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"An Exploration of 'Global', Global Health Inequalities and Global Collaboration Perceptions during the Covid-19 Pandemic"

"An Analysis of Interviews from Austria, Argentina, Bolivia, Ecuador, Ireland, Italy and the United Kingdom conducted throughout the Pandemic"

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Severe Acute Respiratory Syndrome Corona Virus 2 (SARS-CoV-2), commonly known as Covid-19, was first discovered among infected in Wuhan, China (Ovallath, 2020). Whilst this outbreak was at first seen as a local phenomenon, within a few months the virus had travelled from China to almost every region of the world. As of May 31st, 2022, there have been more than 526 million confirmed cases and more than 6.2 million deaths attributed to Covid-19 (WHO, 2022).

The World Health Organization (WHO) recommended that countries implement hygiene measures such as face masks, and handwashing as well as contact tracing, travel restrictions, and short lockdowns (WHO, 2022). Measures such as lockdowns were recommended as a last resort to contain the virus due to the strain of lockdowns on the economy, medium to low-income households, and the mental health of civil society (WHO, 2022). During the peak of lockdowns, governments, NGOs and intergovernmental organizations were working together to implement initiatives that would ensure the protection of civil society.

In Latin America and the Caribbean, the World Bank supported governments by providing funds to purchase medical equipment, covid tests and vaccines (World Bank, 2022). In addition to the World Bank, the International Monetary Fund also assisted the regions through various lending facilities yet also through a Catastrophe Containment and Relief Fund (IMF, 2022). Such initiatives and support were aimed at relieving the local governments which were constrained by financial shortcomings and combating global health inequalities that have slowed potential responses (Varkey, et al., 2022).

Global health inequalities refer to the differences in health status and/or the distribution of health resources differing between different socio-economic groups (Academy of medical sciences, 2022). They have existed for centuries as certain groups of the population had the means to purchase medical care which others could not (Kwete et al., 2022). The disparities of global health inequality were expanded during colonialism with the industrial exploitation of certain regions by European nations (Kwete et al., 2022). This does not only include differences within a certain country's population groups but also differences

between countries and regions. Remnants of colonialism are still found nowadays within global health inequalities and therefore the decolonizing of such structures is needed.

The Global South still struggles with global health inequalities, and the disparities only grow further, making it even more difficult to compete with the buying power of the Global North (Barreto, 2017). Initiatives, especially public health initiatives have strived to reduce the symptoms and causes of health inequality (Akilan, 2021). Such initiatives consider the community, target the symptoms and causes, and are able to bring together different actors from different sectors to collaborate by alleviating the stress from economic and health inequalities (Akilan, 2021).

Covid-19 presented governments with a situation for which many were not prepared. For example, even with the quick response by the Italian government with the implementation of a stringent lockdown the spread was quick and overwhelmed the healthcare system, showing the neglect in spending towards the Italian Healthcare System (SSN) (Bosa et al., 2021). Similarly, Ecuador was caught in a precarious situation. Even with a quick implementation of the closing of national borders and regional lockdowns, by March of 2020 Covid-19 had a mortality rate of 8.5%, hospitals were overwhelmed, and the healthcare system was pushed to the brink (Alava & Guevara, 2021). The government of Ecuador recognized the danger and acted quickly to ask for assistance from international organizations for medical equipment (Alava & Guevara, 2021).

Money was not solely invested into medical equipment such as PPE (Personal Protective Equipment), Covid-19 tests and hygiene material but also into social welfare programs that were aimed at alleviating the strain on medium to low-income households. The World Bank and the Inter-American Development Bank reacted to the crisis by increasing funding support and investing millions into different projects aiming to alleviate the social, economic and medical consequences of the pandemic. One such project was in Bolivia for which more than $254 million were invested into a government program to support people with disabilities, vulnerable households, children, and informal workers (World Bank, 2022). At the same time, the Glasswing International NGO acted in Guatemala, El Salvador and Honduras to provide assistance to residents at risk of domestic and street violence (Glasswing, 2022).

In a race against time, a vaccine against the virus was developed, and the distribution of it started. One of the most important initiatives when it comes to the equitable distribution

of vaccines has been COVAX. COVAX was created by GAVI, the Vaccine Alliances, the WHO and CEPI (WHO, 2023). The main aim being to create a vaccine fund for low- and middle-income countries. By late 2022, more than 1.8 billion vaccine doses were donated to 146 low- and middle-income countries around the world through COVAX (Reuters, 2022). Although there has been much reporting on Covid-19 initiatives such as the vaccine distribution initiative COVAX, it is of importance to find out, how the public views the 'global' aspect of the pandemic, health inequalities and global collaboration efforts which have not been researched thoroughly. Global collaboration referring to individuals and/or organizations from around the globe working together towards a common goal (Meslin & Garba, 2016). In the context of Covid-19, global collaboration refers to a litany of actors such as researchers, medical personnel, NGOs, individuals, public health officials and governments to overcome a common issue together (Bonnici et al., 2022).

Vaccine distribution has been a hotly contested topic during the pandemic due to the economically stronger Global North being able to buy out the market (Ledford, 2022). Therefore, it is vital to gauge the perception of such distribution and if it has had the desired effect of diminishing health inequalities within vaccine distribution.

In relation to vaccine distribution, buying power and global health inequalities, the perception on global collaboration can also be highlighted. When it comes to global collaboration, the interviewees may reflect upon the pandemic, show their distaste for global competition during the pandemic, express their hopes for future collaboration and explain how they view current global health inequalities. Tosam et al. (2017) further explain, that throughout the 20th century, medical advancements have come a long way, however in the Global North health expectancies can be up to 40 years older than in the Global South. It is emphasized that global collaboration and solidarity are necessary to overcome the looming spread of infectious diseases in a globalized world (Tosam et al., 2017).

This health inequality across the globe has been highlighted by the Covid-19 pandemic, not only does the Global North have better access to vaccines but they also have more funds for their healthcare system and to combat poverty/unemployment. While many people in other parts of the world fear for their existence and health. Global in the context of this research referring to the perception of the spread of Covid-19 in multiple countries and regions around the globe.

However, it is vital to understand how people perceive the global world that we live in now and if this perception has been altered throughout the pandemic. Global referring to the viewpoint on an "…issue that either has global influence or takes into the account the nature of the issue globally" (Cambridge international, 2023, p.1). Perception shapes an individual's attitude and behavior towards a certain issue, especially one which has affected everybody such as Covid-19. By understanding the perception of local people, policymakers will be able to adapt strategies which are supported and aim at pressing issues. An altering of perception hints at aspects which have been done well or at decisions which have not resonated with the population which enables future policy to be adapted.

Through localized studies as for example by Han and Xu (2021) in China, it was possible for them to gauge how a sample of Chinese residents perceived the responses of other countries to the pandemic. At the same time Silver and Connaughton (2022) of the Pew Research Center conducted research on public opinion of how governments in "advanced economies" handled the pandemic (p. 2). Both cases highlight the research that has been done into the topic however, there needs to be a stronger focus on countries of the Global South and the possible alteration of perception through time since they have been disproportionately affected by the pandemic. In addition, countries of the Global South often lacked the resources and infrastructure to respond effectively to the pandemic. Lastly, differing perspectives can shine a light on the different policy approach needed instead of a 'one size fits all' approach to the pandemic. Different interviewees will place more or less importance on certain issues than others and present their perception of the global pandemic. King and Koski (2020) show that in many communities the view prevails that they have enough problems themselves and therefore the willingness to help others is very low. Therefore, the differing perceptions on a global issue such as the pandemic is an important tool to gauge public perception.

When looking at the pandemic, it is of importance to see, how the population of different regions is affected by the governments actions and how global organizations are reacting to the crisis. Governmental actions such as lockdowns and other restrictions impact people's livelihoods, and without additional help from the government or global organizations their livelihoods are at risk without any support. Finding out the effectiveness of policy measures that combat the fallout from the pandemic are therefore important. Covid-19 is a global pandemic; therefore, every person is affected, some got hit more than others while some regions overcame the pandemic with relative ease (Stiglitz, 2020). Some governments such as New Zealand and South Korea were able to enact Covid regulations quicker (Lu, 2020) and

also had more finances to acquire the needed medical equipment which was skyrocketing in price (Stiglitz, 2020). When considering that the Global South has less resources to combat the pandemic than the Global North, it is of interest how the perception of global health inequalities, cooperation and competition are framed by the respective populations.

On a global scale, initiatives have been implemented in an attempt to alleviate the health inequality. Initiatives such as COVAX are of importance to show support from wealthier nations and a desire to combat the pandemic on a global scale. Therefore, once again it is important to find out how these issues and solutions are perceived among both populations. When looking at the two regions, the different perceptions may highlight a perceived lack of support, and a need for the Global North to contribute more to the Global South.

The main focus of the research lies on the perception of the 'global' in connection to the Covid-19 pandemic among interviewees from Argentina, Austria, Bolivia, Ecuador, Italy, Ireland and the United Kingdom. However, a secondary focus is put onto the perceived global health inequalities and how these are defined among the interviewees. Of interest is also how the global collaboration efforts are vocalized and what hopes are stated for future collaboration in the realm of global health governance.

Research subject

The subject of the research is to accurately portray, how 'global' is perceived among the interviewed people in Latin America (Argentina, Bolivia, Ecuador) and Europe (Austria, Italy, Ireland, United Kingdom) at three points throughout the pandemic. The first interview round was conducted in the spring of 2020, followed by the second round in fall of 2020 which was followed by the third round in the fall of 2021 (Wagenaar et al., 2022). Within the the SolPan and SolPan+ research, I was given multiple tasks such as creating the systematization of quotes pertaining to the code 'global' and researching initiatives implemented during the pandemic in Latin America and the EU. Such a subject is of great value due to the impact of the pandemic and how infrequently voices from the Global South are heard. Voices from the Global South are underrepresented, undervalued and often excluded in mainstream reporting even though they are disproportionally affected by the pandemic (Benjamens et al., 2020). The interpretation of 'global' and what factors have played into their perception throughout Covid-19 will bring insight into how the interviewees

from the Global North and Global South view these issues and how a global challenge requires a global solution.

With this aim, there are other issues that will be brought to light such as global health inequality, global cooperation and global competition throughout the interviews. Another interesting factor could be to see the views of the interviewed people on initiatives that were implemented at the time and if these had any impact on the hopes for future global collaboration. In addition, interviewees could explain how they perceive global health inequalities and how these have been exacerbated by the pandemic. This perception will show a valuable insight into how the pandemic affected their local communities and possibly reflect similar issues to perceptions from another country. This raises thoughts about if initiatives were implemented in time and with the outreach necessary to combat the effects of the pandemic.

Governments reacted differently to the pandemic; while some implemented stringent policies right after the outbreak aimed at curtailing the pandemic, other regions quickly became more lenient with time passing and the roll-out of vaccines (BSG, 2022). These perceived similarities and differences are of interest since they may highlight global health inequalities especially with the limited access to medical equipment and vaccines for countries which did not have the funds. It is of essence, to find out how a virus that affects us all, causes different reactions. This can be seen, by the government responses throughout the pandemic and the resources that they have at hand to combat the fallout. Once again, for the Global South combatting the economic fallout of Covid-19 is a hard to tackle task. It is estimated according to the Economic Commission for Latin America and the Caribbean, that around 5 million people in Latin America and the Caribbean slipped into extreme poverty (ECLAC, 2022).

While the countries of the Global North are also experiencing difficulties, their governments provided large amounts of financial aid. The EU helped individual nations and established a recovery plan estimated at around 2 trillion euros (European Commission, 2022). In addition to this program, the EU also implemented the Support to mitigate Unemployment Risks in an Emergency (SURE) program which loaned money to members in order to mitigate unemployment (European Commission, 2022). It shows how support, especially in form of financial aid, was a crucial factor for avoiding unemployment and extreme poverty. (ECLAC, 2022).

With such initiatives in countries of the Global North, especially the EU, it is of interest to draw a comparison to how people in Argentina, Ecuador and Bolivia have perceived the pandemic, how they were affected and how the experiences differ. This may highlight strengths and weaknesses of different approaches to the pandemic while also highlighting the disparities experienced between the interviewed people. Furthermore, it may help develop policy measures on a global level to combat a global issue. This also pertains to the Covid-19 vaccine rollout which was more delayed in the Global South compared to the Global North (Ledford, 2022). These perspectives can then be further enhanced by portraying their expectations and hopes towards global collaboration and how these hopes can be linked to a global health governance. Global health governance as per Kickbusch and Szabo (2014) referring "…mainly to those institutions and processes of governance which are related to an explicit health mandate, such as the World Health Organization…" (p. 1).

The perspectives from different regions will show the perceived differences during the pandemic which highlights the global issue of the pandemic while also showing the disparities. Through interviews, it is possible to bring these lived experiences forth which in this case is a perspective of the second person (Dieumegard et al., 2021). Second person perspective of lived experience meaning that the researcher has collected the first-person experience of an interviewee (Dieumegard et al., 2021). Through such a personal portrayal of lived experiences, the interviewee can highlight how the situation has impacted their life. From such statements, parallels can be drawn to others, specifically in this case to similarities and differences between interviewees and their local experiences. The two analyzed regions vary largely when it comes to economic power and how their states operate, so it is likely that the perspectives of people in both regions might differ.

This is something that has to be brought to the forefront. Through the interconnection in a global world, it is difficult to contain a virus, therefore, every population might blame different actors or other states for the pandemic. Yet, the structures that enable a global world, are the same structures that have brought us to this point. These perspectives however shine a light on the inequalities and differences that are facing the two regions. To an extent, it might even show, how the regions view each other. In addition, it can be of interest to see if interviewees from Latin America want 'aid', how they perceive the 'aid' that has been given and if they do not want any help from the Global North and would rather overcome the pandemic with their own resources.

The so called global however, is the main focus of the research. Power relations between the Global North and Global South, how these have been formed and how it has come to these global structures all lead up to the outcome of the pandemic. The perceived global which is made up of many factors, highlights how people from Austria, United Kingdom, Ireland, Italy, Bolivia, Ecuador and Argentina, conceptualize the world that we live in now. How this global framework interacts with people from all over the world and how they view their own situation and that of others throughout the pandemic is a topic, that has to be brought to the forefront during a still ongoing crisis. This includes the perception of how well their own country handled the crisis, how well they perceive other countries handled the crisis, what could have been done better, what negative/positive outcomes there were and how they perceive these in a global framework in addition to perceived inequalities that might arise. Perception and knowledge go hand in hand with how people act, this research will highlight certain perceptions about the pandemic which can further explain certain actions by people.

To put the pandemic and its strain on the globe into perspective, the global health governance framework as per Kickbusch & Szabo (2014) will be applied as a theoretical frame. Global Health Governance breaks down what institutions there are globally, which respond to deadly viruses and other health risks (Cooper, 2009). Since in a globalized world, diseases can reach any part of the world more rapidly, it is important that institutions such as the WHO, various NGOs and all levels of governance work together in ensuring that there is access to adequate medical facilities, treatment and training (Saker et al., 2004). Lastly, the lived experiences made by people have to be brought forth in order to fully grasp the impact that global health governance has had during the pandemic.

This will be looked at through the lens of postcolonial theory as per Gandhi (Gandhi, 2019). These global health power relations have been forged through centuries of colonialism and the health of the Global South has been neglected. Especially when looking at local communities in Latin America the postcolonial theory provides a powerful analytical framework which enables one to consider the colonial past and the present (Gandhi, 2019). In addition, the terms ‘Global North’ and ‘Global South’ will be referred to as per Braff and Nelson (2021). In their definition, North America, Europe, Australia, New Zealand, Singapore, Japan, and South Korea are within the Global North (Braff & Nelson, 2021). Meanwhile, the Global South is composed countries and regions, of which most are in the Southern Hemisphere

such as South America, Africa, large parts of Asia and also some of Oceania come under the concept of the Global South (Braff & Nelson, 2021).

State of research / State of the art

In the past years the perception of Covid-19 among general population has already researched, as in an analysis by Pascal Geldsetzer (2020). He conducted a study in the United States of America and United Kingdom, to assess, the knowledge and perceptions of Covid-19 (Geldsetzer, 2020). Similarly, Fetzer et al. (2020) also analyzed global behavior and perception of the Covid-19 pandemic by conducting interviews in 58 countries. However, their paper focused lies mostly on the perception of Covid-19 policy (Fetzer et al., 2020). In addition to this, Fetzer et al. (2020) only interviewed people in March and April of 2020.

These two papers are examples that there is groundwork done into the domain of the perception of Covid-19. Other research focuses more on country specific perceptions when it comes to lockdown measures such as the paper by Laszewska et al. (2021) that analyzes Austria. In this paper, the effects of the lockdowns were studied rigorously which showed an accurate portrayal of the economic and mental toll the lockdowns were taking on the Austrian population and their compliance throughout the ordeal (Lasewska et al., 2021).

Shifting the focus to a more global perspective, another important paper by Xiong et al. (2022), compares perceptions and knowledge of Covid-19 between the United States of America and China. A secondary goal of the study was also to find out, what cultural differences may drive behavior and perception of the pandemic (Xiong et al., 2022). The research in the end was supposed to highlight, what differences there are in perceptions and how these provide insight into the challenges that these two nations faced when implementing their pandemic response (Xiong et al., 2022). Xiong et al. (2022) came to the conclusion, that a global call to respond to Covid-19 is not a practical solution due to the fact, that the ‘one size fits all’ approach does not work effectively since different cultures respond better to a different type of enforcement. However, they also came to the conclusion, that no matter what, both countries understand the severity of Covid-19, the importance of complying with the measures and praising the tremendous work done by healthcare professionals (Xiong et al., 2022).

The research done by Xiong et al. (2022), focuses on the on the perceptions of the Covid-19 pandemic, however, these perceptions were mostly limited to the span of one to

two months, only considered the perception of policy or only focused on a few select countries in this case USA and China. However, it would have been interesting if more countries in Southeast Asia would have also been considered in the research and also another North American country. There is little focus on how interviewees described this global phenomenon and how it impacted their own image of a globalized world.

There has also been research conducted into the realm of the perception of Covid-19 fears, vaccines and how the political leadership can alter the perceived risks of the pandemic. Shao and Hao researched how confidence in political leadership can slant the risk perception of Covid-19 in a polarized environment (Shao & Hao, 2020). They came to the conclusion that with a high confidence in political leadership, in this case Donald Trump, Mike Pence and CDC officials, the perceived risk will be reduced (Shao & Hao, 2020). Confidence in Donald Trump and Mike Pence was higher than that in the CDC officials (Shao & Hao, 2020). This once again shows the problems that policymakers are facing and also shines a light on the research done by Xiong et al. (2022) where they highlight cultural differences when it comes to the perception and implementation of effective pandemic measures.

Within the avenue of fear, Mejia et al. (2021) researched the perceived fear of Covid-19 among the Peruvian population. The study concluded, that within the Peruvian population, there is an important fear perception when it comes to Covid-19. However, they further explain, that fear was mostly experienced by some groups such as the elderly, people that fall within the vulnerable group, certain religious groups, healthcare professionals and the female sex (Mejia et al., 2021). In addition to this the authors elaborated how there is a wider variety of research that should be undertaken in reference to fear and that other factors should be considered such as the impact on mental health through the pandemic (Mejia et al., 2021).

When it comes to the immediate impact on mental health, Arendt et al. (2020) analyzed if there was a change in the number of calls to the crisis hotline in Austria and Germany during the pandemic. They found out, that when the strictest lockdown policies were enacted in March of 2020, calls to crisis hotlines rapidly rose in both countries which could indicate that severe lockdown measures impacted the mental health of citizens (Arendt et al., 2020).

Ahrens et al. (2021) on the other hand claim, that during the lockdowns there was not an increase in mental health issues in Germany. The research showed that there was even a decrease in stress inducing factors in everyday life such as commuting and a reduced

workload (Ahrens et al., 2021). For many, there might have even been a short period of reduction in other micro stressors as well (Ahrens et al., 2021). However, they found that a small group that was vulnerable to mental illness or already had been diagnosed with mental health issues were more susceptible to experience a deterioration of their mental health (Ahrens et al., 2021). In conclusion, Ahrens et al. (2021) refute the claim that lockdown 'per se' has a negative effect on mental health.

Once again, research has been conducted into the health and mental health impacts of the pandemic on certain groups of people. However, it was not done across borders and with different groups of people. No research has been done into the perception of 'global' when comparing the statements made by people from different regions. The difference and/or similarities in perceptions to 'global' can further the debate around how such a global issue can be solved through coordinated global and regional policy changes. In addition, there is little research as to the perception of global health inequalities in Europe and Latin America. In order to efficiently combat global health inequalities, it is necessary that these are heard and that concrete action is taken. Without the perceptions of local populations that have been disproportionately affected by the pandemic, it will only be more difficult to organize effective policy changes. In addition, global cooperation attempts can focus on the perceived inequalities within the population.

Research question

To get to the bottom of the perception of 'global', in addition global health inequalities and global collaboration, this has led to the formulation of one main and two sub-research questions:

How is 'global' conceptualized and defined among interviewed people in Latin America (Ecuador, Argentina, Bolivia) and Europe (Austria, Italy, Ireland and the United Kingdom) during the Covid-19 pandemic?

In addition to the main research question, my aim is to also answer the following two sub-questions.

How are global health inequalities perceived across these populations?

How are expectations and hopes towards global health governance verbalized and how does this differ across populations?

Structure of the work

The introduction served as a tool to portray the research goals and subject. In continuation, the theories should provide insight into how postcolonial theory and global health governance have been applied to research in previous studies and how these apply to the current topic. In combination with the methods of grounded theory, literature review and semi-structured interviews the results of the research are extracted. The data from the interviews and the literary review will then be presented before discussing the results which will then lead to the interpretation. The themes for analysis being mainly focused on the interviewees perception of 'global' with secondary and tertiary focuses being on perceived global health inequalities and mentions of hopes for future global collaboration in the realm of global health governance. The interpretation will be presented in addition to the arguments and clearly portray the results of the research. Lastly, a conclusion will highlight the results once again, discuss the outcome and the outlook of this topic.

