. They may have been working but were also having considerable economic effects, pushing the world economy into a severe recession with rapid rises in unemployment and the greatest impact on poorer and weaker communities.

In terms of regional trends, the Americas are currently of greatest concern, with 8.3 million **confirmed cases**, more than half of the world total. Elsewhere, Russia, India and South Africa are seeing rapid increases. Indeed, there is considerable concern that southern Africa as a whole may experience major problems in the coming weeks even though the population of most of the countries is younger than the global average and hopefully less vulnerable.

Much international focus is on the Americas because of the disproportionate level of the pandemic, especially in the United States, Mexico, Brazil, Peru and Chile. The data for the United States is remarkable. As of 27 July, there had been over **1,000 deaths a day** for five consecutive days and a national death toll of 146,000, nearly a quarter of the world total. The state of Florida **was experiencing** over 10,000 new cases a day, the highest in the country.

Learning from Experience

The manner in which different countries have responded to COVID-19 has varied hugely, providing many lessons for future policy. China initially delayed reporting on the developing pandemic but then responded forcefully with rigorous lockdowns. But some countries in South East and Eastern Asia were very quick off the mark, with Taiwan and Hong Kong raising alert levels and checking incoming travellers as far back as late December and early January. This was before government ministers in the UK and many other states were even aware of the outbreak. South Korea and New Zealand were other notable examples of rapid reaction and, more generally across the region, previous experience of the 2003 SARS pandemic frequently increased the speed of reaction.

Elsewhere, there were widely different experiences across Western Europe with France, Belgium, Italy and Spain suffering very early peaks of disease followed by the rapid use of lockdowns. Others, such as Germany and Finland, were far more successful in their responses and several Eastern European states were only lightly affected, due partly to low levels of incoming infections followed by rapid government action after learning from the early experience of Italy. As analysed in the last briefing, the rate of spread in the UK was in spite of the visible experience of Italy, an added reason why an urgent inquiry into the UK's mishandling of the pandemic is needed. In terms of lessons to be learnt, two are of immediate interest, Thailand and Germany.

Thailand, with a population of 70 million, is one of several countries in the Mekong River basin that has experienced a very low rate of COVID-19 spread, having had less than 3,300 cases and 58 deaths over the past six months. Vietnam, with 90 million, had even fewer cases and no deaths, having responded remarkably quickly to close its borders and engage in extensive

testing. Thailand is significant but it was a little slower in closing its borders and has still coped well in spite of plenty of visitors before the restrictions were imposed.

Part of the reason for this may be the speed with which the authorities did react, even if slow at first, but there may be other explanations. Nearby Cambodia has had only 197 cases, Laos has had only 19, and the southwestern province of China, Yunnan, has had fewer than 190, all suggesting possible genetic factors being involved. Early indications from testing in Thailand suggested 90% of those tested were asymptomatic, much higher than usual, which could support this view. For Thailand, in particular, social distancing may also curb transmission, the tradition of “wai” as a greeting that doesn’t involve physical contact being an example.

Whatever the reasons for Thailand and other countries in the region escaping the worst levels of the disease, it does not take away the huge economic damage being done, especially to Thailand, from the collapse of the tourism industry. The economy is expected to decline by 6.5% this year with up to eight million jobs at risk. To an extent, no country integrated into the global economy can expect to emerge unscathed, whatever level of COVID-19 it experiences.

Germany, with a population of 83.8 million has certainly experienced the pandemic, but the effects have been noticeably lower than in neighbouring such as France or Belgium. Its 207,000 confirmed cases and 9,203 deaths compares with the UK, population 66.6 million, that has had just over 300,000 cases and 45-65,000 deaths. There are multiple reasons for the relative success of the German response, starting with prevention protocols within an effective local public health system. To add to this, Germany was a pioneer in

developing diagnostic tests and was effective in the rapid scaling up of the testing capacity of public and commercial laboratories.

Prior to the outbreak Germany was relatively well served by the provision of intensive care units in hospitals but perhaps its most effective response was to recognise at an early stage the risk of COVID-19 to older people. This led to determined effort to limit transmission among elderly people which, in turn, limited the risk of localised hot-spots affecting the wider community.

Calm before Storms?