Main Chapter

Theories and Definitions

For the theoretical framing, the definitions of the most important terms will also be discussed. When discussing initiatives, the Global North/South, health inequalities, health aid, the global health governance approach and postcolonial theory it is instrumental that these are defined.

Covid-19 was at first confined to one region, Wuhan, China. However, while many people disregarded the virus at the time and did not think it would spread across borders, the virus was already crossing international borders (Lopreite et al., 2021). When looking at such a global outbreak, it is important to consider all factors that play a role in such a spread. In a world that is extremely globalized, it is possible to travel from one end of the world to the other in a matter of days. When the object of concern is an easily transmissible airborne virus, precautions have to be taken, especially in such a globalized world.

Global Health Governance Introduction

Globalization according to Schmidt and Hersh (2001) is not a "political-economic condition" but a "process" that has been expanding since 1492 in an ever-growing capitalist system (p. 19). This process has been expanding with new technologies such as modern transportation and communication with which a new form of interconnectedness has taken place (Schmidt & Hersh, 2001). There are two sides to globalization, while on the one hand, the world has become more interconnected, bringing people closer together, it has also led to health and environmental issues while also negatively affecting marginalized groups (Schmidt & Hersh, 2001).

When referencing globalization, the change of human interaction is brought to the forefront. Boundaries that existed at one point in history are no longer relevant and the previous cognitive, spatial and temporal dimensions are expanded (Dodgson et al., 2002). Globalization has turned the world more interconnected, not only with technology but also the transfer the knowledge, goods and services. This has brought transborder health risks to the forefront:

"…transborder health risks defined as risks to human health that transcend national borders in their origin or impact. Such risks may include emerging and reemerging infectious

diseases, various noncommunicable diseases (e.g. lung cancer, obesity, hypertension) and environmental degradation (e.g. global climate change)" (Dodgson et al., 2002, p. 7).

Through the growth of globalization, the challenge of transborder health risks are becoming more evident which can only be contained within national borders with great difficulty (Dodgson et al., 2002). In order to tackle this issue, there has to be more work between the actors, on subnational, national and international levels.

Westermark and Jansun (2019) explained in their study that globalization has led to outsourced and longer supply chains which are not sustainable. The pandemic led to a questioning of this system due to lockdowns which slowed output in certain regions and caused supply chains to grind to a halt (Shih, 2020). This has led to new perspectives on the 'global' as known before the pandemic (Shih, 2020). A renewed focus was laid on the own country and asking themselves, how they can become less dependent on foreign supply chains (Shih, 2020).

Marginalized groups such as indigenous communities around the world have faced difficulties in a globalized world (Puig, 2021). Puig (2021) emphasizes that indigenous communities are often excluded from the benefits of globalization but are exploited for their resources and labor. In addition, the health gap between the rich and poor has been steadily increasing (Harris & Seid, 2004). Socio-economic factors have increasingly played a role in access to healthcare, especially in 'low- and middle-income countries' but is also the case in 'high income' countries (Harris & Seid, 2004). However, the global distribution of healthcare goods and services has exacerbated the situation (Harris & Seid, 2004). Covid-19 has shown that within Latin America, the healthcare infrastructure was not prepared for the pandemic which worsened the healthcare inequalities (Henao et al., 2023).

This highlights the possible divides that can be felt between the so-called Global North and the Global South when it comes to healthcare and their ability to combat certain diseases (Braff & Nelson, 2021). This leads me to another theory that will dive deeper into the fissures between the Global North and Global South.

Rich countries like those in the Global North have more resources at their disposal than those in the Global South (Braff & Nelson, 2021). The Global North does not describe a region but rather the "…Global North does not refer to a geographic region in any traditional sense but rather to the relative power and wealth of countries in distinct parts of the world" (Braff and Nelson, 2021, p. 289).

Hence, the Global North is most commonly described as North America, Europe, Australia, New Zealand, Singapore, Japan, and South Korea (Braff & Nelson, 2021). Meanwhile, the Global South is composed of the other countries, most of which are in the Southern Hemisphere. South America, Africa, large parts of Asia and also some of Oceania come under the concept of the Global South (Braff & Nelson, 2021). Therefore, within this paper, the definition used for Global North and Global South is along that stated by Braff and Nelson (2021) in which Europe is within the Global North and South America within the Global South.

Global Health Governance has faced challenges over the recent decades such as the fight against Malaria, HIV/AIDS, Tuberculosis and more recently chronic health issues (Gostin, 2009). Resources have been allocated to different actors, private organizations, NGOs and agencies such as the WHO and UN to strengthen the response to these threats (Gostin, 2009). Covid-19 however presented an unprecedented problem which few were prepared for. Global health inequalities were exposed, and governments were tested to the limit when fighting the virus. Global health governance actively promoted global collaboration and cooperation between countries, researchers, NGOs, scientists, medical staff and industry to overcome the virus together (Mataria et al., 2022). While there were shortcomings, in the aftermath of the pandemic these were highlighted and global health governance aims to implement policy measures that address these global health inequalities in a targeted fashion (Mataria et al., 2022).

Global Health Governance provides insight into the frameworks that introduced policy during the Covid-19 pandemic. It highlights how different actors such as governments, NGOS or international organizations such as the UN or WHO acted throughout the pandemic, what measures they implemented and their effectiveness. Therefore, it overlooks historical and structural factors that have led to global health inequalities or unequal access to resources. Postcolonial theory focuses on historical and structural factors especially how colonialism and imperialism have influenced global frameworks and power relations nowadays. This intersection between the two enables an analysis that considers both historical and structural factors as well as policy measures taken to combat the pandemic at the time.

The Global Health Governance approach reminds us that in such a globalized world, a single nation cannot respond adequately to such a global health threat (Gostin et al., 2020). Hundreds of thousands, possibly millions of people cross borders every day, and with them

they bring goods and services (Dodgson et al., 2002). Therefore, it is nearly impossible for a single country to effectively contain healthcare risks (Dodgson et al., 2002). Dodgson argues that there must be more collaboration on an international level through multiple healthcare actors such as the WHO (Dodgson et al., 2002). Not only should there be more unification and discussion on a transnational level but also on a subnational and regional level (Dodgson et al., 2002). It is therefore in the interest of every nation, to cooperate and disclose any information that they may have in order to ensure, that the well-being of all individuals is ensured to the highest degree possible.

Throughout history, health governance has mostly been done on a national or subnational level by providing healthcare to their own population (Dodgson et al., 2002). However, through globalization the healthcare risks spill over borders more easily which means that it becomes a transnational issue. Therefore, according to Dodgson there has to be more cooperation between the national and transnational levels in order to ensure, that healthcare risks do not cross borders.

Colonialism and imperialism created the 'global health' frameworks which are present nowadays and are dominated by policies that benefit the larger and more powerful players compared to less wealthy nations (Kwete et al., 2022). While postcolonial theory enables a critical viewpoint on the colonial frameworks, it is vital to gain insight into the frameworks, how they were built and what can possibly be done to dismantle such colonial remnants with new and improved frameworks. However, to implement new frameworks one must understand the current one, how it operates, the history behind it and the interconnectedness in a globalized world. Healthcare systems of countries that endured colonialism are affected by an unequal access to resources, a shortage of trained personnel and limited infrastructure (Schmidt & Hersh, 2001). Therefore, to prevent transnational health crises, it is vital that policy is enacted which enables every healthcare system to provide quality care to every person.

Health and healthcare are evolving into a global field in a globalized world in which a national health crisis is bound to become transnational or even global. As the Covid-19 pandemic has shown, one virus can travel from one part of the world to the other within a matter of days, weeks and months. The pandemic has highlighted how interconnected the world has become with the rise of technology that enables the transport of goods, services and people from one place of the globe to another within a day. Global health was first defined by Koplan, Kickbusch and other researchers at the start of the century, with the main focus being on health

issues of global concern and promoting global health equity (Kwete et al., 2022). During the colonial era, “Tropical Medicine” was established, yet this area of medicine was mostly to benefit and protect the interests of the colonizer while going against the colonized (Kwete et al., 2022, p. 1).

Once colonies gained independence, bilateral development agencies were created, some even sprung up from companies that used to manage the colonial assets (Kwete et al., 2022). After the success of the Marshall Plan in Europe, there was hope that the flow of Official Development Assistance (ODA) would have the same effect on the Global South (Kwete et al., 2022). The colonial remnants in Global Health are still quite apparent, and there is a need to decolonize them, which is a movement that has gained traction among advocates for the postcolonial perspective (Kwete et al., 2022).

According to Kwete et al. (2022) there are three levels of colonial remnants in global health, ‘In Daily Practices’, ‘Organizational and Regulatory Inertia/Obstacles’ and ‘A Pending Paradigm Shift’ (p. 3-4). In daily practices, the need for decolonization can be seen quite clearly, especially in research, most research and education is done in high income countries while the residents from low income countries have less chances (Kwete et al., 2022). This also affects the low-income countries due to brain drain, the people that want to get an education will leave for high income countries (Kwete et al., 2022). Many global health campaigns are led by donors and organizations from the Global North instead of local know how being used (Kwete et al., 2022). Donor control and sponsoring has to be decreased, in turn local populations should be trained and enabled to sustain projects after the experts leave (Kwete et al., 2022).

When the Covid-19 pandemic hit the United Kingdom, and it was clear, that the economy would be impacted, the budget for the Department for International Development got cut by 4 billion dollars a year (Kwete et al., 2022). This had a strong impact on ongoing projects and planned projects (Kwete et al., 2022). During the 4-year presidency of Donald Trump, funding for foreign aid and global health was also decreased because it did not fit into the picture of helping Americans (Kwete et al., 2022). Due to such factors, it can be stated that foreign aid agencies and private organizations serve the people in low-income countries but are held accountable by people in high income countries (Kwete et al., 2022). It would be of importance to enable the WHO to have a stronger role as a global player where all nations have

the same voting rights and all issues are handled fairly instead of high-income countries and private organizations having the power to dictate where funds go (Kwete et al., 2022).

One of the pillars of global health, is the premise that 'developing' nations do not have the solutions to their health problems (Kwete et al., 2022). Dr. Yerramilli, argues, that through repatriation of profits from multinational corporations and the professional human resource flow from low-income countries to high-income countries these two factors outweigh the aid for health sent every year (Kwete et al., 2022). Therefore, it is vital, that a paradigm shift takes effect, that healthcare workers stay in their countries and that 'developing' nations have the capabilities to solve the health challenges without being dependent on foreign experts (Kwete et al., 2022).

"While the colonial remnant in daily practices can be easily noticed by examining the numbers of publication by origin, flow of capital and human resources, representation of leadership positions in international organizations, etc., colonial remnant in organizational structures might not be that obvious." (Kwete et al., 2022, p. 4).

In addition, Kwete et al. (2022) explain that the decision-making process is vital to facing the current health challenges on a global scale. Furthermore, this means that the source of funding has to be identified and the face behind certain decisions has to be shown to be identified to fully identify who is upholding the colonial system (Kwete et a., 2022). This colonial framework and mindset which has been upheld and drilled into the minds of many, even "global health workers, advocates, researchers and decision makers" on a subconscious level has desensitized many to the impact such thinking has (Kwete et al., 2022, p. 4). Due to the remnants of the colonial system causing global health inequalities health aid has been one way in which the Global North has been trying to address these inequalities.

Health aid in the Global South has historically been a very top-down approach (Sullivan, 2017). Donor countries have the majority of the say in what programs they want implemented and are willing to fund, which gives the recipient country very little leeway (Sullivan, 2017). Since the early 2000s however, there has been more attention given to a vertical approach which would give more attention to implementing smaller programs at selective ailments, programs which are more interesting to private donors. (Sullivan, 2017). Through postcolonial theory and global health governance it is possible to analyze the health aid policies during covid-19 and how these still reflect colonial power relations. In this context, health aid policies would be of interest due to the possible hopes for future global collaboration.

Global Health Governance in Practice

Global Health has emerged as a discipline for academic studies over the course of the late 20th to early 21st century (Koplan et al., 2009). According to Koplan et al. (2009) global health emerged from a combination of public health, tropical medicine and international health. This emergence is reflected especially through globalization processes and the Millennium Development Goals (MDGs) which were presented by the United Nations (Bonk and Ulrich, 2021). The MDGs and the following Sustainable Development Goals (SDGs) were established in order to better the health of people on a global basis and combat the systemic global health disparities.

Koplan et al. (2009) explain global health in a well-defined manner, when answering the questions: "What is global? Must a health crisis cross national borders to be deemed a global health issue?" (p. 1994).

This statement by Koplan et al. (2009) reflect the aim of the research, to find out how interviewees interpret the Covid-19 pandemic in terms of it being a 'global' issue. In addition to the 'global', it is important to find out how health inequalities are viewed not only while it is confined to one country such as China in the beginning but once it struck their own countries. Furthermore, Koplan et al. (2009) expand on this idea claiming that global health should not be restricted only to "health-related issues that literally cross international borders".

Global can refer to "any health issue" which can affect a multitude of countries or can be affected by determinants that cross borders such as climate change or even "solutions such as polio eradication (Koplan et al., 2009, p. 1994). While "epidemic infectious diseases" clearly are global, global health should address a multitude of issues that are not infectious such as tobacco control and obesity (Koplan et al., 2009, p. 1994). Therefore, the "global" in "global health" does not concentrate on the location of the problem but the scope of it (Koplan et al., 2009, p. 1994). Therefore "global health" can concentrate on "domestic health disparities" while also focusing on cross-border issues (Koplan et al., 2009, p. 1994). Lastly, Koplan et al. (2009) emphasize that global health trains and distributes health care workers which exceeds "public health" (p. 1994).

This paragraph describes well, what global health is, how it becomes the 'global' yet, is also national and how not only infectious diseases are included but also noncommunicable diseases. These highlighted health issues are reflected in the SDGs, where there is also a

stronger focus than before on health factors such as climate change, sustainable cities, education and gender equality (SDG, UN., 2022).

However, there are also some disputes around global health, notably the hegemony in global health and the definition. Firstly, Holst (2020) claims, that the root of global health can be traced back to European colonialism. This has transformed into a hegemonic approach, through which more powerful nations are able to push their interests, research and scientific debate which is forced upon the Global South (Holst, 2020). Holst (2020) therefore suggests a decolonization of global health. Secondly, there is quite some debate around the definitions surrounding global health and if these are inclusive of all the issues.

When it comes to the definition of Global Health, there are quite a few variations. The most used definition is from Koplan et al., they define global health as an "…area for study, research, and practice that places a priority on improving health and achieving health equity for all people worldwide." (Beaglehole & Bonita, 2010, p. 1)

While Kickbush defines global health as those "…health issues that transcend national boundaries and governments and call for actions on the global forces that determine the health of people." (Beaglehole & Bonita, 2010, p. 1)

There is a definition given in a policy document by the UK government that defines global health as:

"Health issues where the determinants circumvent, undermine or are oblivious to the territorial boundaries of states, and are thus beyond the capacity of individual countries to address through domestic institutions. Global health is focused on people across the whole planet rather than the concerns of particular nations. Global health recognises that health is determined by problems, issues and concerns that transcend national boundaries." (Beaglehole & Bonita, 2010, p. 1)

Lastly, there is also the definition by Damiani et al. (2019) which highlight "…the use of institutions, rules and processes to deal with challenges to health that require cross-border collective action to be addressed effectively." (p. 423).

These four definitions highlight the varying opinions on the topic. Koplan et al. have a clearer definition, which focuses broadly on "health improvement and health equity" (Beaglehole & Bonita, 2010, p. 1). Beaglehole and Bonita (2010) however criticize, that the definition is still very "wordy" and uninspiring (p. 1). When focusing on the Kickbusch

definition, Beaglehole and Bonita (2010) argue, that the definition has no clear goal and is passive in its call to action. In comparison, the UK governments definition contains the most relevant ideas but is convoluted (Beaglehole and Bonita, 2010). The definition by Damiani et al. (2019) reflects more Kickbusch's definition by mentioning the need for "institutions, rules and processes" being used to deal with cross-border health issues (p. 423).

Beaglehole and Bonita (2010) themselves have come up with a definition that they think would fit global health the best. The definition being a proposed definition "…for global health is collaborative trans-national research and action for promoting health for all." (p. 1).

Beaglehole and Bonita (2010) argue that their definition includes the important aspects of global health such as, collaboration (collaborative), trans-national (cross-national), research, action-emphasis, promoting (improving) and health for all (p. 2). In short, global health strives to implement all available strategies for health improvement for large groups (populations) and/or individuals across all sectors.

Lastly, governance is also a term that needs to be defined which Dodgson et al. (2002) emphasizes that "In broad terms, governance can be defined as the actions and means adopted by a society to promote collective action and deliver collective solutions in pursuit of common goals" (p. 6).

When it comes to governance it is important to distinguish between governance and government, the two are not the same (Dodgson et al., 2002). The government is backed by formal authority while governance is an activity which has a shared goal (Dodgson et al., 2002). Governance relates to the private sphere but also the public sphere (Dodgson et al., 2002). Therefore, governance can also be used when referring to cooperation between local groups to transnational corporations, from the WHO to the UN Security Council (Dodgson et al., 2002). On the other hand, government as stated before is a formal authority that acts within the confines of a "…highly formalized form of governance" (Dodgson et al., 2002, p. 6).

Global health governance has been realized and put into action since it became clear, that in a globalized world, there have to be global answers to healthcare issues that affect all countries (Mariani & Fernandes, 2013). The WHO became the carrier of the global health governance message throughout the decades in their attempts to create frameworks that

regulate healthcare and monitor outbreaks of various health risks across the globe in an attempt to act decisively if it is required (Mariani & Fernandes, 2013).

According to Kickbusch and Szabo (2014), there are three domains among the global health axis, 'Global Health Governance', 'Global Governance for Health', and 'Governance for Global Health' (p. 1). Firstly, global health governance concentrates on the "institutions and processes of governance" which are in the realm of "health mandates" such as the World Health Organization (WHO) (Kickbusch & Szabo, 2014, p. 1). Global governance for health however refers to "mainly to those institutions and processes of global governance" which do not solely implement health mandates but can have an impact on health an example would be the World Trade Organization or the United Nations (Kickbusch & Szabo, 2014, p. 1). Governance for global health on the other hand establishes mechanisms at the national and regional level to implement health policies which contribute not only to regional health but also global health (Kickbusch & Szabo, 2014).

Kickbusch and Szabo (2014) claim, that there is an interdependence between these three domains, meaning that the WHO does not have the resources to implement and oversee all global health related issues. Especially in an era, where 'big business' is viewed as a bigger priority than global health, it is important for all of these domains to interact to further the interests of health (Kickbusch & Szabo, 2014). The three domains can be seen as cogs in a global health machine, the cogs have to work together to make the machine work. If one cog is broken or turning the wrong way, the other two are also affected. It is also emphasized, that more non-governmental actors are taking part in global health which also changes the balance within (Kickbusch & Szabo, 2014).

Global health governance specifically:

"…refers mainly to those institutions and processes of governance that have an explicit health mandate, such as the WHO, hybrid organizations such as the GAVI Alliance (GAVI) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria (GFATM), as well as health focused networks and initiatives and non-governmental organizations" (Kickbusch and Szabo, 2014, p. 1).

These hybrid organizations have "…introduced constituency-based models of governance…" in comparison, the 'state based' organizations have come under fire more often due to arising conflicts of interest (Kickbusch & Szabo, 2014, p. 4). To combat this, the WHO has announced that they will change their framework for cooperating with non-state

actors such as NGOs, civil society and private organizations (Kickbusch & Szabo, 2014). Which in turn has enabled global health governance to achieve their goals not solely through the WHO but with a strengthening of cooperation between local, regional, national and international levels of private sector support (Kickbusch & Szabo, 2014). Therefore, the "…constituency model of governance coordinates representatives from government, private foundations, civil society, private sector, multi and bilateral organizations, and affected persons with the aim of developing harmonized structures to work for health" (Kickbusch & Szabo, 2014, p. 4).

This has led to the creation of so called 'public-private partnerships' that focus on global health (Kickbusch & Szabo, 2014). Up until now, global health governance is highlighted by one big difference compared to the other two dimensions, namely that it is one of the few 'global issue areas' that has its own international agency, and this agency has the power of treaty-making (Kickbusch & Szabo, 2014). Of interest in this statement is also the mention of GAVI which is the "GAVI, the Vaccine Alliance" which has contributed to a large extent to the COVAX fund during the Covid-19 pandemic (Gavi, 2022, p.1). This shows a real-life example of how such an institution has contributed to distributing vaccines equitably.

Obstacles faced by Global Health Governance

Covid-19 showed the fissures in global health, specifically global health governance. The WHO and UN attempted to overcome the pandemic with global solidarity yet, nationalistic governments and isolationist policies made this a rather impossible task (Gostin et al., 2020). WHO's largest donor nation, the USA were on the brink of leaving the WHO entirely, beyond that there was an utter disregard for information sharing, WHO recommendations/financial obligations and the added issue of isolationist policies which exacerbated the global pandemic (Gostin et al., 2020).