By the middle of July there was a sense in Western Europe that the worst of the pandemic might be over. Tough lockdown measures had certainly impacted many countries, with overall levels in disease far smaller than three months earlier. Indeed Mr Johnson in Britain **assured people** that there was a probability of a return to normality by Christmas. This sense of optimism was not shared by many virologists and epidemiologists and in the closing weeks of the month there were sudden surges in infection in diverse localities including **in Belgium** but **especially in Spain**, resulting in the immediate re-imposition of lockdowns and quarantines even before schools were back in session.

Moreover, this experience was repeated elsewhere; **Hong Kong experienced** a serious resurgence, **as did Australia**. Melbourne was at the centre of a surge after the country appeared to be on the verge of eliminating the disease in early June. Restrictions had been eased but early indications are that the problem stemmed from inadequate quarantining of Australian citizens and other permanent residents returning from abroad. In Israel the government faced angry public demonstrations as COVID-19 cases surged during July after lockdown was eased. By the end of the month there were more than a

thousand cases being reported in a day and COVID-19 wards at four of the largest hospitals were full. Vietnam had been able to return largely to normal but at the end of July there was an unexpected outbreak among mostly local tourists at the popular resort of Da Nang. In response to just three positive tests the authorities moved to evacuate 80,000 people, an indication of their determined efforts to keep the disease under control.

More generally, these surges combined with the huge rises in COVID-19 infections in the United States, a situation in Brazil verging on being out of control, an acceleration of impact in South Africa and the apparent failure of lockdowns in India. In the UK the combination of surges in southern Europe, the sudden re-imposition of quarantine news from the wider world problems and the opinion of experts all tended to undermine the preferences of political leaders for optimism leaving a mood of uncertainty. It may therefore help to summarise what has been learnt in the past six months.

Much More to Learn

It is still early days in understanding the COVID-19 virus and its behaviour, but far more is now known. The first is that it spreads quite slowly, with an incubation period in those infected of five to six days when they frequently remain asymptomatic, but this incubation period might in some cases be longer. This means that it can remain as a potential reservoir in a population for some time, but also allows scope for tracking and quarantining. Testing, therefore, is absolutely essential and a robust coordinated system of test and track is required as the basis for any successful control.

That is only the first part of the process and must be accompanied by coordinated constraints on travel between states and even within states,

accompanied by lockdowns, the processes having to start very early in a pandemic to be effective. The British failure to control COVID-19 contrasts markedly with Germany, New Zealand and many other countries and some modelling indicates that if the UK had instituted lockdown just a week earlier, back in March 2020, then up to 20,000 deaths could **have been avoided**. Even outside of lockdown, other changes have their value, not least **the use of face masks** and routine good hygiene.

Many aspects of COVID-19 behaviour are still not fully understood, including the role of large open-air gatherings and of indoor public spaces. But given the infectious nature of the virus the precautionary principle suggests early and firm action. Other unknowns are the potential for re-opening schools to promote resurgence, given that young people are not often ill but may help spread the virus, and little is still known of those people who infect far more than the anticipated number of others, so-called “super-spreaders”. Above all, there is much to be learnt, and as quickly as possible, about the most effective ways of developing vaccines and anti-viral drugs.

Conclusion

Given all that is now known about COVID-19 it is wise to conclude that we are still in the early stages of understanding and reacting to its potential. Even if effective vaccines and anti-viral drugs are available in substantial quantities within 9-12 months, the pandemic will be long-lasting and the risk of resurgences there for years to come. One key implication of this is that the socio-economic impact of COVID-19 is still in its early stages and is likely to be more serious than anticipated, even if it has already been appalling.

This is especially true across the [Global South](#) where there are widespread concerns over disruption of food chains that are likely to lead to serious local shortages at a time of increasing poverty. Moreover, this comes at a time when richer sectors of society are looking to their own problems in the face of COVID-19 and even less concerned than usual to take a global perspective. Vaccines and anti-viral treatments will eventually see the easing of the pandemic but recognising the scale of the challenge will help ensure that the impact on weaker sectors of society is limited and a more humane and fair society emerges.

Image credit: Wikimedia Commons.

About the author

Paul Rogers is Oxford Research Group's Senior Fellow in International Security and Professor of Peace Studies at the University of Bradford. His '[Monthly Global Security Briefings](#)' are available from our website. His book *Irregular War: ISIS and the New Threats from the Margins* was published by I B Tauris in June 2016.

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