Cash and Patel argue that there are certain differences between the Global North and Global South when it comes to the Covid-19 pandemic. They argue for two different viewpoints in global health: context and social justice/equity (Cash & Patel, 2020). Firstly, they argue that in some countries of the Global South there are very different age demographics to those of the Global North meaning that there was a lower risk of Covid-19 mortality due to a younger population however, they still implemented lockdowns (Cash & Patel, 2020). In India these lockdowns in turn reduced critical infrastructure capabilities

leading to less vaccinations (Other than Covid ex. Polio and measles), less institutional (hospital) deliveries and a 50% reduction in hospital visits for acute cardiac events when comparing March 2020 to March 2019 (Cash & Patel, 2020). This means that for a country such as India the recommendations for Covid-19 fall short since they do not have the capacities and such measures could lead to more deaths that are not connected to Covid-19 (Cash & Patel, 2020).

Secondly, the recommendations are mostly one-size fits all, which is not the case for countries of the global South that do not have the resources for such actions (Cash & Patel, 2020). This approach could lead to an increase in inequality in the long term. For example, imposing the economic burden of a lockdown on people in an already precarious economic situation will exacerbate the gap in inequalities (Cash & Patel, 2020). Cash and Patel believe that middle- and low-income countries are on their own and need to play to their own strengths because help from high income countries will be slow (Cash & Patel, 2020).

Reid et al. (2021) summarize the Covid-19 pandemic quite well. It has shown the world, how interdependent we all are, highlighted the health inequalities that exist and portrayed why there is a need to act collectively. Yet, we can learn from the pandemic and rebuild a system that is more prepared:

"Global post-pandemic recovery must therefore be coordinated and multi-dimensional. Governance systems that are inclusive, accountable and guided by approaches that prioritize transparent, multisectoral decision-making processes are urgently needed to respond effectively. Only a holistic response based on cross-sectoral collaboration at all levels of society can build the necessary resilience to respond to the immediate and long-term effects of COVID-19." (Reid et al., 2021, p. 3)

The Covid-19 pandemic can be seen as an opportunity for the world, to re-imagine and transform global health in order to ensure, that pandemics that may happen in the future are more easily tackled and implement effective measures now that can alleviate health inequalities (Reid et al., 2021). This is the big takeaway from the pandemic, Cash and Patel (2020) and Reid et al. (2021) reiterate how this pandemic is a learning opportunity. There is a need for global health to tackle the health inequalities that exist and prepare for the next pandemic yet, this can only be done through collaboration across all sectors because the "…COVID-19 pandemic reminds us that no country acting alone can respond effectively to health threats in a globalized world" (p. 3).

When the Covid-19 pandemic broke out, the global health governance approach faced a large obstacle. The WHO and the UN were quick to act when the virus was starting to make waves on a global scale. Over the past two decades, the two organizations have been stepping up their global health efforts in an attempt to create a framework that would tackle any obstacle that arose (Gostin et al., 2020). The framework that had been created was firstly under attack by HIV/Aids and Ebola outbreaks that have popped up in different regions (Gostin et al., 2020). This means that recognizing "…the economic consequences of earlier Ebola outbreaks in sub-Saharan Africa, the UN is striving to minimize the effects of the current pandemic on lives, livelihoods, and the economy and to build a more inclusive and sustainable future" (Gostin et al., 2020, p. 1616).

The Covid-19 Response and Recovery Fund was created to aide low- and middle-income countries (Gostin et al., 2020). Not only that, in "…responding to the global threat of COVID-19, the UN has developed a COVID response plan, a humanitarian response plan, and a framework to mitigate social and economic impacts" (Gostin et al., 2020, p. 1615).

However, while the WHO and UN have been attempting to implement a beneficial framework, obstacles to global health governance have also been present (Gostin et al., 2020). Instead of a unified front against the global Covid-19 outbreak, nationalistic governments fueled by self-interest, subverted global health governance (Gostin et al., 2020). Certain nationalistic leaders "…weakened WHO's authority, blocked a coordinated UN response, and imposed isolationist policies that divide the world" (Gostin et al., 2020, p. 1616). This has been one of the main challenges to global health governance when confronted with the global pandemic.

It is important to consider the viewpoints of the local population when attempting to analyze the impact that WHO and UN policy had on the course of the pandemic. Interviewees with people from different regions, paint different stories which in turn allows for constructive feedback on areas where policies and initiatives have been lacking. Policymakers gain a valuable insight into the needs of the people and how the policies so far have not met the needed standard. Interviewees may help identify areas in which improvements need to be made such as healthcare infrastructure, access to medicine or social protection if one is not able to work. Interviews are of crucial importance to in order to better identify areas that need improvement and in turn creating policies that aim to lessen the burden carried by people during such trying times.

The WHO and UN have been attempting ways to alleviate the burden posed by the pandemic, both institutions are having difficulties in finding the right approach. Cash and Patel (2020) highlight that there is no 'one' approach to solving the pandemic, it has to be looked at on a case-by-case level and solutions need to be created individually. This would also correspond with Easterly's (2006) definition of a searcher, where policies are enacted not enacted through a top-down approach but on the basis of needs and what is needed for effective changes in the field. This in turn also shows the need for a stronger horizontal approach to healthcare through building up healthcare practices and strengthening a countries ability to respond compared to vertical healthcare which is a more donor based, top-down way to fight a virus (Sankaranarayanan, 2016). However, during the pandemic, it became quite clear that certain roadblocks were popping up which made implementing effective policies that they viewed as critical, quite difficult for the WHO.

Obstacles for the WHO

Focus will mainly be put onto the World Health Organization (WHO) when looking at key players due to their focus on global health. During the pandemic, the WHO had five main tasks that it set out to accomplish. Firstly, the WHO issued the "Covid-19 Strategic Preparedness and Response Plans" which identified the most important steps to take for countries to prepare for the pandemic (UN, 2020, p. 1). Secondly, the WHO set out to disprove the mass of false information on the internet and provide accurate information (UN, 2020). Thirdly, ensuring that frontline healthcare workers are provided the necessary equipment to protect themselves and provide quality care to patients (UN, 2020). Fourthly, providing adequate training to healthcare workers and mobilizing professional healthcare teams to regions that are overwhelmed (UN, 2020). Lastly, the WHO immediately announced that they were supporting researchers that were tirelessly working to create a vaccine (UN, 2020).

However, international law and global institutions were disregarded for self-interests which only caused the pandemic to become more of a threat (Gostin et al., 2020). Gostin (2020) claims, that nationalist leaders blocked global health governance when it was most needed during the Covid-19 pandemic. By weakening the WHOs authority, slowing down the response by the UN, and isolating themselves from the globe and divided the response (Gostin et al., 2020).

Firstly, the WHOs leadership has been under fire for longer periods of time in the recent decades, mostly by nationalist governments (Gostin et al., 2020). The biggest blow to the WHO was the fact, that the United States of America attempted to not only withhold their contribution but to fully leave the WHO (Gostin et al., 2020). As the United States of America are the largest donor to the WHO, this would have been an incredibly harsh blow to the WHO (Gostin et al., 2020). Even without this having happened, this had repercussions for the WHO by looking like it was possible to just leave or not pay your contribution without repercussions. Gostin et al. (2020) emphasize that even beyond such explicit attacks, such governments failed to act according to their obligation to the International Health Regulations (Gostin et al., 2020). Through failing to warn, cooperate and release information to other nations the pandemic was able to reach such proportions.

In addition to the WHO being weakened by internal strife, the UN was facing similar challenges. Due to conflicts between the United States of America and China squabbling about the origin of the virus and the adequacy of the early response, the UN Security Council had a hard time responding to the crisis (Gostin et al., 2020). Only after 6 months the Security Council was able to adopt its first resolution on a Covid-19 response which called for a ceasefire in armed conflicts in order to assess the humanitarian needs of the people (Gostin et al., 2020). However, while many nations tried to push this multilateral form of global health governance, permanent members of the Security Council blocked cooperative efforts (Gostin et al., 2020).

Isolationist policies made the work of the WHO and UN even more tedious. Governments implemented travel bans and medical protectionism (Gostin et al., 2020). Medical protectionism was an issue highlighted in the Global North. Medical protectionism being when a nation restricts the export of certain medical goods, such as personal protective equipment and medicine (Gostin et al., 2020). The United States for example acquired nearly the whole global supply of Remdesivir which at the time was an early Covid-19 treatment method (Gostin et al., 2020). Such actions made it more difficult for other countries to purchase the required medicine and aided in alienating nations (Gostin et al., 2020). Instead of "…working together to fight a common threat, nationalist strategies pit nations against nations, subvert global action to curb the pandemic, and grind the world to a standstill" (Gostin et al., 2020, p. 1616).

These factors have highlighted the difficulties that global health governance has faced throughout the Covid-19 pandemic. Sadly, the UN has proven to be largely ineffective and unable to achieve global solidarity which would be needed to tackle such an issue. However, this pandemic gives global health governance the opportunity to learn and revitalize itself in order to stand up to the challenge when the next crisis arrives. UN and WHO leadership are sorely needed in situations like the Covid-19 pandemic and three factors are hastening the role change, the diminishing role of the United States, the fractured global health ecosystem and the changing role of the WHO (Gostin et al., 2020).

A major turning point for global health governance could be the diminishing role of the United States (Gostin et al., 2020). In 1902, the first permanent international health organization in the Americas was created and since then the United States has continually helped global health governance grow (Gostin et al., 2020). For decades, the United States shaped the global health agenda through bilateral and multilateral agreements which has kept the United States as the highest donor country of global health initiatives (Gostin et al., 2020). With this decade long support, the United States has enabled a multitude of projects and supported critical projects against tuberculosis, AIDS, malaria and the GAVI, vaccine alliance (Gostin et al., 2020).

However, due to the nationalist president Donald Trump, who threatened to leave the WHO, cut off support for global health projects and hoard vaccines/medicine, the United States lost support (Gostin et al., 2020). UN efforts were thwarted by Trumps attempts to deflect blame on China which has painted the United States as an untrustworthy partner and can possibly lead to the United States diminishing their impact on global health (Gostin et al., 2020). Yet, the diminishing role of the United States could open the door for other actors to take over and the global health governance to revitalize itself (Gostin et al., 2020). Highlighting that global "…institutions may become more responsive to a far larger set of actors and, as a consequence, could shift to focus on global health initiatives that do not align with US national interests" (Gostin et al., 2020, p. 1617).

The United States have often pushed global health projects that mostly pursued its own national interests over global public health (Gostin et al., 2020). With this diminishing role, a wider variety of actors could fill the vacancy of the United States and commit to other projects (Gostin et al., 2020). Gostin et al. (2020) emphasizes, that without "US corporate interests at the table" a general disengagement of the US could possibly allow "global

institutions" to enact changes which would include flexible approaches to "intellectual property rights to promote access to medicines and focus on preventing and controlling noncommunicable diseases" which are driven by "commercial determinants" (p. 1617). Commercial determinants of health being "alcoholic beverages, sugar-sweetened beverages, tobacco and unhealthy foods" (Gostin et al., 2020). However, such interests are in direct conflict with the economic interests of powerful economies (Gostin et al., 2020).

Such a reshuffling of global health governance could have benefits; however one must keep in mind, that the United States is the largest donor therefore, it would take time and effort to recover lost funds and some projects would have to be cancelled (Gostin et al., 2020). With China trying to secure their alliances and expand their influence, the United States backing away from their position and the European Union trying to save the multilateral system, this reflects the current state of the global health ecosystem as it currently is, fractured (Gostin et al., 2020).

Yet, this can be an opportunity for the WHO to rise to the occasion. While the WHO mainly focuses on low- and middle-income countries, all the members states have a say in the program (Gostin et al., 2020). However, after the Cold War, high-income countries managed to create global health initiatives outside of the WHO which targeted their own interests more instead of coming together in the WHO (Gostin et al., 2020). The WHO "…has continued to provide key technical and normative standards for public health; however, states have actively limited WHO's autonomy by earmarking funding for specific programs in conformity with their own national priorities" (Gostin et al., 2020, p. 1617).

Right now, the WHO lacks the authority and the resources to combat the issues that affect every single country (Gostin et al., 2020). As of right now, the WHO is engaging in multiple steps to combat Covid-19 while satisfying high-, middle- and low-income countries (Gostin et al., 2020). All of these countries need different types of support, low- and middle-income countries depend on technical guidance and assistance while high-income countries count on information sharing and research cooperation (Gostin et al., 2020).

"Bringing together state and nonstate actors, WHO has sought to coordinate collaborative COVID-19 research, as seen in the SOLIDARITY therapeutics trials and serology studies, which seek to align research throughout the world around a unified goal, core study protocols, and a results-sharing platform" (Gostin et al., 2020, p. 1618).

The pandemic has shown, how the WHO is evolving to bring together different actors, state and non-state in order to fight against a common threat (Gostin et al., 2020). Yet, the WHO needs more authority in order to stand up to the interests of a few nations and promote global health initiatives. Effective global health governance is the main goal of the WHO which is being tested under the pressure of nationalistic governments and leaders during a global pandemic. However, in order to learn from Covid-19 and prepare for the future, the competences and authority of the WHO must be expanded.

"Global health governance is at a crossroads, necessitating a new governance model that takes into account the cosmopolitan ideal of international organizations with universal membership and the realist landscape of populist nationalism among member states. It is crucial to develop a global health governance system that reflects the challenges of a fragmented yet interdependent world. The global governance institutions that develop in the aftermath of the COVID-19 crisis will determine the response to future threats" (Gostin et al., 2020, p. 1618).

Either countries cooperate in order to achieve breakthroughs in global health governance, or they go their own paths. The outcome of the Covid-19 pandemic will show, in which direction global health governance will develop. Organizations such as the WHO and the UN are imperative at establishing and regulating global health frameworks and implementing them as such. Both organizations have shown their weaknesses during the current pandemic, however this is an opportunity for both to strengthen and move forward with more authority and to break free from the chains that have tied them down. A new and revitalized landscape of global health governance is imperative for a stronger public health framework and a safer future.

Therefore, the lived experiences made by people have to be highlighted in order to understand the impact global health governance has had during the pandemic. When understanding the 'global' aspect as well as the health inequalities it is imperative to understand and incorporate not only the view from the WHO and UN but the people that are affected by such decisions. Interviewed people can give valuable insights into how Covid-19 has affected their personal life, their community and how they view their access to healthcare services. Decisions made by global health governance entities such as the WHO has a direct impact on such people. Through these insights, it is made simpler to understand the

challenges faced by individuals and communities which can in turn be of great value to developing a more effective and equitable response.

In addition, the perceptions of the interviewees reveal their experiences with the interconnected world, the health inequalities that persist and the importance of global cooperation. This will further the awareness of the struggles that have been endured by many and create a path for strengthened policies and cooperation in the future which combat the frameworks that have caused health inequalities to persist. In order to effectively combat the pandemic, one of the factors that is considered is the extent of collaboration and 'help' in order to support the local population and government. This can be anything from monetary support to the training of doctors, therefore such collaboration and support initiatives are vital to consider.

However, through the interviews one can gauge the perception of such collaboration efforts and if help is wanted, needed and offered. The differing viewpoints on such efforts might be highlighted through everyday experiences. Possibly some interviewees have views such as Moyo (2006) who believe that 'Aid', collaboration or other forms of help are not necessary and only causes dependency. This viewpoint could possibly be stated by interviewees in any country. On the other hand, interviewees might praise collaboration and strive for more if they view it as a notable effort. Such viewpoints will be critical in understanding if efforts so far have been effective and what future efforts can combat health inequalities.

Postcolonial Theory Introduction

When using the postcolonial theory, a vital insight can be given into global health power relations that have been forged through centuries of colonialism and how the health of the Global South has been neglected (Gandhi, 2019). Especially when looking at local communities in Latin America the postcolonial theory provides a power analytical framework which enables one to consider the colonial past and the present (Gandhi, 2019).

Postcolonial theory can be defined as a "…body of thought primarily concerned with accounting for the political, aesthetic, economic, historical, and social impact of European colonial rule around the world in the 18th through the 20th century." (Elam, 2019, p. 1)

Within postcolonial theory, the 'post' does not mean that the "effects" or "impact" of the colonial past are not felt anymore (Nair, 2017, p. 1). However, it shows how the colonial past are still shaping "a way of thinking" which mostly revolves around "western knowledge" and that the theories and ideas brought forth by "non-western" thinkers are marginalized (Nair, 2017, p. 1). Postcolonial theory concentrates not only on understanding the colonial/imperialist past but also on how the world should be (Nair, 2017). Ultimately, postcolonialism aims to understand the "disparities in global power", accumulated wealth and how select states are able to wield their power over others (Nair, 2017, p. 1).

Before diving into the postcolonial theory, it is of importance to understand, the histories of where some modern medicine and medicinal practices have derived from, specifically the practices during colonial rule. For example, J. Marion Sims who is considered by some the 'Father of modern Gynecology', experimented on black female slaves, due to the prisoner aspect, they could not be consenting (Amster, 2022, p. 1). As late as 1955, an Oxford University physician Honor Smith released a quite enthusiastic message which said that it "…is the almost unlimited field that Africa offers for clinical research that I find so enthralling …problems of the first interest abound, [and] clinical material is unlimited" (Tilley, 2016, p. 746).

This sentiment portrayed by Smith was one that is widely seen during colonialism and reveals how colonial powers saw Africans as unproblematic test subjects (Tilley, 2016). For much of the Colonial Era, there was no moral or ethical code of conduct when it came to "research subjects" (Tilley, 2016, p. 747). For some researchers, it was viewed, that the ends justify the means, therefore they would coerce, lie, threaten and manipulate in order to achieve their goals (Tilley, 2016). In the decades after the Second World War, moral and ethical standards for "research subjects" were slowly introduced in part due to the uncovering of the horrendous crimes during the holocaust (Tilley, 2016, p. 747).

During colonialism, there was an abundance in the codifying of the human race into racist categories (Amster, 2022). An example of this would be 'exotic syphillis' (Amster, 2022, p. 2). 'Exotic syphillis' was a theory created by French Dr. Emile-Louis Bertherand in which he argued that the Muslim Algerian is different from the Frenchman (Amster, 2022, p. 2). Amster (2022) argues that Bertherand claimed Islam "…polygamy and sexual perversion were alleged to have "starved the brain" to create a uniquely "Muslim Arab" physiognomy — hypersexual, with feeble intelligence, weakened by hereditary syphilis" (p. 2).

Such claims made by medical personnel throughout colonialism reflects, how the colonial health system was built. It was built upon medical testing on people from colonized regions and the results were then used to create the basis of modern medicine (Amster, 2022). There was no evidence to back up the claims brought forward by Bertherand, however by 1912, the French protectorate pronounced that 80-100% of Moroccans were syphilitic (Amster, 2022). This 'exotic syphilis' was then renamed 'Arab Syphilis' in 1923 by George Lacapère (Clark, 2013, p.86). The curiosity around syphilis also reached the United States of America, when in 1932-1972, the Tuskegee Experiment was carried out (Amster, 2022). This experiment was conducted on a group of 400 African American men (Lombardo & Dorr, 2006).

The group of 400 men was infected with syphilis and then denied effective treatment in order to see how syphilis would affect the men's body without treatment (Lombardo & Dorr, 2006). Instead of treating the men for the syphilis, they would be given a range of different 'antidotes' and placebos which were ineffective (Lombardo & Dorr, 2006). At the same time, the men were never informed of their specific illness (Lombardo & Dorr, 2006). This was done to find out, if the theory was correct that a 'black' man would have a different reaction to syphilis (Lombardo & Dorr, 2006).

The medical experimentation during the Colonial Era brought in some regards brought the creation of modern medicine and practices but at the cost of many lives. Therefore, it is important to understand the circumstances of Global Health before postcolonialism started becoming a global theory that attempts to unravel the remnants of the colonial health system that is present to this day. Therefore, it is vital to hear the experiences from people who lived under colonialism and also the experiences post colonialism. It helps to understand the legacy of colonialism on societies and the impact that it still has. Such perspectives allow insight into how inequalities have been created, upheld and within lies the key to creating effective policy to dismantle global health inequalities.

In 1985, postcolonialism grasped a foothold in Western academia when Gayatri Spivak asked an important question, "Can the subaltern speak?" (Gandhi, 1998, p. 1). The 'subaltern' referencing to the oppressed subject, which was named by Antonio Gramsci (Gandhi, 1998). Out of this, the Subaltern Studies Group emerged which strived to "…promote a systematic and informed discussion of subaltern themes in the field of South Asian studies" (Gandhi, 1998, p. 3).

Within this study group, the focus was set on a variety of factors such as class, caste, age, gender and employment, these categories were analyzed in an attempt to portray the system of subordination (Gandhi, 1998). Spivak, highlighted the difficult relationship between the 'knowing investigator' and the '(un)knowing subject of subaltern histories' (Gandhi, 1998, p. 2). This refers to the fact, that researchers which often come from the Global North, want to conduct research in the Global South, yet there is difficulty to avoid prejudice and viewing the research from a Western perspective. Therefore, it was difficult to answer the questions that Spivak presented to the Western academics about who may represent the subaltern and how research can be done into such sensitive topics. However, postcolonial theory emerged with a variety of answers to the question of "Can the subaltern speak?" (Gandhi, 1998, p. 1).

Postcolonial theory was established with the aim of uncovering the colonial hegemony and critically analyzing the power relations that still exist today (Mishra, 2020).

"Postcolonial discourse is the critical underside of imperialism, the latter a hegemonic form going back to the beginnings of empire building. In the languages of the colonized—those of the ruling class as well as its subjects—a critical discourse of displacement, enslavement, and exploitation co-existed with what Conrad called the redemptive power of an "idea." Postcolonial theory took shape in response to this discourse as a way of explaining this complex colonial encounter." (Mishra, 2020, p. 1)

Postcolonial theory therefore enables the analytical tools to consider the colonial and imperialistic history which shaped global health inequalities. Within these global health inequalities, the colonial history of medicine and the impacts of colonial research are highlighted. Not only did colonial medical professionals perform experiments and tests on colonized people but also spread diseases and displaced indigenous medical practices for colonial practices. Within the colonial system, the subjects to this rule had no say in what was being done to their communities, families and friends, they did not have a voice.

Therefore, postcolonial theory allows to better understand the consequences of colonialism and how these consequences have led to the current global health inequalities with the hopes of providing new frameworks and policies that can prevent further inequality while also highlighting the voices from regions that have been suppressed through colonialism. Especially 'global' perspectives may highlight the different influences health inequalities have had for interviewees. Lastly, with postcolonial theory the current power relations can be analyzed, power relations that benefit wealthy nations and disregard the needs of others.

Postcolonial Theory in Practice

The root of the word colony comes from the latin word "colo" which means to "abide, dwell, stay (in a place)" (Mishra, 2020, p. 2). Therefore, the person living there, who was farming, or cultivating was the "col" which later developed into colonist (Mishra, 2020, p. 2). For around 500 years, the European powers practiced colonization in every corner of the globe and the word "colony" referred more to the invasive nature of the European powers (Mishra, 2020, p. 2). Nowadays, postcolonial theory is a tool which enables us to visualize how language can be used to legitimize actions and perspectives that keep alive the historical, political, economic, cultural and social impacts of European colonialism in today's world (Rashid & Whitehead, 2022).

It is vital to view the current global political economy from a postcolonial viewpoint due to the colonial history which caused an unequal distribution of wealth, power and resources which is felt to this day by those formerly objected to colonization. This is necessary to lay bare the impact colonialism had on the global system and how these structures still exist today. In order to decolonize global health, it will take a a coordinated effort from all sectors in which health is of importance (Kwete et al., 2022).

Postcolonial theory has also been adapted to a feminist perspective. Postcolonial feminism not only analyzes the power relations of the colonial and the postcolonial era but also how women, especially indigenous and BIPOC women are portrayed (Al-Wazedi, 2020). From this perspective, indigenous men are also criticized for their roles in creating stereotypes of indigenous women in the postcolonial era (Al-Wazedi, 2020).

"…the "post" in the term should not be understood as meaning the end or death of coloni-zation. On the contrary, this time of struggle for people all over the world, a moment that the academic world is attempting to define, is a process in the decolonizing space of the millennium rather than a conclusive event…" (Al-Wazedi, 2020, p. 156)

This point has already been highlighted by Nair (2017), the "post" in postcolonialism does not mean that the colonial past does not continue to affect global frameworks nowadays (p. 1). Al-Wazedi emphasis that postcolonialism more than ever should be seen as a space wherein one can 'decolonize' instead of continuing the status quo (Al-Wazedi, 2020). Yet, it is important to understand that within postcolonial feminism Western feminism is looked at through a critical lens (Al-Wazedi, 2020). Western feminists are at times even called 'imperialist feminists' by proponents of the Third Wave of Feminism (Al-Wazedi, 2020). This

criticism is due to the fact, that feminists outside of the Global North perceive Western feminists to be more privileged and to speak for the 'Third World Woman' while not experiencing the same difficulties (Al-Wazedi, 2020). Therefore, Postcolonial feminism "…asserts that women of colour are triply oppressed due to their (1) race/ethnicity, (2) class status and (3) gender" (Nair, 2017, p. 3).

Criticism arises from Chandra Talpade Mohanty by claiming that Western feminism has helped in the creation of a homogenous "Third World Woman" which needs saving (Al-Wazedi, 2020, p. 159). This "Third World Woman" is portrayed as a victim of different violence and therefore is shown as a subordinate which does not accurately portray their significance in different cultures and settings (Al-Wazedi, 2020, p. 159).

Hand in hand with postcolonial feminism, it is also important to mention postcolonial sexuality. Sexuality and health go hand in hand and throughout colonial rule, the attitudes towards sexuality from the colonizer were adopted, pushing out the indigenous knowledge. These effects can still be felt nowadays, especially within marginalized communities which are in turn most at risk during the Covid-19 pandemic (Raeside et al., 2021). With colonialism, came the colonial perspective and values on sexuality (Al-Wazedi, 2020). For example, in India there were temples where same sex relations are depicted, there are also myths of transgender persons in Hinduism (Al-Wazedi, 2020). Therefore, it is also important to keep in mind that the Western values on sexuality have been imposed on many regions of the world regardless of what their cultures valued before.

"The insistent repetition of the racially gendered and sexualized image…(is) a still image of a movingly malleable narrative of Indigenous womanhood/femininity and manhood/masculinity that re-enacts Indigenous people's lack of knowledge and power over their own culture and identity in an inherently imperialist and colonialist world" (Naples, 2020, p. NA).

Naples (2020) emphasizes, that with the European colonialism came a set of ideologies that the indigenous population had superimposed on them. The indigenous knowledge, culture and identity was fully discredited, this included indigenous womanhood and manhood which now is still under a colonial mindset (Naples, 2020). This means that the image of indigenous cultures which was superimposed during colonialism is still used nowadays which is perpetually causing suffering.

Colonialism came with an overwhelmingly Christian set of values which came with heteronormative and patriarchal views on relationships and sexuality (Naples, 2020). 'Nakedness' that Columbus witnessed along his journeys was viewed as sexual behavior which is turn was abhorrent and a sin (Naples, 2020, p. NA).

"European Christian conquistadors, missionaries, travelers, capitalists, settlers, and others wrote about a variety of "deviant" behaviors, from the aforementioned "nakedness" and lack of modesty, prostitution, polygamy, sex outside marriage, and sex with multiple partners or "animalistic" sex to loose or "whorish" women, and same-sex sexual practices." (Naples. 2020, p. NA)

Postcolonial theory has found a foothold in healthcare, especially in countries with indigenous populations such as Canada (Wilmot, 2021). Wilmot (2021) calls for the healthcare system to expand on their teaching of postcolonial theory to healthcare workers that are in contact with indigenous peoples in order to understand the deeper history. It is argued by Wilmot, by providing this historical understanding, it would combat "prejudice and ignorance" that is felt within the "settler personnel" (Wilmot, 2021, p. 433). Canada being a country, where different European powers projected their strength. France and the British Empire both controlled Canada at one point, with the latter being in full control, while Canada is independent it is still in the British Commonwealth (Wilmot, 2021).

In the case of Canada, postcolonial theory enables the "settler personnel" to reflect on their status and deepen their understanding of the societal inequalities that are faced by indigenous peoples in Canada (Wilmot, 2021, p. 433). Latin America was also colonized by European Powers, most notably the Spanish and Portuguese (Sebastian & Zumbusch, 2017). The indigenous populations were decimated the settlers came over the ocean to establish colonies (Sebastian & Zumbusch, 2017). With the removal of the colonizers, new countries were established yet, they would face difficulties throughout the centuries after gaining independence, from coups to wars between neighbors which has caused regional instability in some cases (Sebastian & Zumbusch, 2017).

Postcolonial Theory in Latin America

When postcolonial theory first started gaining traction, Latin America was barely mentioned and brought up during discussions (Coronil, 2013). The exclusion of Latin America was even more reflected in 1993 when "the first general anthology of postcolonial texts,

Colonial Discourse and Postcolonial Theory" was released without a single mention of Latin America or a text written by an Iberomerican (Coronil, 2013, p. 5). Even in the before mentioned book about Postcolonial Theory by Leela Ghandi, there is no mention of "Latin American critical reflection" and does not even have a single reference to Latin American thinkers in the bibliography (Coronil, 2013, p. 5). These are factors that sowed discontent between Latin American thinkers and the postcolonial thinkers. Since the early 90s however, postcolonial theory integrated more Latin American thinkers. Disagreements between the factions will be discussed in the criticism aimed towards postcolonial theory.

Some of the most well-known postcolonial theorists from Latin America are Aníbal Quijano and Enrique Dussel. Quijano wrote an article called '*COLONIALITY OF POWER, EUROCENTRISM, AND LATIN AMERICA*' in which he works up the history of Latin America under colonialism and how remnants of colonialism are still felt in social structures and the cultural identity (Quijano, 2021). Furthermore, Quijano argues that colonialism enabled the colonizers to amass immense wealth which helped them attain their global power and retain it into modernity (Quijano, 2021). Most importantly, Quijano provides an overview of the history of colonialism in Latin America while relating it to modernity and the impacts that can still be felt.

Similarly, Enrique Dussel in his work '*Globalization, Organization and the Ethics of Liberation'* criticizes the current world order in its phase of the economic model of globalization (Dussel & Coladi, 2006). What Dussel describes could be called 'neo-colonialism' where former colonies are still dependent on the former colonial powers but also transnational corporations which also enhance the exploitation (Halperin, 2023, p. 1). Lastly, Dussel and Coladi (2006) focus on the fact that he believes there is a way to overcome this system, however that it will not only take organizations such as the UN to promote ethical values but also grassroot movements in order to push for these changes.

Within Latin America, there is a strong discrepancy when it comes the available health care between the upper class that can afford private healthcare and those who cannot (Belizan et al., 2007). The Covid-19 pandemic slowed progress that was made towards reducing poverty, gender inequality and health inequalities (Gideon, 2020). Healthcare systems around the world were not prepared for the Covid-19 pandemic but in regions of the Global South, the pandemic rolled back progress that had been made (Gideon, 2020). Many people did not have an option

to stay home, they had to go to work to earn money and, in the process, made themselves vulnerable to the virus (Gideon, 2020).

In the Global North, governments made efforts to provide social programs in order to prevent a rise in poverty. One of these programs is the EU "Support to mitigate Unemployment Risks in an Emergency (SURE)" program which distributed loans to EU member states which could then be used to support short time work efforts to mitigate unemployment during the pandemic (European Commission, 2022, p. 1). This shows the disconnect between the Global North and Global South, where support during the Covid-19 pandemic from the state varies widely.

Postcolonial theory enables a viewpoint through which the colonial remnants can be analyzed. Latin America was under European rule for centuries and the effects of the colonizers can still be felt. While in the Global North, the impact of Covid-19 was mitigated to an extent by the governments, unions and other institutions such as the World Bank, the Global South was largely left to fend for themselves. The Global North was able to access vaccines earlier since they had more buying power which once again reinforced the global disparities in health inequality.

Based on the centuries of global health inequalities that have been highlighted through experiments such as the Tuskegee experiment, the categorization of different ethnicities, the imposed ideals and established frameworks, the disparities between the Global North and South grew. The pandemic highlighted the frameworks that exist which continually shows that certain groups of people are more at risk than others, the unequal access to healthcare even within the Global North and the power that the Global North has when it comes to purchasing medical goods. Postcolonial theory highlights how such a global phenomenon which affected everybody has drastically different effects depending on the socioeconomic status, the country where one lives and how systemic racism also factors in.

Quijano (2021) highlights aspects which aim to highlight the frameworks that colonialism has left in Latin America. With colonization by the Spanish and Portuguese, millions of indigenous people were killed, and the white man took over land and resources implementing their own rule (Quijano, 2021). Many Europeans migrated to Latin America and implemented the European way of life imposing their medical practices, religion and greed onto others (Quijano, 2021). Quijano (2021) argues that even after Latin American independence, due to factors such as greed caused by the capitalist world order, the interests of

corporations are above those of the population. Therefore, it is necessary for the remnants of colonial frameworks in Latin America to be dismantled through cooperation between grassroot movements with the aim of restoring local medical practices and knowledge systems (Quijano, 2021).

Postcolonial theory is able to draw attention to these frameworks that are colonial remnants and highlight the western centric nature of global health. In addition, postcolonial theory factors in many socioeconomic factors which otherwise may be overlooked when considering health inequalities. Hence, the postcolonial viewpoint allows for a stringent analysis of the global health system that is in place and how imperial actions of the past have shaped it. To fully understand the impact of measures taken by global powerhouses in health, it is vital to gather information and insights from the people that have firsthand experiences.

Therefore, it is important to understand what initiatives there are globally, especially in Europe and Latin America. These initiatives range from COVAX to funds given by the World Bank to finance socioeconomic help to people in need. Without such initiatives the impact could have been much worse in the Global South. Yet, it is imperative to find out how the civil society viewed these and if they thought, that they were receiving the help that they needed.

Postcolonial Criticism

When it comes to Postcolonial theory, there is also criticism which underlines certain weaknesses of the theory. Niazi (2021) underlines four distinct categories which are often mentioned:

"First, the assumption that colonialism is over, and a postcolonial world is here does not hold up. Second, postcolonialism's methodological toolkit is too obsolete to deal with emerging world problems. Third, the field's selective geographic focus has omitted "problem areas," such as the Middle East. Fourth, postcolonialism's stance on anti-colonial movements and a struggle-based model of politics is contrary to revolutionary political practice." (Niazi, 2021, p. NA)

Niazi (2021) mentions one important point, that was previously mentioned in connotation with Latin America, that postcolonial theory has a "selective geographic focus" (p. NA). In the focus of Niazi's (2021) comments however is the Middle East, there is no mention of Latin America. However, for the first point, it is argued that colonialism has not

ended due to neocolonialism and neo imperialism in the context of the United States invasion of Iraq (Niazi, 2021). According to Niazi (2021), this has shifted the prime of Postcolonialism to the late 1990s and since then the theory has been losing steam due to neocolonial and neo imperialistic actions taken by various countries.

In addition to the critique highlighted by Niazi, there has been a wide variety of critique that has come from the Marxists viewpoint. The strongest argument from the Marxist theorists is perfectly shown by Nikita Dhawan. Dhawan (2018) pushes the idea, that by objecting to "…objecting to the universalizing categories of Enlightenment theories as Eurocentric and inadequate in understanding the practices, experiences and realities in the non-European world, postcolonial critique is ontologizing the difference between the West and the East" (p. 1).

Criticism from the Marxists also highlights, the assumption of Postcolonialism, that capitalism would become the main system worldwide due to a denial in enlightenment thinking (Dhawan, 2018). Therefore, the Marxists believe that postcolonialism does not put enough emphasis onto breaking down the colonial capitalism system that has been implemented over the centuries (Dhawan, 2018). This thinking also reflects, the assumption that the rest of the World mimics the Global North and only wants to replicate what the Global North has even though that might not even be their goal (Dhawan, 2018). In addition, Marxist critique centers around the fact, that they claim that postcolonialism does not concentrate enough on the different socio-economic classes in various countries and how these have been affected by colonialism (Dhawan, 2018).

Heavy criticism has also been shown by Vivek Chibber in his work, 'Postcolonial Theory and the Specter of Capital' (Spivak, 2014). In this article, Chibber criticizes the Subaltern studies on which the Postcolonial theory relies upon heavily (Spivak, 2014). The critique of eurocentrism and of the denial of the enlightenment theory are also strong arguments made by Chibber (Spivak, 2014).

However, postcolonial theory is a strong tool for analyzing the structures that have a history in colonialism and what effects such frameworks still have on societies, countries and whole regions of the world. Postcolonial theory provides the tools to identify ongoing inequalities that sprung from colonialism, understand them and with that knowledge dismantle them. With the knowledge gained on colonialist frameworks, global health governance can implement the changes needed to create a framework in which healthcare is accessible to all.

Therefore, it is so important to understand the perspectives of the local populations to see, what their opinions are on the topic. Viewing the issue from the perspectives of people in the Global North and Global South enables one to see, if both sides are contempt with what is being done. It also highlights if one side thinks that the other is getting too much/little, doing too little/much and how opinions differ on the situation. These are viewpoints which will be very interesting to see due to differing lived experiences from different regions.

People from the Global North might ask themselves, why is aid being sent in massive amounts when they do not perceive anything to have changed or do they want aid to stop in general or do they think that more should be done by the Global North? People from the Global North might perceive the pandemic and the 'global' differently, they had massive government support, medicine and early access to vaccines. These countries also provide large portions of 'aid' and therefore the government's actions are held accountable by these people. Do they perceive, that 'aid' and collaboration have had a positive effect? Do they think that it is just a waste of money? Or do they think that for the advancements that their countries have reached due to industrialization and colonization the countries that have been abused should receive 'aid'?

This viewpoint would be in contrast to that of the interviewed people in the Global South. Where it will be of interest to see how they view the 'global' and the support that they have received. Has there been 'aid' and collaboration attempts? How do they perceive this 'aid' and collaboration? Do they want this 'aid'? Or do they think that they do not want to be helped by the Global North and want to figure this out by themselves? How do they view the Global North and Global South fissures in a global context? These are viewpoints that would be of interest to find out, since it can differ from what the people in the Global North expect to hear as an answer and these viewpoints can help each side understand the needs and wants of the other.

Postcolonial theory and global health governance possess the combined tools for an analytical viewing of the research question at hand. Postcolonial theory is useful for looking at the global frameworks that were established due to colonialism and how these still affect the day to day. In addition to this, postcolonial theory also enables a critical take on how these colonial frameworks can be dismantled. Especially in the global health context, postcolonial theory is of upmost analytical importance due to the power that the Global North possesses in terms of health. This has been highlighted through the Covid-19 pandemic, when countries of

the Global North were able to buy out entire stockpiles of PPE, medical equipment, medicines and vaccines while other countries could not afford to compete.

Global health governance on the other hand enables a viewpoint on the global health framework that is in place. It is vital in the context of the pandemic, to view how the state and non-state actors such as the WHO, UN, EU and NGOs have responded to the crisis and how these actors have worked together to ensure that the pandemic has a quick ending. In addition to postcolonial theory, this approach is of importance for the global health context and can help by underlining the power relations within the global health frameworks. Frameworks with a troubled past that still rely heavily on the Global North for decision making and financing while the Global South often has little say or bargaining power.

Therefore, postcolonial theory and global health governance complement one another. On the one hand, postcolonial theory points out the colonial remnants and how these frameworks work. While global health governance gives an overview of the global health framework which can then be analyzed through postcolonial viewpoints. Of great importance to both is the exchange with locals. The interviews produce a valuable insight into the lived experiences of people from Europe and Latin America. These interviewees showcase different and similar viewpoints which can be helpful to understand the shortcomings and strengths of the pandemic relief initiatives and policies. This insight enables global health inequalities to be understood better and possibly point out areas where new frameworks need to be implemented to alleviate the persisting inequalities.

Method(s)

During the course of the Covid-19 pandemic, interviews were conducted with persons from the civil society in three Latin American (Argentina, Bolivia, Ecuador) and four European (Ireland, Italy, Austria, United Kingdom) countries. The first round of interviews was conducted at the beginning of the pandemic in March/April of 2020, the second round was conducted in the summer of 2020 and the third round was done in the fall of 2021. These interviews were conducted within the frame of the SolPan and SolPan+ which is a multinational study on the "Solidarity in Times of a Pandemic" (Zimmermann et al., 2022, p. 2). SolPan and SolPan+ both use "multi-sited, qualitative research" by diving using "open-ended" questions which focus on the interviewees reaction to government policy and what initiative they took themselves during the Covid-19 pandemic (Zimmermann et al., 2022, p.

5). In order to find persons that were available for such research, two sampling methods were used, snowball sampling and purposive sampling (Wagenaar et al., 2021).

Firstly, the narrative interviews were used in order to receive the wanted information from the interviewees. Importantly, narrative interviews focus on the stories that pertain to the experiences made by the interviewee (Anderson & Kirkpatrick, 2015). In this case, the importance was placed on the experiences of the interviewees during the Covid-19 pandemic in their respective countries. Narrative interviews are considered to be patient centered, meaning that the focus is on their experiences which is told through their stories (Anderson & Kirkpatrick, 2015). This in turn enables a stronger understanding of the interviewee's experiences in comparison to statistics and graphs (Anderson & Kirkpatrick, 2015). Narrative interviews "…ask the how? why? and what? questions that are common in qualitative research (Anderson & Kirkpatrick, 2015, p. 631). In particular, narrative interviews provide an opportunity to prioritize the story teller's perspective rather than imposing a more specific agenda" (Anderson & Kirkpatrick, 2015, p. 631).

Narrative interviews are structured in ways that the questions asked are broader since it allows the interviewee to give an overview while allowing space to then go into detail on more specific topics (Anderson & Kirkpatrick, 2015). The plot of the interviews helps the researcher then piece together "events, actors, descriptions, goals, morals and relationships" that are of key importance (Anderson & Kirkpatrick, 2015, p. 632).

There interviews were started with an open-ended question which allowed the interviewee to immediately showcase their side of the Covid-19 pandemic. Throughout the interviews, the focus lies solely on the interviewee with little interruptions of their storytelling and listening intently which then enabled follow up questions which targeted the areas of interest. However, there is also a limitation to narrative interviews. Namely that some interviewees find it difficult to showcase their story over longer periods of time without being asked a large variety of questions (Anderson & Kirkpatrick, 2015). Such interviewees would possibly prefer a different type of interview being conducted which is not solely based around their story.

When working with qualitative research, it is important to consider the different types of sampling there are. Qualitative research focuses mostly on the people's emotions and internal feelings (Naderifar, et al., 2017). This can be done through a variety of means such as interviews, focus groups, observations or archival reviews to name a few (Naderifar, et al.,

2017). Sampling however is the process of finding out which people to interview in order to find the best representation. Furthermore, sampling "…is the process of choosing a part of the population to represent the whole" (Naderifar, et al., 2017, p. 1).

In some cases, it is quite difficult to find a spread of people from the population due to factors such as a lack of human resources, high expenses and population dispersion make it difficult for researchers to conduct interviews with the entire population (Naderifar, et al., 2017). In the case of snowball sampling:

"Snowball sampling is a convenience sampling method. This method is applied when it is difficult to access subjects with the target characteristics. In this method, the existing study subjects recruit future sub-jects among their acquaintances. Sampling continues until data saturation." (Naderifar, et al., 2017, p. 2)

This method of sampling can also be called a 'chain-method' as it is an efficient way to find interview partners which otherwise would have been nearly impossible to find (Naderifar, et al., 2017). In such a process, when meeting with the first interviewees, they are asked if they know of anybody that might have similar stories to tell or be of interest to the study (Naderifar, et al., 2017). This causes the snowball method to take some time however, this enables the researcher to have the opportunity for better communication with the participants as they are acquaintances (Naderifar, et al., 2017).

Such sampling is very useful when working with certain groups such as criminals, drug addicts or other people that might not want to speak out openly (Naderifar, et al., 2017). During the first round of sampling through these first people more of a certain group can be found until data saturation, hence the name snowball sampling (Naderifar, et al., 2017).

In addition to snowball sampling, purposive sampling was undertaken. Purposive sampling is "…intentional selection of informants based on their ability to elucidate a specific theme, concept, or phenomenon" (Robinson, 2014, p. 5244).

With purposive sampling, the idea behind it is not for a representative sample but instead to find people with specific knowledge (Robinson, 2014). According to Robinson, these interviewees should possess 3 of these factors in order to be selected for the study/interview. Interviews must focus on subjects which are "…(1) knowledgeable about the cultural arena or situation or experience being studied, (2) willing to talk, and (3) are able to cover a range of points of view" (Robinson, 2014, p. 5244).

Robinson (2014) then emphasizes, that purposive sampling is very useful if the study wants to analyze similarities and differences between the answers given by the interviewees. Purposive sampling also allows the researchers to engage with their interviewees for longer periods of time which allows for richer amounts of data than with other sampling methods (Robinson, 2014). Combined with snowball sampling, the two enable the researchers to acquire interviewees through connections and knowledge on the subject at hand which enables for large quantities of useful data (Robinson, 2014).

These interviews were conducted on the basis of five questions. The five interview questions were the same for both rounds of interviews and the same people were interviewed again. The interviews are handed over to me in their full form and already transcribed. Atlas.ti was used for the transcription and tagging of the interviews. The interviews were tagged according to different statements, views and topics such as for example vaccination, 'global' and government repression. Of the tags that are available, the one that will be used for this research is the tag about the 'global' perception as it pertains to global health.

In connection with the interviews, it is important to find out what initiatives were/are in Europe and Latin America during the Covid-19 pandemic due to the fact that both regions were strongly affected by the pandemic. By understanding implemented strategies and measures we are provided insight into what worked well and what might be useful for the next pandemic especially since insight might be provided into the effect of differing initiatives. There are initiatives from many organizations. Of great importance are COVAX, initiatives of the World Bank, Development Bank for Latin America, WHO, UN, the EU and various NGOs. NGOs such as Glasswing International, which launched projects against domestic violence during the pandemic in Central America and Ecuador (Glasswing International, 2022). NGOs such as the World Organization for Early Childhood Education (OMEP) also tirelessly worked in order to provide children with education during the lockdowns. Not only education but they actively engaged in promoting the rights of children and persistently investing money to ensure that children have a safe environment during the lockdowns (OMEP, 2021).

Initiatives that were implemented ranged from NGOs to the World Bank, ICRC/Local Red Cross Branches or other organizations in an attempt to alleviate the systemic health inequalities that can be felt in the Global South. Inequalities that have been

exacerbated by the Covid-19 pandemic in their respective countries and the effects that the pandemic has had globally.

Grounded theory will be used as a research method in order to analyze the data that has been provided in the most efficient way for presentation. Grounded theory is an inductive method through which oneself 'grounds' the theory in the data which has been thoroughly and systematically gathered through the interviews (Strübing, 2021).

"The label Grounded Theory thus underlines that the theories presented as results were preceded by a social process in which decisions were made in practical negotiations, which are present in the theories as inscriptions, but can only be made visible again by recourse to the research process." (Strübing, 2021, p. 10)

From this perspective perhaps one of the most important characteristics of grounded theory comes to light, the explicit representation of data analysis and theory building as practical and interactive that has to be managed and organized (Strübing, 2021). Grounded theory also underlines the 'temporal parallelism' and 'mutual functional dependence' of the processes of data collection, data analysis and theory building (Strübing, 2021, p. 11). This means, that grounded theory is working inductively, from the moment of data collection to the data analysis this then forms the theory (Strübing, 2021). These three factors are always interplaying and none of these processes is ever fully over.

Within the coding process of grounded theory, the established method is called the "constant comparative method" (Strübing, 2021, p. 15). With this constant comparing of the data, slowly the theory will be formed which is why this is an inductive way of working. This is what makes the grounded theory of great importance for the research. The constant combing through of the available data reveals categories which can then be compared and will lead to the result of the theory.

With the already tagged and coded data, the process of using grounded theory was started. Systematically going through the interviews and the relevant codes/tags to find sections that were useful for the research. With these quotes from the interviews that were relevant to the 'global', it was then a process of going through the quotes, finding similarities and differences. The quotes were then grouped into themes that were relevant. Using this process of grounded theory, the theory came from the data and the constant revision of the tagged sections.

The systematic literature analysis enables me to establish a connection between the statements in the interviews and which initiatives were active in the regions at the time. The initiatives are not just limited to vaccine distribution. There are initiatives that have distributed medical supplies such as masks, PCR tests and disinfectants. Such initiatives were aimed at preventing the health sector from collapsing. Some of this money, made possible by the World Bank, has gone to initiatives for social projects against domestic violence or to keep children in school (World Bank, 2022). The World Bank has also invested heavily in initiatives designed to provide relief to middle- and low-income households (World Bank, 2022).

By comparing these initiatives with the testimonies of the people, I will be able to find out if these initiatives had an impact on the civilian population. It will also enable me to find out how this feeling has changed in the civilian population. For example, at the beginning of the pandemic, the people interviewed thought there would be more collaboration and how do they see it after 1.5 years. Of particular interest is the vaccine distribution and how the civilian population feels about it. For this, the statistics of the COVAX initiative are used, from the respective governments and the statements of the interviewed persons.

Obtained Data

The data used was extracted through interviews conducted by SolPan and SolPan+ members. In addition, data on implemented initiatives was found through a systematic literature review of relevant sources. Narrative interviews were conducted in Austria, Argentina, Bolivia, Ecuador, Italy, Ireland and the United Kingdom by SolPan and SolPan+ members (Wagenaar et al., 2022). Narrative interviews have ‘broad’ questions so that the interviewee can concentrate on overall topics and go into detail if needed (Anderson & Kirkpatrick, 2015). With the help of snowball- and purposive sampling, the interviewees were selected.

The interviewees were then asked a series of five questions which were the same for every person and at every stage of the interviews. This ensured that throughout the multiple rounds of interviews the perception and possible change in perception can be clearly seen. The interviews were then transcribed in Atlas.ti by the corresponding teams and made available to the other researchers. Out of the transcribed interviews from Austria, Argentina, Bolivia, Ecuador, Italy, Ireland and the United Kingdom, the code ‘global’ was used to

reference specific sections relevant to perspectives on ‘global’ topics. These sections were then extracted from the interviews and made available.

From the conducted interviews, 220 sections of interviews were made available for the analysis. Of these 220 sections 75 were used in the analysis section due to their relevance. Sections were excluded if they did not have references to the ‘global’, global health inequalities or global collaboration efforts.

In addition to the interviews a systematic literature review was conducted into relevant literature on the topic of ‘global’, global health inequalities and global collaboration. Databases of the IMF, WHO, UN, World Bank, UNICEF Latin America, EU, Initiatives by Latin American Organizations and those of Vaccine Initiatives in order to fully grasp the extent of pandemic relief efforts. The data from these databases is described in the analysis section within tables that showcase the organization, the purpose of their initiative, the amount of funding and what country is receiving the funds.

Analysis

Within this chapter, the stated perceptions of the interviewees on ‘global’, global health inequalities and global collaboration will be analyzed. Firstly, the perceptions of the ‘global’ will be discussed and how interviewees viewed the virus when it first emerged. Such perceptions are a valuable insight into how individuals view a global phenomenon, how their environment changed and how they responded to the issue. This will then move on to discussions about global health inequalities, more specifically access to healthcare and vaccines and how these are perceived by the interviewees. Insights into global health inequalities in local communities may highlight possible policy changes that can target the inequalities. The hopes for global collaboration will then be discussed in which the interviewees state how it has been going and what they hope for in the future but also mention their disappointment. The perception of global collaboration efforts highlights the impact of current efforts and how local population wish for more in the future or voice their dismay.

Tables and Figures

Throughout the pandemic, different organizations around the world attempted to alleviate the socio-economic consequences. In the following section, tables are presented

with relevant initiatives, the country in which they are implemented and the funding amount. The range of organizations looked are those that implemented initiatives in Europe and/or Latin America such as the World Bank or UNICEF. This highlights the initiatives implemented before moving on to the interviews which show the lived experiences and if these initiatives had a meaningful impact.

In table 1, the World Bank and their initiatives are presented which mostly focus on financial aid to overcome the burden of the pandemic both in containing the virus and in supporting the most affected in a country's society.

Table 1

World Bank

Purpose	Description	Funding Amount	Specific Countries
Assistance in overcoming the financial burden of the pandemic.	"Argentina's operation of US$35 million will support detection and government's response efforts against COVID-19. On October 1, 2021, The World Bank Board of Directors today approved a US$500 million loan to strengthen Argentina's efforts to contain the COVID-19 pandemic". (Worldbank, 2022, p.1).	$535 Million	Argentina
Assistance in overcoming the financial burden of the pandemic.	"The project "Emergency Safety Nets for the COVID-19 Crisis" seeks to reduce the economic consequences of the health emergency and support the ability of households to implement social distancing to avoid further loss of life and human capital" (Worldbank, 2022, p.1).	$254 Million	Bolivia
Assistance in overcoming the financial burden of the pandemic.	"Ecuador's operation of US$20 million will help respond to COVID-19 by boosting national public health systems. The project will finance medical supplies and equipment to enable a greater number of Intensive Care Units and isolation rooms. The World Bank approved US$150 million in additional financing for the COVID-19 Emergency Response Project in Ecuador with which the	$170 Million	Ecuador

	procurement of vaccines is of highest priority" (Worldbank, 2022, p.1).		
Assistance in overcoming the financial burden of the pandemic.	"The resources are being used to purchase supplies, equipment and materials for COVID-19 prevention, screening and treatment, as well as for the protection of healthcare professionals" (Worldbank, 2022, p.1).	$170 Million	Bolivia

Within table 1, the support from the World Bank towards Covid-19 relief towards the three Latin American states of Argentina, Ecuador and Bolivia is clearly outlined. This assistance by the World Bank is mostly within the framework of assisting in overcoming the financial burden of the pandemic. This means, that the funds can be used to mitigate the economic consequences, yet it can also be used in order to purchase vaccines, PPE and other medical equipment needed to treat patients (Worldbank, 2022).

Table 2 highlights the initiatives implemented by UNICEF Latin America whose response is mostly concentrated on protecting the most at risk within a society. Largely, UNICEF concentrates on providing assistance to households with adolescents and children which are most impacted by the pandemic (UNICEF, 2022).

Table 2

UNICEF Latin America

Purpose	Description	Funding Amount	Specific Countries
Social Protection responses	"Providing technical and financial assistance for expanding social services/protection. Design, finance and implement projects protecting the most vulnerable. Research the impact of Covid-19 on the socioeconomic in Latin American Households" (UNICEF, 2022, p.1).	NA	Argentina, Bolivia, Caribbean, Brazil, Colombia, Ecuador, El Salvador, Dominican Republic, Mexico, Panama, Peru, Saint Lucia, Trinidad y Tobago, Uruguay
Social Protection responses	"Rapid assessment on the impact of COVID-19 Pandemic in children and adolescents in Argentina" (UNICEF, 2022, p.1).	NA	Argentina

Social Protection responses	"Second round- Rapid Assessment on the impact of COVID-19 Pandemic in children and adolescents in Argentina" (UNICEF, 2022, p.1).	NA	Argentina
Social Protection responses	"Poverty and inequality on children and adolescents in Argentina" (UNICEF, 2022, p.1).	NA	Argentina
Social Protection responses	"Social spending for children in the national budget" (UNICEF, 2022, p.1).	NA	Argentina
Social Protection responses	"Social protection for children as a response to COVID-19: elements for discussion" (UNICEF, 2022, p.1).	NA	Bolivia
Social Protection responses	"The COVID-19 shock in poverty, inequality and social class in Ecuador: An insight of households with children" (UNICEF, 2022, p.1).	NA	Ecuador
Social Protection responses	"Evaluation of UNICEF Ecuador's strategy for unconditional cash transfers. Response to the migratory emergency in Venezuela" (UNICEF, 2022, p.1).	NA	Ecuador

The programs highlighted in table 2 are supported by the United Nations International Children's Emergency Fund (UNICEF) which strives to enable children to continue living their lives without Covid-19 ruining their childhood (Unicef, 2022). UNICEF especially concentrates on keeping children from sliding into poverty, enjoying their childhood and being able to pursue their education (UNICEF, 2022).

Within table 3, the response of the EU to the pandemic is shown. The EU implemented a range of measures to ensure that within member states the pandemic would not lead to a rise in poverty and unemployment.

Table 3

EU Initiatives

Purpose	Description	Regions	Funding Amount
The European instrument for temporary Support to mitigate Unemployment Risks in an Emergency (SURE)	"€100 billion - Support to mitigate unemployment risks in an emergency (SURE)"	EU Countries	€100 billion

	(European Commission, 2022, p.1).		
Pan-European Guarantee Fund for supporting SME's (EIB)	"€200 billion - Pan-European guarantee fund for loans to companies (European Investment Bank)" (EIB, 2022, p.1)	EU Countries	€200 billion
ESM Pandemic Crisis Support	"€240 billion - Pandemic crisis support for member states (European Stability Mechanism)" (ESM, 2022, p1)	Eurozone	€240 billion
Temporary State Aid Framework	"The Framework sets out temporary State aid measures that the European Commission considers compatible with the EU internal market and that can be approved rapidly upon notification by each Member State" (KPMG, 2020, p.1)	EU Countries	
Recovery Plan for Europe/NextGenerationEU	"More than €800 billion temporary recovery instrument to help repair the immediate economic and social damage brought about by the coronavirus pandemic" (European Commission, 2022, p.1)	EU Countries	€800 billion

From table 3 it can be clearly seen that the EU is releasing funds for large investments into ensuring that unemployment does not rise significantly, that companies stay afloat and that states are able to pay for measures that ensure they do not bankrupt themselves due to the pandemic (European Commission, 2022). This shows, the safety net that is available within the EU and the Global North. Large sums of money are invested into the region in order to maintain stability and ensure that the population can continue their life as they have before.

Within table 4, initiatives by other UN organizations are shown such as responses by the UNDP, the WHO and other UN Frameworks. These responses are not only concentrated to the EU or Latin America but are often worldwide programs implemented to monitor the virus, measure the efficiently of government policy, help governments with their policy and help countries overcome the humanitarian aspects of the crisis (UN, 2022).

Table 4

UN Responses

Name/Organization	Purpose	Description	Regions	Funding Amount
UNDP - Latin America and the Caribbean	Assistance in Policy Response to the Covid-19 Pandemic in Latin America	"UNDP country offices from Latin America and the Caribbean (LAC) are monitoring governments' policy response as it has been occurring since the start of the pandemic" (UNDP, 2022, p.1).	Latin American and the Caribbean	NA
UN Comprehensive Response to COVID-19	UN Response to COVID-19	"Delivery of a large-scale, coordinated and comprehensive health response. Adoption of policies that address the devastating socioeconomic, humanitarian and human rights aspects of the crisis. A recovery process that builds back better" (UN, 2022, p.1).	Worldwide	NA
UN Comprehensive Response to COVID-19 (Latin America Specific)	UN Response to COVID-19	"Recovery from the pandemic should be an occasion to transform the development model of Latin America and the Caribbean while strengthening democracy, safeguarding human rights and sustaining peace, in line with the 2030 Agenda for Sustainable Development" (UNSDG, 2022, p1).	Latin America and Caribbean	NA
UN Socio-Economic Response Framework	UN Framework for Global Humanitarian aid	"This socio-economic response framework consists of five streams of work – an integrated support package offered by the United Nations Development System (UNDS) to protect the needs and rights of people living under the duress of the pandemic, with particular focus on the most vulnerable countries, groups, and people who risk being left behind" (UN, 2020, p.1).	Worldwide	NA

UN COVID-19 Response and Recovery Fund	UN Framework for Global Humanitarian aid	"The Fund's coverage extends to all low- and middle- income programme countries and, in particular, those populations not included in the Global Humanitarian Appeal, helping to safeguard their progress towards the Sustainable Development Goals" (UNSDG, 2020, p.1).	Worldwide	NA
WHO Strategic Preparedness and Response Plan	IMF, Worldbank and WHO	"Create a surge in fiscal and financial stimulus to make the macroeconomic framework work for the most vulnerable and foster sustainable development and strengthen multilateral and regional responses; promote social cohesion and build trust through social dialogue and political engagement and invest in community-led resilience and response systems" (WHO, 2020, p. NA).	Worldwide	NA
WHO COVID19 Solidarity Response Fund	Donations/Funding	"Everyone can now support directly the response coordinated by WHO. People and organizations who want to help fight the pandemic and support WHO and partners can now donate through the COVID-Solidarity Response Fund for WHO" (WHO, 2022, p. 1).	Worldwide	NA

On the other hand, table 4 highlights how the UN and WHO also enabled their own frameworks to combat the pandemic on a worldwide level with the focus mostly being on countries that are acutely in danger (UN, 2020). The funding amounts are not disclosed however, it is clear that these efforts are an attempt to bolster the resilience of the Global South to the pandemic and ensure that measures are taken to protect the most vulnerable from losing their livelihoods (UN, 2020). In addition, these measures are supposed to enable the governments of the Global South to enforce effective measures.

Table 5 highlights worldwide pandemic collaborations efforts by various different organizations which shared interests in coordinating the fight against Covid-19 with humanitarian help or research efforts to contain the virus.

Table 5

Pandemic Collaboration

Name/Organization	Purpose	Description	Regions	Funding Amount
The Global Research Collaboration for Infectious Disease Preparedness (GLoPID-R) network	Alliance to gather funding on a global scale in order to facilitate an effective and rapid response to a virus outbreak (GLOPID-R, 2023).	Working together with members of the alliance, the WHO and other partners to identify the threat Covid-19 presented and coordinate global funding for research (GLOPID-R, 2023).	Worldwide	
UCSF: Pandemic Response Initiative	"The UCSF Pandemic Response Initiative (PRI) is responding to emerging needs, focusing its efforts at the global, regional, and community levels" (UCSF, 2022, p. 1).	"PRI's work spans advocacy and policy, social and behavioral research, and public health implementation projects that address the needs of low- and middle-income countries (LMICs) in their fight against COVID-19" (UCSF, 2022, p. 1).	Worldwide	
Pandemic Action Network	Collective Action to end the pandemic and advocacy (PAN, 2022).	"Pandemic Action Network catalyzes actions, fills gaps, works collaboratively, translates learnings and insights into clear messaging, and provides expert policy, advocacy, and communications recommendations — all with a focus on advancing pandemic preparedness and ending the COVID-19 crisis for everyone around the world. The Network develops and shares timely resources to fuel collective action and hold decision-makers accountable. acute phase of the pandemic" (PAN, 2022, p. 1).	Worldwide	

Global Humanitarian Response Plan (GHRP)	Humanitarian Aid	Addresses the immediate humanitarian repercussions that Covid-19 caused around the world, specifically low- and middle-income countries. This plan was set in motion to provide these regions with basic humanitarian necessities (UN, 2020).	Worldwide	February 2021: $3.73 Billion
EUROsociAL	Latin American civil society organisation initiatives	"296 initiatives were identified which were implemented by 711 CSOs working in one or more of the 19 countries in Latin America and the Caribbean" (Eurosocial, 2021, p. 1).	Latin America and Caribbean	

The collaborative initiatives presented in table 5 show that attempts were made at working together to overcome the pandemic. The efforts were not only through frameworks such as money lending but through research collaboration and effective response initiatives. Of interest are also the EUROsociAL initiatives by Latin American civil society which attempted to mitigate the consequences of Covid-19 through a wide variety of organizations working together (EUROsociAL, 2021).

Of great importance are the vaccine initiatives presented within table 6 which highlight the efforts made towards researching a vaccine and implementing an equitable distribution of vaccines.

Table 6

Vaccine Initiatives

Name/Organization	**Purpose**	**Description**	**Regions**	**Funding Amount**
COVAX-CEPI, GAVI, WHO	Accelerated development, manufacturing and equitable distribution of vaccines.	"Doses for at least 20% of countries' populations, Diverse and actively managed portfolio of vaccines, Vaccines delivered as soon as they are available, End the acute phase of the pandemic, Rebuild economies" (GAVI, 2022, p. 1).	Worldwide	~1.5 Billion Vaccine Doses Distributed ~17.8 Billion Doses Secured
EU vaccine-sharing mechanism	EU Vaccine Distribution	"The EU vaccine-sharing mechanism allows 27 Member States to share EU purchased doses with third countries,	Worldwide	

		including through COVAX" (European Commission, 2021, p. 1).

Table 6 highlights the importance of COVAX and the EU Vaccine-Sharing Mechanism. COVAX is an initiative that was started by CEPI, GAVI and the WHO in an attempt to provide the Global South with vaccines (GAVI, 2022). Any state is able to donate vaccine doses or money to COVAX which will then be used to purchase vaccines or ship the vaccines to the places where it is needed the most (GAVI, 2022). At the time of writing, COVAX had distributed 1.8 billion doses and had secured 17.8 billion more doses which were promised and still being produced (GAVI, 2022). In addition, the EU vaccine sharing mechanism enabled EU countries to share vaccines through direct vaccine donations or monetary donations (European Commission, 2022). Through this mechanism it was also possible to donate to COVAX.

Lastly, table 7 shows Latin American initiatives that were implemented during the pandemic by various Latin American organizations in an attempt to overcome the pandemic by observing policies, organizing humanitarian aid, overcoming the financial burden and contributing to ongoing research towards a Covid-19 vaccine.

Table 7

Latin American Initiatives

Name/Organization	Purpose	Description	Regions	Funding Amount
CEPAL/ECLAC	Economic and Social Observation	Observation of fiscal and social policies implemented by countries. Of importance is also providing suggestions to these countries on how to best beat the virus (CEPAL, 2022).	Latin America and Caribbean	
ALBA-TCP	Assistance in overcoming the financial burden of the pandemic.	"On July 3, 2020, the Bank of ALBA approved the creation of the ALBA Humanitarian Fund as a financial tool to strengthen and allocate	Latin America and Caribbean	

		resources aimed at mitigating the effects of the COVID-19 pandemic, including the necessary financial support for economic boost" (ALBA, 2021, p. 1).		
MERCOSUR	Covid-19 Research	"MERCOSUR has approved the sum of additional US$ 16,000,000 for the multinational project "Research, Education and Biotechnologies applied to Health," which will support the coordinated fight against COVID-19. These resources, which will be financed through the 'MERCOSUR Structural Convergence Fund (FOCEM)', are not refundable and charged with interests to face the pandemic in Argentina, Brazil, Paraguay and Uruguay mainly in their diagnosis aspects" (CONICET, 2020, p. 1).	Latin America	$16 Million
Inter-American Development Bank	Assistance in overcoming the financial burden of the pandemic.	"The Bank has increased its financing, adjusted lending instruments and accelerated procedures to help the countries of the region cope with the pandemic, and its socioeconomic impacts. The IDB Group approved a record $21.6 billion in financing in 2020 in response to COVID-19, capped by the mobilization of $1 billion for vaccine acquisition and distribution" (IDB, 2020, p. 1).	Latin America and Caribbean	$21.6 Billion

Pan American Health Organization	Funding/production of vaccines and other healthcare institutions.	"In addition to monitoring the response, PAHO/WHO is also covering the procurement of supplies and working to make sure access to COVID-19 vaccines is guaranteed for every eligible person" (PAHO, 2020, p. 1).	Latin America and Caribbean	$424,495,380 Raised

The initiatives showcased in table 7 reflect the initiatives brought forth by mostly Latin American organizations. Such initiatives once again concentrate on regional cooperation in research, economics and implementing the needed Covid-19 measures to tackle the issue as a unified force. However, a difference between these initiatives and others is that these emerge from the processes within Latin America. Therefore, the initiatives are not superimposed but instead are discussed by the nations and they implement what they view as the best course of action instead of being told what to do.

While all of these efforts are valiant and made a difference, it is important to explore the lived experiences by the interviewees in order to understand if these initiatives had the desired effect. Due to the hoarding of vaccines by the Global North and of other medical equipment, it took considerable time until vaccines trickled through to the Global South. Therefore, it is vital that in preparation for the next pandemic, such efforts are expanded. In order to fully grasp the impact initiatives might have had on local populations, it is important to view the lived experiences. Lived experiences showcase if these collaboration efforts impacted the lives of the interviewees or if such efforts have gone unnoticed.

Perception of Covid-19 as a Chinese Phenomenon

When Covid-19 first became an issue, it was viewed as an issue that is confined to China. This was before the virus would spread to other countries. Interviewees stated that they themselves saw the virus as confined to China and as a very 'distant' phenomenon with the hopes, that it would remain in China.

"At first to be honest it felt very distant. It felt like this is something in a faraway geographic location and then obviously when they locked down the Wuhan (inaudible 0:04:11.7) this is going to be something they can hopefully control." (T1 IE FOK4)

This sentiment of the virus originating in China and being confined to the country is not only shown in Ireland but also in the United Kingdom, Argentina, Bolivia and Ecuador. In the United Kingdom a participant claimed that the general consensus was that "…there was just an understanding that something was happening in China, and it sounded quite far away from where we were" (T1 UK FLP01).

Within interviews with the three Latin American countries the participants also perceived the virus as confined to China. In Argentina, an interviewee perceived the virus as if it was just 'another' outbreak in Asia which would be contained: "The truth is that the first time I heard about it I didn't give it importance, I thought it was going to be localized, I thought it was just going to be in Asia as had happened in some other epidemics" (T1 AR VS01).

When a Bolivian interviewee was asked, the answer was similar to that of their Argentinian counterpart, this was not the first time that a virus has been discovered in Asia and previously it had not gotten to Bolivia so this time it would not either. As one interviewee from Bolivia explained, that "...there had already been other viruses that came out in China such as SARS or avian fever, and I do not remember others and they never arrived in Bolivia. So we did not give it much importance" (T1 BO AF02).

However, in Ecuador, the interviewees had a more sober response to the threat coming from China by expressing, that they hope the virus does not cross: "...affecting there in China and hoping that it doesn't arrive here in Ecuador..." (T1 EC MH04). When viewing the threat of the virus spreading from China, the interviewee from Ecuador also viewed the virus as a possible threat to the world: "...the Asian territory where that was happening, they couldn't contain, uh, the, the, the, the consequences of the virus. But I did sense that it could reach any place, so that scared me a little bit, basically" (T1 EC CF02).

This presents a more sobering viewpoint from the Ecuadoran interviewee compared to some others for example their European counterparts or some Latin American interviewees. As for example on Bolivian interviewee stated that when "…it started in China, we were not alarmed because it was far away" (T1 BO CM03).

The factor of distance is reoccurring in this viewpoint, that China is far away and therefore it will not reach Europe or Latin America. These perceptions show that interviewees generally did not see a threat at first while it was still confined to China. Their perception was that Covid-19 was not a global issue yet but that it was a national issue for China. In a globalized world, this shows that people do not perceive such threats as global at first while it

does not affect their own country or a neighboring country. Dieckmann et al. (2021), explain in their study, that public perception is affected by the tangibility and scope of the issue. Therefore, while the virus was contained in China and did not affect a neighboring country or their own, the public does not attribute great importance to it. However, once it did reach Europe it was immediately seen as a more 'global' issue which is no longer under control.

Covid-19 Outbreak in Europe

Once the virus has spread to Europe, the globality of the issue was fully perceived by the interviewees. As Dieckmann et al. (2021) emphasizes, that once the public comes in contact with an issue that is tangible, the scope of the issue becomes realized and their perception alters. In this case once it was realized that Covid-19 was not only a local outbreak in China but a health issue that was going to affect every country, the perception of the interviewees changed drastically. Such as this interviewee from the United Kingdom:

"So I do remember friends being like, do you think it will come over here, and I remember being like, I think it's inevitable if it's spreading in Europe and China. I think it will come here. It's just a matter of time." (T1 UK FLP01)

The perception of the virus changed from a local issue to a more 'global' one. Soon after the spread of the virus to Italy people in both Europe and Latin American recognized that this is no longer a crisis that will be confined to China. Especially in Latin America, the spread to Italy was seen as a turning point after which the virus has become a global problem. With the spread to Italy, the fear that it will then cross the channel to Ireland and the Atlantic to Latin America did not seem like a farfetched idea but more like a reality:

"Because when it reached Italy and we saw all the stuff in Italy that we just said OK, this is now no longer something that could happen, this is something that will happen" (T1 IE SA02).

This outbreak painted Italy in a negative light to other nations. Even within Europe such as an interviewee from Ireland called for earlier measures against Italy. The Covid-19 outbreak in Italy started in early February 2020 (Megna, 2020). By February 21st cases were being discovered in the Lombardy regions and by February 23rd, eleven municipalities were under quarantine, meaning nobody could enter, and nobody could leave (Megna, 2020). However, it was already too late, the virus was spreading quickly through the provinces of

Lombardy, Emilia Romagna and Veneto which caused further quarantines until the government was forced to install nationwide quarantine measures on the ninth of March (Megna, 2020). This led to a statement from one interviewee in Italy to express, that they would support regional lockdown measures when cases are too high, the first line of defense being closing down border. As one Italian interviewee would explain that at "…least block the regions where there is so much infection. First thing is to close the borders" (T2 IT IG06).

Frighteningly, within a few weeks Italy had 80,000 infected which was second only to China (Megna, 2020). The situation in Italy was drastic with thousands of hospitalizations and deaths, it was the first country in Europe to be affected in such a way (Megna, 2020). Therefore, it can be seen that countries within Europe quickly realized that the virus would soon affect their country. One Irish interviewee called for stricter measures against Italians trying to enter Ireland.

"…probably that if they shut the borders, if they shut them just to Italians it would look xenophobic (corrected 0:23:32.8), like there was probably too difficult a decision, but they shouldn't have, like that was coming from a highly infected country at that stage to let so many Italians in." (T1 IE TB01)

This is an interesting phenomenon since there is a mixture of opinions on the closure of borders and who is to blame for the outbreak. In Europe, China is seen more as a culprit with a few mentions of Italy yet, in Latin America, China is mentioned but the first cases according to some interviewees arrived in planes from Italy and Spain. In the case of multiple interviewees from Bolivia, the first infected came from Italy.

Covid-19 Outbreak in Latin America

With the close historical and colonial ties between Spain and to a lesser extent Italy with Latin America the spread to these two European countries showed a clear cut in the hope that the virus would be contained in China. This spread of the virus to Italy and Spain which frightened citizens in Latin America was reflected in statements such as "...I was very worried when I saw that it was already being transmitted in Western countries, when it reached Italy first, then Spain, when I saw how Merkel reacted..." (T1 AR VS01).

When explaining an interviewee from Bolivia highlighted, that they first saw the 'global' aspect of the virus when it started spreading to Iran, Italy and Spain. That was the

moment that this person realized that this could not be contained anymore and possibly could cross the Atlantic any day.

"Well, in February. In February we heard that it had arrived in Iran and that he was also already in Italy and Europe and [] so, woah, let's say from Spain and Italy he can cross the Atlantic and come here." (T1 BO AF02)

For this interviewee, the 'global' aspect of the virus became clear and is reflected within their statements. China was seen as far away but with the spread of the virus to countries to which the interviewee possibly has more of a connection, the 'global' nature of the pandemic was realized. Yet, when it came to responding to the pandemic, the 'global' nature of the pandemic was overlooked by many, causing nationalistic reactions to the virus (Gostin et al., 2020). Countries reacted by closing their national borders, implementing lockdowns and trying to acquire medical equipment focusing solely on their own country (Gostin et al., 2020). These closures were implemented quickly once the seriousness of the situation was fully realized.

Within Latin America, especially Bolivia it was widely rumored to have been a person from Italy that was first diagnosed with Covid-19 when entering the country. This led to three interviewees from Bolivia claiming that the virus came from Italy. The first interviewee stated that the first case was due because of the "…contagion with the person who arrived from Italy" (T1 BO DM01). This was also showcased by a second Bolivian interviewee who stated that a person "...had arrived from Europe from Italy plus prices" (T1 BO AF01). The third Bolivian interviewee also stated that the first "...case in Bolivia that was someone who came from Italy" (T1 BO AF02).

This opinion in Latin America, especially Bolivia is amplified through multiple interviewees. It can be seen clearly, that while Europeans see the virus as a Chinese phenomenon, in Latin America it is viewed as something that has come from Europe.

"...was that it arrived in Bolivia, it was transported by a person who arrived from Italy, and that was the one who infected everyone. I think that he did not do his job at the right time, he let the virus arrive and then he made the decision, he just encapsulated us, he just stopped the flights, the departures in fleet to other countries, however, it should have been before, but he did it later." (T1 BO KZ02)

National Measures Taken Against the Spread

With the spread of the virus being a notable threat to countries in Europe and Latin America, measures were undertaken to prevent an even quicker spread. Measures such as lockdowns and the closing of national borders. In a globalized world, closing borders is a task which is hard to undertake since millions have to travel daily for work and/or leisure. Global trade is also of vital importance to countries, the economic consequences of the pandemic were looming. However, some interviewees perceived the closing of national borders as too little too late. One Italian interviewee claimed that actually "…they should have closed much, much earlier, if they saw what was happening they should have closed the borders earlier. Instead they closed too late" (T1 IT IG07).

When considering the outbreaks in the context of Europe and the EU, it is important to keep in mind the Schengen Zone. For many, border closures within the Schengen Zone had never happened in their lifetime. In this context, students from South Tyrol in Italy that were actively studying in Innsbruck, Austria were not able to cross the land border by bus, car or train. They had to be taken to the border, walk across it and get picked up by a car on the other side.

"So I've only heard from students in Innsbruck, South Tyrolean students and who studied in Innsbruck, they went by cab or by car to Brenner and there they walked across the border and then continued by cab to Innsbruck, yes." (T1 AT WS01)

This highlights how the pandemic disrupted regional borders between countries that have enjoyed open borders for decades. The impact of the virus on a globalized world is highlighted by such actions. Regions that are transit hotspots or where border crossings happen on a daily basis for work/leisure were closed in an instant, leaving families cut off from one another and leaving many unable to go to work. This once again highlights the nationalistic response to a ‘global’ problem. However, the outbreak in Italy was quick and lethal which led to a rapid governmental response.

The closing of regional borders was especially highlighted in Austria where two interviewees voiced their concerns from the regional borders being closed because they could not visit family members in other parts of Austria. The interviewee explained that within"…a week my life becomes completely different, yes, and through state intervention, completely, and I can't do anything. I can't go to my daughter because there is a border closed, yes?" (T1 AT CH03).

Through this implementation of regional borders however and exceptions to the rule, the second interviewee explained how she had to visit her sister in another region. This visit had to be undertaken for her own wellbeing and in order to undertake this trip, she used a note explaining a pre-existing condition of her sister and that she is in need of help if authorities stop her.

"It's like, no basically we don't cross many boundaries, last Sunday I went out to my sister's house in the Weinviertel because I just had to get out, and that's when I got a confirmation from her that she's just a person with pre-existing conditions..." (T1 AT IR01).

Such regional border closures show how even within a country movement was restricted. Such a perspective breaks down a 'global' phenomenon such as the pandemic into a regional issue. A person cannot visit their daughter across a national border which one can normally cross without thinking twice. Another person cannot visit their sister within the border of their own country which highlights how a 'global' issue such as Covid-19 has effects on every single person. Policies around the world regarding the containment of Covid-19 might have been different but every person was uniquely affected by a global pandemic.

However, among the interviewees there is also the viewpoint, that the governments should have implemented harsher rules on a global level.

"I believe that all restrictive measures should have been global and not only local, and that local measures should have been taken as the pandemic evolved, but it seems to me that the fact that each country was taking decisions at each moment was not productive because in principle..." (T1 AR BG03).

This perception of restrictive measures on a 'global' level shows that this interviewee perceives the greatest weakness in the decision-making process made by countries by themselves. Instead, a 'global' answer would have been that every country implements the same policy measures. However, a one-size fits all approach may not have worked either. - Yet, the policy measures made by European countries, especially those within the EU showed that they have resources which many other countries do not. Such policy measures which highlight the global health inequalities are critiqued by multiple interviewees.

Critique of Global Health Inequalities

Some of the interviewees criticized the national governments for their 'selfish' decision making. There are multiple angles of criticism. Firstly, that governments acted in

their own interest without looking out for others. Secondly, that they ignored global collaboration. Thirdly, that such actions will have long lasting effects because it will hurt relations. Fourthly, there is the fear that the abandonment of the Global South could become the new 'norm' for the Global North.

"...afterwards the cohesion- better not the cohesion, but the help, but also from person to person and from country to country and not this strong nationalistic "I close my borders.", as it was now, but that this applies across the board. That everything becomes human again, a little bit." (T1 AT BP11)

"...I could imagine that this might even have negative consequences, because the quasi rich and more developed, whatever that means, that is, economically more developed, will protect themselves even more, segregate themselves, isolate themselves, and let the others be." (T3 AT DD04)

"So, see what we are doing now in Europe and in Africa and well, South America is another chapter, but how we are leaving Africa on the left, which is just happening at the moment. I would imagine that kind of attitude might be reinforced, which would be very bad." (T3 AT DD04)

The two Austrian interviewees highlight how they view the reaction to the pandemic by wealthier nations. Of interest is the viewpoint that nationalistic tendencies have caused countries to close borders and solely think of their own nation. The interviewees also highlight that they view these actions by wealthier countries will have consequences and that in the future, countries could hold grudges against wealthier countries. This viewpoint that the wealthy countries 'left behind' other regions is also a perspective from an Irish interviewee:

"The wealthy countries will be much less damaged than the poor developing countries. And I think there will be resentment because of them. I think already we are seeing within Europe, we are seeing wealthy countries not wishing to support the less wealthy countries and in a global base. I think there will be repercussions and I think poorer countries will take a long time to forgive their wealthier countries who didn't help them at the time they needed it." (T1 IE IG01)

As with the Austrian interviewees, this interviewee expects that there will be repercussions for Europe due to their behavior during the pandemic. Of interest is the statement that within Europe wealthy countries do not want to support less wealthy countries

within Europe but also on a global level. This highlights the global health inequalities felt all over the world and how wealthy countries concentrated on themselves first. An Argentinian interviewee also highlighted the hypocrisy during the pandemic when it came to the ‘talk’ about helping each other.

"The only thing that was demonstrated was that with the pandemic there was a lot of talk about a global world and a global village, and the only thing that was seen now was how countries and States were consolidated, we saw how borders were closed..." (T1 AR BG02)

Such sentiments are worrying, yet it reflects how the Global North hoarded vaccines and medical equipment that was crucial to fight the pandemic impacted the perception of interviewees (Balfour et al., 2022). Since the Global South that has experienced colonialism can be mistrustful of the Global North at times, it did not help that the Global North hoarded vaccines and started shipping out batches of vaccines which were deemed of lower quality, such as Astrazeneca, only once the controversies arose (Balfour et al., 2022). Sentiments against the Global North only intensified with the slow vaccine rollout and the fact that adequate storing for vaccines was not provided which in cases such as in the Democratic Republic of the Congo in early 2021, 1.7 million doses of Astrazeneca went unused (Balfour et al., 2022). Balfour et al. (2022) emphasize the fear that one participant voiced, as the distrust of the Global North has risen. In these divisive times Russia and China employed a strong vaccine rollout campaign to fill the void that was left by the Global North (Balfour et al., 2022).

These statements of worry about the Global North not helping the Global South are reinforced by the statements made by people from the Global South. These statements reflect the troubles that they have and how they perceive the strengths of the Global North while these strengths are used to only help themselves.

Especially among interviewees in Ecuador, the economic part of global health inequalities is mentioned various times, especially in reference to the United States where one interviewee claims that the United States on cares about "…the economy. That is, the power to have control of things, they say. So, look at the developed countries like the United States already practically" (T2 EC MH03). In addition, the interviewee claims that there is little support in the world.

"But they don't care about anything in humanity. That is, they simply see their economic interests. That's what happens to us. And that's how we will go on throughout

history until something, something, something very big. I thought that this pandemic could be thought that we should be a supportive world and that we should understand that life and the world is only going to sustain itself if there is or if we are more equitable and we are more supportive. And if we support each other, we could do that. There is too much concentration of wealth in very few and the preservation of misery and poverty. And that does a lot of harm. And that is also seen in this process." (T2 EC MH03)

"I always say how the United States, how it invests in armament, intervention in countries. How much? How many millions of millions does it spend? But they don't care anything about humanity. I mean, simply, they see their economic interests." (T2 EC MH03)

This interviewee has a very strong opinion on the economic strain that has gripped the country during the pandemic and the little help that they have received. The perception is one of being left behind and at the mercy of wealthier countries which could help but decided to spend money on helping themselves with military spending and their own economic interests. The interviewee voices his disappointment in what he considered would be a time where the world comes together to help each other. The concentration of wealth is then emphasized as being one key reason as to why the situation is this way. Another interviewee from Ecuador emphasizes that the pandemic will put an even larger strain on their economy which will lead to more poverty.

"...the other pandemic, the economic crisis, is terrible, it is very slow for countries that do not have... means of production... countries that depend a lot... on loans, on the decisions made by the great powers, so I see very critical days ahead, where we will probably not die of COVID, but of hunger." (T1 EC NA01)

Large economies and wealthy countries had resources at their disposal when the pandemic began, to buy medical equipment at costs where other countries could not compete. This is reflected in this statement, one where it is shown that smaller economies have struggled and will need to pick up more loans to overcome the pandemic. They will not only depend on loans but also on the wealthy nations which will lead to more poverty while the pandemic rages on. This is also highlighted by another interviewee from Ecuador:

"...can you know what will become of the big economies, because in the end the marginalized countries depend on those big powers to subsist, especially here in Ecuador, will we really be able to rise up as some of them are proposing (all the time)?" (T1 EC MH05)

Once again, the issue of wealthy countries and marginalized countries is brought up. The perspective that marginalized countries are dependent on wealthy countries is one that is reflected in global health inequalities. The view that Ecuador is especially reliant on others brings forth the colonial and imperial frameworks that still exist within the global framework. However, the pandemic also showed that the image of one's State was strengthened due to the nationalistic policy measures taken.

"… it was seen how borders were closed and how each State functioned as a unit and used all the institutions at its disposal to face the pandemic. The only thing I saw is how the image of the State was strengthened in each country, so that caught my attention in terms of a discourse that has been going on for more than twenty years because it was said that the State exists less and less or is more and more destined to cease to exist in the most liberal countries it was seen that the State was absent." (T1 AR BG02)

The state of Global Health Inequalities and missing Global Collaboration is mentioned by interviewees in the Global South. Especially since the economic interests of the Global North are what drives them. Ledford (2022) points out, that by the end of 2021, the vaccination rate was at 75% in high income countries while it was only 2% in low-income countries. While low-income countries barely had vaccines to vaccinate the most at-risk, high-income countries were considering vaccinating children which face a low risk level (Ledford, 2022). It was also calculated that with an equal vaccine distribution around 1.3 million deaths could have been avoided (Ledford, 2022). Therefore, it is easy to see why interviewees from the Global South have such a negative perception of the Global North.

Interviewees also spoke of their friends, family and acquaintances in other countries and how they experience the pandemic. Some interviewees base their knowledge on what they read on the news and explain how they view the pandemic. Within these sections, inequalities are clearly highlighted. Interviewees from the global North however explain how they see themselves at an advantage compared to others. Interviewees also highlight who they themselves see as most affected by the pandemic and who suffers from health inequalities, even within their own country.

"From the social point of view, those who are losing out are not the rich who can-or even us, huh?...we are also talking about us, average societies in a European country like Italy where you are still guaranteed care. You even if you are no vax, no mask, you go to the hospital, if by chance you get sick even serious you get treated and get well. Actually what

you don't respect, that is you transmit this disease, those who pay the consequences are always the poorest people." (Italy, No Code).

Italy was strongly impacted by the pandemic and suffered many deaths in the first few months (Megna, 2020). A pandemic which strongly impacted the lives of marginalized and at-risk people through stringent lockdowns and restrictions (Possenti et al., 2021). The impact on the Italian economy will be felt for years to come and marginalized groups felt a worsening of their financial and social situation (Possenti et al., 2021). The interviewee explains how they recognize that through the pandemic the marginalized communities have suffered the most. A perspective also shared by another Italian interviewee:

"Nowadays [inaudible 79:47] so the concern eh... of the mask, however then eh... you never wondered in Syria how many died. Because then I mean even these comparisons but actually did you ever care to say precisely that there was something worse over there and even in COVID period these poor people, who didn't have the possibility of eh... to protect themselves, other than the death from the war, that they died as well that they are always... who pays the expenses of that are the poor people, right?" (T2 IT IG02)

In this context, the interviewee explains the global health inequalities that still persist. Syrians have been embroiled in a Civil War for more than a decade and many live in destroyed cities that do not have the healthcare infrastructure to care for people during a pandemic (Reliefweb, 2020). Syrian cities already had to fight with food shortages, the pandemic worsened the situation drastically (Reliefweb, 2020). This interviewee showcases the perspective that global health inequalities persist and that the pandemic hit marginalized groups and the ‘poor’ the worst. For example, the interviewee saw "…how the people suffered in Ecuador or even here on the border, the Bolivians, there are many Bolivians who crossed the border …" (T1 AR JM04).

Within Latin America, there is also the perception in some cases that certain governments do not care for their own people. In this case an Argentinian interviewee shares his perception of the Bolivian government and exclaims that they do not care for their own people. Such inequalities are reflected in the statements of interviewees, global health inequalities are persisting and even exacerbated due to the pandemic. Therefore, it is even more important now to rethink the global health frameworks and the colonial remnants within.

Another interviewee emphasized that in this pandemic no matter what country, everybody will be negatively affected claiming that of course "…almost all Latin American countries are screwed by the COVID situation. However, the United States just as well may be screwed." (T2 EC MA02)

Within the United States of America, findings showed, that low-income and communities of color were at higher risk of serious illness (Koma et al., 2020). This indicates that even within the Global North, there were disparities when it comes to access to healthcare and quality treatment. Multiple factors are to be considered in this case such as, access to healthcare, lack of health insurance and jobs with close customer contact (Koma et al., 2020). Therefore, for people with low-income it is impossible to stay at home and shelter from the virus since they work paycheck to paycheck (Koma et al., 2020). The view that such vulnerable groups are at risk is shown clearly by the interviewees from Italy, Ecuador and Argentina.

Within countries of the Global South, interviewees clearly state how they perceive their own healthcare system and the difficulties faced by it.

"But they have shown that it is really postponed the health system. And for example, this I say other countries, for example, are already trying to make the vaccine and here we don't see anything. We are waiting for other countries to come and give us the vaccine, right?" (T1 BO CC02).

"It has been a little bit nefarious the measures of the government. A lot of incapacity at the time of - there were complaints of the, of the purchases of the respirators, some over weight's all of that is terrible." (T1 BO AF01).

Bolivia is considered one of the poorest countries in Latin America with a GDP per capita of $3,500 and a healthcare expenditure of $220 per capita (Hummel et al., 2021). Around 70% of Bolivians are informally employed which makes a strong government framework for health policy more challenging (Hummel et al., 2021). Therefore, it has been difficult for the Bolivian government to implement a strong policy focused on national testing and a quick vaccination rollout (Hummel et al., 2021). In Argentina, the situation was also critical.

"No, I think that first we would need to receive help from other countries in order to be able to help afterwards. I don't think we are in a position, nor do we have the conditions, nor are we comfortable enough to say well, I will help another country..." (T1 AR JM01).

One interviewee claimed that little by little "…they [Argentina] were lagging behind the rest of the countries or the rest of the world in how they were taking all the pandemic measures" (T2 AR CS02). This showcases the perceived situation in the summer of 2020 among the population.

Argentina came into the pandemic in a precarious situation. Only 100 days earlier, a new government had been elected which was battling to implement frameworks to handle debt while at the same time having to attempt to counteract the ever-rising inflation (Ernst et al., 2020). However, Argentina took quick and decisive action against the virus in the form of travel restrictions (Ernst et al., 2020). However, these lockdowns had effects on the already weakened labor market and unemployment rose from 9.8% in 2019 to 11.7% (Murphy, 2021).

Hopes for Global Collaboration

Interviewees also show their hopes of global collaboration and their expectations even if they deem it as somewhat utopian. However, such statements show, that people believe that there is a better way to solve the pandemic through collaborating and changing the current system.

"I think at a global level it would be based on need. I think it should be based in need. The criteria, we should say that globally we want every healthcare worker and every vulnerable person to get the vaccine and whether you are in an affluent country or in a poor country the criteria should be the same." (T2 IE IG02)

"I think the Government and the authorities are doing the best they can in a very difficult situation and maybe the European leaders need to be a bit more aware of leaders, more joined up that is certainly something that I would like to see more of that as a global problem, we have to sort of react globally I think in the future to get to the end of this in a positive way, but locally I think it's been from where I am sitting a reasonably good response in a very difficult situation." (T1 IE IG03)

Two interviewees from Ireland explain their perspectives on global collaboration. Both believe that more has to be done on a global level to react to the pandemic instead of every country acting for itself. Future collaboration efforts are also mentioned in the context that more has to be done in unison in order to create a better future. A better future which an Italian interviewee would consider 'utopian':

"Mah, I say if the whole world, that's my utopian dream, would get a little bit more together, the results would be better. I mean, in such a sad situation, such a problematic situation, I see that they still manage to fight." (T1 IT IG02)

Global collaboration will be vital not only to prepare for the next pandemic but also to overcome the fallout from the Covid-19 pandemic. Many countries have suffered significantly and therefore more than ever it is important for global collaboration to overcome the consequences of the pandemic while using lessons learned for effective policy changes to prepare for the next challenge. One participant even mentioned that he was positively surprised by the uniting factor of the pandemic. This was said in the context of Africa and how the virus has changed the connectedness of the people.

“I was amazed that it took something like coronavirus to unite the world that way, especially to unite Africa that way, cos Africa country are very individual and we hardly collaborate with other countries within Africa”; “So now, corona just shows us no, you don’t have to move outside your bedroom for you to have a conference event with people from Africa, or to get Africa people to connect with the American people.” (T1 IE TB02)

Future global collaboration will be critical to overcome the systemic failures from Covid-19 and to beat the next pandemic. These interviewees are hopeful to see such collaboration happen to overcome the colonial health framework. However, for this to happen, it will take political leadership and governance will have to be strengthened between nations and other actors important to global health such as the WHO (Hameed et al., 2022). Hameed et al. (2022) also state that the Covid-19 pandemic can only be controlled by the countries that have the resources for it, therefore it is critical that these resources are shared. In addition, they state that low- and middle-income countries will benefit from these resources and the expertise gained (Hameed et al., 2022).

Lack of Global Collaboration

When it comes to global cooperation, the perspectives show a variety of viewpoints. Some interviewees explain that the Global North is not doing enough for the Global South, this viewpoint is reflected in both regions. Hand in hand with the expectations there are also disappointed views from many interviewees at the lack of cooperation. However, many interviewees show their hope for global cooperation and hope that it will expand in the future.

At the beginning of the pandemic, there was a sentiment that the whole situation would have been more manageable if China and other nations had been more open to cooperating and implemented stronger measures. This is a viewpoint which is shared by interviewees from multiple nations, especially Ecuador, Italy and Bolivia. An interviewee from Ecuador claiming that “...if China had spoken to us with a little more transparency, more demanding measures would have been taken from the beginning, for example, the closure of the airports...” (T1 EC MH06). A Bolivian interviewee claimed that "...when it blew up in China, there wasn't much information..." (T1 BO OV01). Such viewpoints highlight that it was perceived that there was little information sharing at the beginning of the pandemic on Chinas part and that with more collaboration the pandemic could have been managed better. An Italian interviewee also seeing the situation in a similar way says:

“There in China we don't know, for example, why the huge industrial zones (which by the way are a mixture of rural and industrial) huge, where millions, tens and hundreds of millions of people live, we don't know anything about these people because the Chinese government doesn't tend to let people know too much about these situations.” (Italy, No Code).

Lastly, there is also a view that the Global South will be hit hard by the pandemic which will require massive resources in order to overcome the consequences of the virus. Once again, collaboration is called upon to overcome the global health inequalities and the economic fallout from the pandemic.

"I am distressed by the idea, though, of, for example, the Global South. That's going to sink and we're going to drag it around forever until we really find a way to fix things in a radical way, but that's going to take decades, probably. Whole generations." (T1 IT IG01)

Lastly, an Argentinian interviewee emphasized that his country was not able to help anybody due to the position that they were in. This once again emphasizes the position that Latin American countries were in, even the ones with more resources available. A global effort is vital to overcome the pandemic and more collaboration could have helped many countries in a significant way. An Argentinian interviewee however claims that he would like to help but "...it seems to me that at this time we would not be in a position to help anyone, but rather to receive." (T1 AR JM03)

This once again emphasizes the need for a stronger global collaboration effort. The lack of information sharing is highlighted by these interviewees. This dampener on global

collaboration is also shown by Lencucha and Bandara (2021), who state that the withholding of information was a crucial factor in the slowed response to the pandemic. However, they also emphasize the importance of acknowledging "xenophobic and racist responses" to outbreaks which similarly had a negative effect on global collaboration (Lencucha & Bandara, 2021, p. 6). Lastly, it is once again stated that in order to facilitate better responses to future pandemics, the WHO has to be strengthened as does the information sharing framework among members through trust-building measures (Lencucha & Bandara, 2021).

Xenophobia amongst the European Interviewees

Sadly, there are also some statements made by interviewees in the Global North towards the Global South which reflect a very negative sentiment towards the region. In line with that, the high death tolls in China did not concern an interviewee, claiming that he was not worried yet, showing a disregard for the lives lost. While not widespread, it shows a different type of view towards collaboration and in their mind the fact, that it is not necessary. It also portrays the racist view some people have towards the Global South.

One interviewee from Italy exclaims, "Let's do some cleaning! I am very cynical sometimes. What is the Third World for?" (Italy, No Code). While another Italian interviewee says that they see some regions as lazy, "I mean, let's go to India, let's go to Africa-they are not productive people. Consequently, if some die, whatever. Let's put them in the queue. That's how I see it" (T3 IT IG02).

In the meantime, an interviewee from the United Kingdom claimed that "…it sounded like that in the meantime the death rate in China was going higher and higher, so that was about it, and obviously at the time, I have to admit, I didn't feel worried or nervous." (T1 UK AF04)

The pandemic enabled politicians and political parties in Europe to take up nationalistic, xenophobic and anti-immigrant stances in the face of a health crisis (HRW, 2020). Sadly, this also led to violence and a strong hate sentiment towards Asian communities as they were seen as being responsible for the pandemic (HRW, 2020). Such crimes are inexcusable. Furthermore, such statements made by interviewees further diminish the value of life of people in the Global South.

Vaccine Inequality

When the vaccine was released, the Global North was producing vast quantities of the vaccines for their own populations while also sparsely distributing them among the Global South (Hosseini, 2021). The EU and United States also did not release the patent for the vaccines which made other nations much more dependent on them for the vaccine (Hosseini, 2021). At the same time, China and Russia had developed their own vaccines which they distributed to the Global South at a higher rate earlier in the pandemic to the Global South (Itugbu, 2021). Therefore, the vaccines called Sputnik, Sinovac and Sinopharm were available in such areas earlier than other brands (Hosseini, 2021). However, as the pandemic progressed and vaccine capabilities rose, the EU and United States started exporting their vaccine to the Global South in larger quantities through mechanisms such as COVAX or through donations (Hosseini, 2021).

Interviewees share the viewpoint that the distribution of vaccines went to wealthy countries first that could afford to pay the price. The interviewees add that from their perspective it is clear that throughout the continuation of the pandemic they received vaccines that other countries did not want as portrayed by an Argentinian interviewee: "Maybe the most powerful countries are the ones that receive the most vaccines and, well, what arrives here is distributed quite well so that at least we can change the country by having vaccines." (T2 AR SH02).

The slow rollout of vaccines to the Global South is reflected in the statements from both interviewees in the Global North and Global South. Within the reflections, the interviewees from the Global South openly state, that the more powerful countries receive the vaccines before others. It is especially clear, that the Global North has bought the majority of the vaccines on the market and the patents have not been released to the public. But at the same time, it is said that those vaccines are for the most part distributed well.

One interviewee from Ecuador claimed that "...at a global level I think that there must also be this sensitive part of the people who do not have and access so easily…" (T2 EC CF02).

However, another interviewee from Ecuador explains that "On the other hand, here there are people who want to get vaccinated, but there is no plan and we don't have vaccines" (T2 EC MH03).

From interviewees in Ecuador, it is highlighted that the country did not have enough vaccines available to vaccinate all those that wanted to in mid-2021. They also showcase that

on a global scale, many people do not have access to vaccines. However, another interviewee already explained that most of the vaccines that are in circulation are going to wealthy nations that could pay the price and that vaccination trials are also undergoing in countries of the Global South, but they are not rewarded for their help with the research. Yamey et al. (2021) argue that if the Global South would invest heavily into their own pharmaceutical industry they could break away from 'Big Pharma' and the Global Norths monopoly on pharma.

"I know that there are some vaccines that are already in circulation, 90% of the vaccines are already committed to first world countries in advance; some others are in trials that are ironically the ones that they are giving us to third world countries." (T2 EC EC02)

Patents were stopping countries from producing their own Covid-19 vaccines (MSF, 2021). Without the patents in place, all countries around the globe with the necessary equipment could produce vaccines on a large scale for a small price (MSF, 2021). However, when it was crucial to waive the patent in mid-2021, many of the wealthy countries disagreed (MSF, 2021). Most of the countries that have blocked the waiving of the patents managed to secure vaccines when they first rolled out (MSF, 2021). Such actions once again shine a light on the colonial and imperialistic frameworks that are still found within global health, where a certain small number of nations hinder the rest from receiving care. This is also the perception of an interviewee from Ecuador "...where there are patents for vaccines and it is because of this imperialist inequitable system in a certain way, with this health issue from the powers that have decided not to unblock patents" (T2 EC EC03). While another interviewee from Ecuador claims that:

"...the ironies of life, that in other countries people beg for a vaccine and there are people who do not want to get vaccinated because of political positions. So there is a disparity, there is a disparity in the world in terms of access to vaccines." (T2 EC MH04)

Another issue that is raised with the vaccine rollout is, that interviewees claim that education plays a major role in the willingness of a population in accepting the vaccine. Education is a contributing factor according to Miller (2021) as for example, in the United States 74% of people with a bachelor's degree were vaccinated compared to 53% that do not have a college degree. Therefore, according to Miller (2021) it is crucial to educate the public about the vaccine in order to alleviate any concerns that have arisen. Not only education but also willingness by the leadership to face the questions raised, inform the public and create a

system for the rollout. This viewpoint was also pointed out by an Austrian interviewee that claimed being skeptical of vaccines was the reason for the low vaccination rate in Romania.

"...that just in many other countries where people are still barely vaccinated or somehow don't have vaccines or I don't know, like it is in Romania, they would have vaccines, but there people are just so skeptical just where the pandemic just continues and that probably creates quite an inequality in the world..." (T3 AT DD04)

While Romania had enough vaccines but not enough people willing to get vaccinated, Ecuador had the opposite problem. Ecuadorians see the situation in the Global North and claim that "…there are no problems of lack of vaccines there, sometimes there is a lack of will of the people." (T2 EC MH03)

While Ecuador was lacking vaccines, an interviewee explained that in wealthy countries there are more vaccines that people who want one. This once again plays into the notion of education levels and being skeptical of vaccines in wealthier countries.

With the vaccine rollout also came criticism from the Global South interviewees who voiced, that they had hopes of increases global collaboration when it came to the vaccines. However, this hope was quickly crushed due to the vaccine distribution and production just being a 'business'.

"...take the opportunity to go through all this to help each other, not only among people but also among countries, among people who have the possibility of, let's say, pharmaceutical companies or vaccine producers, let's say, I also expected that it was going to be something much more... I can't say the word, but I thought it was going to be more supportive. And I see that it is not, because there are a lot of countries in the world that do not have vaccines and there are a lot of countries that have more than they need and I do not see that the laboratories have released all the patents so that everyone is saved, but it is a business." (T2 AR VP02)

Yet, there is also praise for the government's actions when they managed to do the most that they could with the limited resources that they had available with the vaccines that were bought or given to them. An interviewee from Argentina claims that "...well, what comes here is distributed well enough so that at least we can change the country by having vaccines" (T2 AR SH02). This shows that with the vaccines that they had available, they were able to use them well.

Lastly, on the topic of vaccinations, there are even cases where vaccine tourism is promoted, like it is perceived to be the case in the United States. It is stated that people travelling to the United States receive vaccines which these people cannot even get in their own country. Famously, in December of 2020 an Indian travel agency offered a four-day trip package from Mumbai to New York for $1,500, a trip that included a Covid-19 vaccine (Gillespie, 2022). This once again enabled the people with the means to afford the trip get a vaccine ahead of most others.

"Let's see, at a global level I am aware that now the United States is doing vaccination tourism. It is wanting to vaccinate visitors because they if it is that (INCOMPRESSIBLE WORD) on July 4, the incoming government had proposed to have already 60% of the entire population of the country vaccinated." (T2 EC NA05)

"Even the tours that they are doing to the United States to get vaccinated, the tourists receive the vaccines... the vaccines that the citizens of that country are not receiving so that is what I have of notions." (T2 EC EC02)

Such vaccine tourism highlights the difficulties faced by people in the Global South. The elites from the country could take a trip to another country to get vaccines while the socioeconomic disadvantaged groups had to wait. With an equitable distribution of vaccines many deaths could have been avoided (Bayati et al., 2022).

Government Violence during the Pandemic

Some interviewees also experienced repression and violence from their own state during lockdowns or voiced harsh criticism of their governments handling of the pandemic. Of interest is a case from Colombia, where Human Rights Watch reported multiple armed groups patrolling the streets enforcing lockdown measures (HRW, 2020). The armed groups would hand out punishments that they deemed to fit the crime which often resulted in civilian deaths (HRW, 2020). However, it is the responsibility of the Colombian government to provide safety for their citizens which they could not provide. These criticisms towards the government arise from interviewees in Latin America.

"But here in the hunt I mention that after the borders were closed and the peaks were very high, here in Bolivia we had a curfew until a certain time, and the military would go out into the streets, and if they saw you outside the house they would chase you." (T1 BO IR02)

The interviewee from Bolivia explains how the government enforced the lockdown and how the military would patrol the streets looking for people that were outside during curfew. In addition to patrolling the streets, the military would chase people in violation of the curfew which is an added fear to the civilian population. When a person has to provide for their family and therefore has to go to work or in the search of work, such measures contribute to inequalities. In Ecuador, interviewees perceived a similar situation.

"...police repression from a Foxian point of view, because what it does is to keep the State safe. How it was supposed to. But the thing is that repression is sometimes necessary to comply with the law, although it is not the only mechanism for people to understand. But poverty forces critical things and promotes acute situations..." (T2 EC MN01)

The same interviewee then compares Colombia and Bolivia, explaining that a "…State does not have to be militarized, we cannot live in a militarized society, something that in Colombia does happen." (T2 EC MN01)

The first interviewee explains that the police is used to secure the state yet that repression by the police while necessary at times only contributes to the poverty at hand. People in precarious situations such as having to secure food, money or medicine for their family will have to go out in search of jobs. Through police and military repression, the main breadwinner could possibly be arrested which would enhance the inequalities. However, the third interviewee claims that citizens have to "…learn to obey. But, in that, that is the problem in Latin America, and it is not only my country, but Latin America in general." (T1 EC MH07). Yet, sadly obeying may not be possible if one does not have the funds to get through a protracted lockdown and curfew.

Praise for Government Action

However, there was also praise for their states or a neighboring countries action as can be seen through three quotes from interviewees in Latin America.

"But this somehow reveals the capacity of the people in power, in decision making, there are other countries that did or tried their best to do it well, for example Uruguay, it is not so far away, it is not like going to Europe - Uruguay did it well as far as possible, Chile also tried to do it well in terms of health services, another country, Costa Rica, did it well. So,

there you can see the quality of the rulers, the quality in terms of preparation, of vision, of knowing the reality of a country." (T1 BO AF01)

This interviewee claims that other countries had the capacity to overcome the pandemic due to good leadership and preparation. It is implied that countries that are close to Bolivia such as Uruguay, Chile and Costa Rica performed well and explains that these are not like countries in Europe. From such a statement comes the perspective that with good leadership, preparation and knowledge of the limits of one's healthcare system, countries outside of Europe can also perform well. This is supported by another interviewee from Bolivia:

"...perhaps many of their policies have been copy, paste, they have been copied from other countries, that is, looking at the experience of other countries. They have said, ahh no, supposedly there has to be an isolation, that it should be complete, that I don't know what, so I can't blame them... the policies, it seems to me that they have been... at the time they have been relatively good." (T1 BO CM02)

Using policy measures that have worked in other countries may work in some cases as perceived by this Bolivian interviewee. While this interviewee explains that while some of the policy measures may not have been appropriate, they do believe that for the knowledge at the time, that the implemented measures were correct. This perception is also relevant to an Ecuadorian interviewee:

"Second, the lack of knowledge that there was of how to solve the issue and attack correctly. Then the help of the police and the military. I believe that there is no such thing. I think they have been heroes and have been the most sacrificed." (T2 EC MH03)

At the beginning of the pandemic, there were a multitude of policy measures that could have been implemented yet there was a lack of knowledge as to which would be the most fruitful (Cash & Patel, 2020). This interviewee also perceived it this way, there was a lack of knowledge and governments therefore implemented the measures that they viewed as correct. In addition, the interviewee finds high praise for the police and military which in their eyes were at risk frontline workers.

When it comes to understanding the viewpoints from the interviewees on Global Collaboration and their perception on the pandemic, it is vital to consider what initiatives were undertaken to alleviate the strain of the pandemic. When considering the initiatives, it is

vital to understand, which organization released the funds, the amount of the funds and what support was enabled through this action.

Discussion

The interviews and literature review were conducted in order to find out the perception of the ‘global, global health inequalities and global collaboration efforts when looking at Latin America and Europe. A wide variety of interviewees were questioned in Argentina, Austria, Bolivia, Ecuador, Italy, Ireland and the United Kingdom in order to gage their perceptions. These regions have differing socio-economic statuses which can be categorized as the Global North and Global South.

In a global event such as a pandemic, it is of importance to find out, how civilians perceive the ‘global’, global health inequalities and global collaboration in order to find out how these issues can be resolved and if the collaboration efforts that have been advertised are perceived as effective.

Through the interviews that were conducted, the results show, the differences between the Global North and Global South when it comes to the perception of the ‘global’, global health inequalities and global collaboration. Within the interviews, it became clear how the perception of ‘global’ changed throughout the pandemic, from a perceived threat being confined to China to it becoming a transnational issue. The literature reflects the attempts made at global, national and regional collaboration efforts. However, it is clear to see from the interviews that the interviewees feel left behind by the Global North. Calls for global collaboration can be seen throughout the interviews and there are perceived hopes, that the Global North will expand their knowledge and care.

Interviewees from Europe and Latin America claimed that they did not perceive Covid-19 as a threat while it was in China. This coincides with the risk perception of Covid-19 analyzed by Cipolletta et al. (2022) where they analyzed adherence to the guidelines and implemented measures. It was discovered that the risk perception of Covid-19 rose sharply once it became more tangible, in the sense that it was not confined to China anymore but suddenly infecting neighboring countries or one’s own country (Cipolletta et al., 2022). As with the interviewees from Europe and Latin America, they viewed the virus as a regional problem confined to China. However, once infections rose the perception quickly changed. Suddenly, the issue was seen as more ‘global’ once Europe had rising infections, this was

perceived by both regions. Latin Americans claimed that from Italy or Spain it will likely jump over the Atlantic to them.

Interestingly, Italy was seen as a source of infection by Latin Americans and an Irish interviewee. From the viewpoint of some Latin American interviewees, people travelling from Italy brought the infection to their country. This is also exclaimed by an Irish interviewee that claimed that had they stopped air travel from Italy, a quick spread could have been stopped. However, these cases highlight the 'global' nature of the pandemic and how perceptions altered from the first mentions of the virus to the first confirmed cases close to oneself.

Perceptions of oneself at risk in comparison to others is quite different (Globig et al., 2022). When confronted by a global pandemic, there are two factors that settle in when perceiving a risk, the risk to an individual and the risk to others (Globig et al., 2022). It was found that the risk to oneself was perceived as relatively low compared to the risk to others which most perceived as high (Globig et al., 2022). This can be stated about the interviewees from Europe and Latin America as well. While the virus was contained to China, they saw little risk to themselves yet higher risk for others especially Chinese citizens.

A lack of knowledge of the effect Covid-19 can be seen to an extent. Due to the view that the virus was contained in China, it led to a distancing perspective. First through personal experience could the knowledge be attained to fully grasp the situation at hand and see the 'global' aspect at play. The pandemic is a factor that has led to an experience that is shared with the whole globe. Through this 'global' experience, there is also the hope that a shared experience may bring people closer together (Whitehouse, 2021). Shared experiences will enable different perspectives and policies to be exchanged between communities which will enhance future responses to 'global' problems (Wu et al., 2022). Diverse experiences throughout the pandemic have to be considered for effective future responses. The 'global' nature of the pandemic is highlighted throughout the interviews, how the perspective shifted and contributing factors such as global health inequalities and global collaboration efforts.

Multiple interviewees stated that the Global North has the economic power to buy and produce the vaccines while the Global South can only watch. This reflects the fact, that they perceive that the Global North first looks after itself and that the Global South is an afterthought. This viewpoint is also reflected among interviewees in the Global North that condone the actions of their governments. Interviewees from Latin America even describe

how the Global North has so many vaccines that they do not even have enough people willing to get vaccinated compared to the Global South that has almost no vaccines. This viewpoint is reflected by Bayati et al. (2022), their research showed that vaccine inequality on a micro and macro level. Micro levels referring to inequalities and factors within the country and macro levels referring to the global standing of a country (Bayati et al., 2022). It was shown that not only was there an inequal distribution of vaccines to countries but that also within countries socio-economic factors led to an unequal distribution of vaccines (Bayati et al., 2022).

Latin American interviewees also explain, how they perceive global collaboration and that at the specific time, they do not have the resources to contribute and therefore are in need of help. One Argentinian interviewee explained that he would like to see his country help its neighbors yet, that they themselves are sadly in a situation where they are depending on help and therefore cannot offer any. However, the interviewee claims that once they regained control and had the resources, they should help their neighbors. Once again, it is shown, that the Global North is protecting its own interests and leaving certain parts of the world to fend for themselves. This is also reflected within research done by the Lancet Commission that emphasizes how there have been massive failures in global cooperation which need to be fixed to overcome the next crisis (Griffin, 2022).

Within the Global North, interviewees perceived the 'selfish' actions of their governments as damaging to their image and that it will harm relations with the Global South in the future. Some interviewees claim that such behavior by the Western economic powers will only alienate other countries and that this will lead to resentment since the Global North will not be as 'damaged' (Goodman, 2020). Wealthy countries were able to receive credits at beneficial rates and up government expenditure to meet the crisis while 'poorer' countries might face a decade of economic downturn (Goodman, 2020). The hope for global collaboration is however large and the hopes are, that the economically powerful countries will be able to right their wrongs in the future by assisting countries that do not have the economic resources. Interviewees from the Global South also express their hope for future global collaboration yet have a more skeptical viewpoint due to their recent experiences.

Furthermore, the interviewees from both sides have conflicting views about the lockdowns and how governments should have acted. While some praise their governments for acting fast, others are not content with the slow reaction speeds. Some claim, that their

governments should have acted quicker out of self-interest instead of waiting with airport closures for example. However, some interviewees saw that the closure of borders brought to light the nationalistic thought process behind it. This viewpoint was mentioned especially often in the European context. Yet, also within Latin America, there were some interviewees that shared similar views. Border closures, vaccine hoarding, and the hoarding of medical equipment can be seen as nationalistic behavior since it prevents another country from acquiring the material even if they have a bigger need for it (Mylonas & Walley, 2022).

Latin American interviewees also perceive their governments as less likely to act in their interest. There is the viewpoint, that the governments do not have the resources, yet they do not try to make up for it since they do not care about their citizens. Repression of their citizens is also prevalent in Latin America to a certain degree. In certain countries, the government used drastic measures to keep the people at home and enforced this through repressive means with the police and military. As was the case in Bolivia, where the de facto government extended harsh quarantine lockdown measures to contain the spread of the virus (Telesur, 2020). Protests erupted because households did not have enough food to survive, the police quelled these protests (Telesur, 2020). However, some interviewees saw these means as necessary to curb the spread of the virus.

Sadly, there is also a certain degree of racism from the Global North towards the Global South. There are two mentions from Italian interviewees, that show their viewpoint on the Global South which is, that support should not be given due to the fact that they are 'lazy'. However, even within the Global North, there is a certain degree of racism like when an Austrian interviewee claimed, that the vaccination rate is lower in some countries such as Romania due to a worse educational system. Sadly, due to the pandemic there has been a rise in xenophobic and racist remarks (HRW, 2020). In addition, political parties in the United States, UK, Italy, Spain, Greece, France and Germany have used the pandemic to 'advance' their "anti-immigrant, white supremacist, ultra-nationalist, anti-semitic, and xenophobic conspiracy theories" (HRW, 2020, p.1). Especially people of Asian descent are targeted due to the connotation of Covid-19 and China (HRW, 2020). This is not only confined to the Global North, but Chile also experienced an uptick in anti-Asian and anti-POC discourse within its civil society (Bonhomme & Georgiou, 2022). This process of 'othering' has been a worrying development during the pandemic (Bonhomme & Georgiou, 2022).

Patterns and relationships can be found among the data from the interviews that have been collected. Similarities in perception by interviewees from Latin America with each other but also similarities with interviewees from Europe and vice versa. There are perceptions that many share, yet there are also perceptions and phenomena that affects one side more than the other.

In combination with the virus entering the country from the outside through travelers, the criticism that some interviewees had, was that their countries did not lock down the borders quickly enough which in their eyes would have prevented such a heavy outbreak. However, some interviewees are against such measures. One claims that he is Latin American and therefore it would go against his beliefs to support full border closures. An Austrian interviewee also claims that border closures go against the Europe he knows with Schengen. By one interviewee the notion was brought up that the virus is borderless, therefore the closing of borders will not achieve the desired aim.

When looking at the European interview partners, there were less mentions of vaccine- and health inequalities when compared to their Latin American counterparts. The statements made in this context are apologetic to the Global South and fear, that there will be resentment which will hamper relations. One Irish interviewee even considers the Covid-19 pandemic to be a 'First World Problem', it being implied, that the Global South has other bigger problems. However, this can easily be disproven since the pandemic has affected the whole world, some regions more than others yet the economic, social and health consequences for many countries of the Global South have been detrimental (De Moraes, 2020). At the same time, there is a consensus that if it is affecting 'us' (Global North) to this extent than other regions such as the Global South will experience it much more drastically. In a troubling twist, two Italian interviewees also expressed that they do not see a reason to support the Global South since they are not 'of use'.

When compared to the interviewees from Latin America, these mentions of inequalities are few. The Latin American interview partners explain in great detail the health inequalities that they experience and how they perceive the global situation surrounding vaccines and other forms of support. Among the Latin American interviewees, the vaccine inequality is seen similarly. The Global North has the patents for the vaccines which they are not releasing and on top of that, they are buying most of the vaccines for themselves without leaving any for the rest or only those that they themselves do not want (MSF, 2021). In

addition, it is commented that the Global North, specifically the United States spends billions on their military every year yet, when countries need humanitarian aid, they are ignored. A perceived loss in the vision of humanity since money is given in big sums to all sectors but when it is time to show their humanity, they leave others behind.

The vaccines are seen as a business of the Global North to make money and exploit a situation which is costing human lives. There is a certain level of anger and desperation when it comes to the topic of vaccines. They explain, that in the Global North there are more vaccines than people who want the vaccine. In addition to this they exclaim that some people do not even want to get vaccinated due to their political affiliation while in the Global South people beg for the vaccine. In a historic turn, the vaccine hesitancy for the Covid-19 vaccine is higher than for other vaccines (Kessels et al., 2021). This vaccine hesitancy however is closely related to conspiracy theories and lower education levels, with stronger communication campaigns the issue can be resolved (Miller, 2021). However, these interviewees see the vaccine industry as a business with which companies are making money. With the vaccines that were delivered, these countries attempted to distribute them to the best of their ability, giving what was available to those who needed it most.

This shortage of vaccines led to two different factors being implemented. Firstly, in Bolivia and Ecuador interviewees mentioned that traditional medicine was on the rise again. This rise in traditional medicine is attributed to the fact that European medicine and vaccines were in short supply. Secondly, this shortage caused vaccine tourism to countries such as the United States. People from various countries can fly to the United States and get the vaccine while the vaccine is not available in their own country (Gillespie, 2022). Which once again illustrates the vaccine inequality around the world.

The health and vaccine inequalities have been clearly portrayed by both the interviewees in the Global North and South. While the interviewees from Europe mention it less, they are still aware of the problem and actively mention that they are disappointed in the actions of their governments. In light of these revelations, many are wishful in their hopes for future collaboration.

One interviewee from Italy described it as her ‘Utopian Dream’ to see the world and politicians collaborate more during the pandemic. Another interviewee from Italy mentioned that the world is linked together economically and therefore to overcome this pandemic a global effort is required which the Western World is not showing. However, this interviewee

explains that if the West does not act, the Global South might be attracted to other actors such as China and therefore, a bigger effort should be made to avoid such a situation. One interviewee from Ireland claimed that there should be an equal access to vaccines in order to promote collaboration. Another interviewee from Ireland explained that he was surprised by the collaboration that was taking place globally but also specifically in Africa, claiming that this brought people closer together.

However, this cannot be said for the perception of the Latin Americans who feel left behind by the Global North and strive for more collaboration. Two Argentinian interviewees claim that they would like to provide support but they themselves were in such a precarious position that they would first need support before they can help others. However, there has been an uptick in South-South collaboration in attempts to share local knowledge and know-how to other countries in the hope of overcoming the consequences of the pandemic (UNCTAD, 2022). South to South cooperation efforts have shown that the triangular cooperation (South-North-South) has been lacking due to the rather 'selfish' behavior of the North when it comes to equitable distribution of vaccines (CEPAL, 2021). There are also claims that global collaboration is happening but that it started too slow and that the help arrived too late. In addition to this, it is perceived, that while there is a lot of talk about global collaboration, in reality every country only looks out for itself.

This turn to nationalistic tendencies is perceived by interviewees in Europe and Latin America. Lastly, an interviewee from Ecuador states that the only way to overcome such a pandemic is through collaboration and without equitable distribution and help the concentration of wealth in the hands of a few individuals will increase as will the misery of many. The pandemic has highlighted the health inequalities and the ever-growing divide between the Global North and Global South (Makau, 2021). Especially since the Global South relies on the Global North for assistance which will keep them indebted, the cycle is bound to continue (Makau, 2021). However, this could be a paradigm shift out of which the Global South comes out stronger by investing more into technological leaps forward, mobilizing a young workforce and facing corruption (Makau, 2021).

Consistently among all, global health inequalities are pointed out and their perception is quite clear. People in the Global South do not feel supported by the Global North and too little is being done by the Global North to make up for it. The links between the two regions in terms of perception are of interest, it is also of interest how weighted these perceptions are.

In the Global South there is more talk of the inequalities as for example, in the interviews within the United Kingdom, there was not a single mention of global inequalities which shows that to some it is not as apparent. However, while the Latin American interviewees strive for global collaboration as do their European counterparts, it is of interest to note that both sides perceive it as 'utopian' and both are quite pessimistic about the reality of global collaboration.

Another perception that is of interest is one shown by an Italian interviewee. This interviewee stated that global collaboration should be increased by the Western countries due to the perceived threat of China. This highlights the perception, that global collaboration between the West and other countries should be increased 'just' because otherwise they might become friendly with another state. This brings forth another viewpoint on global collaboration which emphases not the importance of humanity and working together towards one common goal but instead promotes the idea that there are sides in fighting the pandemic and help should be given for possible favors in the future.

However, all of these interview's show, that the perceptions of global health inequalities and global collaboration efforts are perceived slightly differently between the two regions. One region sees itself as left behind with little support from the Global North, the Global North however perceives the threat to themselves and others as real but that not enough is being done to help others. To a certain degree, there is nationalistic thinking in the Global North, that firstly one has to secure its own borders to slow the spread and then help others. On the other hand, Latin American interviewees perceived that their own countries do not have the resources to help but if they had these resources, they would be able to help others and would do so willingly.

This research highlights, a growing interest in Global Health Inequalities and that the issue is coming more to the forefront as it has been within the past 50 years (Gibson et al., 2018). However, according to Gibson et al. (2018) there has been a stronger focus on researchers from the Anglo-Saxon and Western hemisphere compared to researchers from the Global South. This once again strengthens the argument, that the perception of people in the Global South should be elevated since they experience the structures firsthand that still keep inequalities in place.

In addition, Yun et al., conducted research to the perceived health inequalities in connection to socio-economic status and came to the conclusion that during the Covid-19

pandemic the perceived inequalities have risen compared to pre-pandemic levels (Yun et al., 2022). Due to the changing of daily routines, higher risks of becoming sick and economic hardships health inequalities slid further into the forefront of people minds (Yun et al., 2022). Especially people with lower socio-economic statuses perceived their situation to be worse (Yun et al., 2022).

This can be highlighted through the interview quotes that have been presented from Latin American interviewees. They perceive the threat to be much more present than their European counterparts who often remark that in other countries it would be worse than in their own. Both sides would wish for more global collaboration, but both are quite pessimistic about the prospects. Even with the highlighted initiatives, it can be seen that these did not have the desired impact as the interviewees do not perceive any changes.

This perceived inaction when it comes to global collaboration is highlighted by vaccine nationalism, the closing of borders, member nations prioritizing themselves and not sharing valuable information with the WHO (Bump, 2021). According to Bump, it is a logical conclusion to consciously collaborate on a global scale to combat the pandemic yet that this was far from reality (Bump, 2021). However, Bump emphasizes that this is a learning opportunity for global collaboration efforts and that with the strengthening of the WHO and holding members accountable such a situation can be avoided in the future (Bump, 2021).

This is also perceived by interviewees on both sides. Especially the vaccine hoarding by the Global North is noteworthy. This is a point that both side of interviewees mention. In the European context it is noted that the vaccine hoarding will lead to resentment because of the patents not being released and the economic power of buying as many vaccines as possible with no consideration for others. The Latin American viewpoint is quite similar, that the vaccines are just another business opportunity for Western powerhouses. It is stated that it is only a business, that the richer countries can buy all the vaccines, that these are not distributed equitably and that the Global North has more vaccines than people who want to be vaccinated.

This is vital for continued research into global collaboration and health inequalities as both sides perceive this type of nationalism as a threat but feel helpless as they cannot do anything about it. The European interviewees clearly realize that the system that is in place will lead to resentment and that there has to be equitable distribution instead of economic

powerhouses being able to scrounge up all the resources for themselves. Continued research has to focus on solutions for these issues and on how the lessons learned from the Covid-19 pandemic can be implemented in order to stop such a situation from happening again.

While the WHO was pushing for more transparency and collaboration many countries were only looking out for themselves which dampened global collaboration in the eyes of many in both regions (Bump, 2021). These aspects would make for interesting research in the future, especially in the context of relations between the Global North and South and the consequences of the pandemic on future collaboration.

When considering the expected results of the interviews and research, the statements fit the general structure that was anticipated. It was expected that the Global South would talk about global health inequalities and their hopes and disappointment in collaboration efforts. However, it was surprising to what extent the vaccine inequality was discussed and how there were almost no mentions of collaboration attempts. Of interest was also the viewpoint, that the blame for the virus coming to their respective countries lays mostly on travelers from Italy or Spain. This brought a different viewpoint into the picture, the viewpoint that the threat emanates from Europe. In comparison for the European interviewees where the threat emanated from China.

It was also surprising to see interviewees from the Global North reflect upon the actions of their own governments and criticize these as nationalistic, in reference to vaccine hoarding and border closures. This could also be of interest for future research, especially when looking at how such measures were perceived by individuals and if they think that it has damaged relations with other countries consequently. Specifically for Europe, it was interesting for the Schengen area to be discussed by some interviewees when they explain that within certain areas of Europe, there have not been ‘borders’ for a while and the lockdowns ruined this perception. When faced by an emergency, it does not matter in what union of states one is or what agreements one has, every state acts in its own best interest.

Noteworthy is also the mention of traditional medicines in Latin America as a substitute for Western medicine when the shortage did not allow for such substances to be brought to their respective countries. In comparison, in the interviews with their European counterparts, alternative medicines were not mentioned even though there were many alternative cures and treatment therapies that were making the rounds (Council of Europe, NA).

All of these factors contributed to creating a well-rounded picture of how the perceptions of the Global North and South differ yet also what similarities can be found within the two regions. This research contributes to expanding the knowledge on the colonial health frameworks that still exist nowadays. The perception of global health inequalities highlights how these frameworks are still around in modern times and how they still impact the lives of people in the Global South. Through the century long exploitation of the Global South, the Global North was able to establish itself as the economic powerhouse of the globe. With this exploitation and the industrialization of the Western world it was possible to establish the current global health framework that is still centered around the Global North (Reidpath & Allotey, 2019). There has to be an effort from the Global North to promote and reinforce local knowledge with the knowledge generated by the Global North to complement the reality of local contexts (Reidpath & Allotey, 2019).

It is of utmost importance to realize that the Global North has the economic power to still exploit the Global South and set itself apart economically from the rest of the world. As can be seen by the pandemic, the wealth that has been amassed by the Global North in such a situation is used for their own gain. Vaccine hoarding, and medical supply hoarding are two examples that stand out the most during the Covid-19 pandemic (Ledford, 2022). Therefore, once again it is important to analyze the global health structures that are in place and attempt to bring them into a postcolonial world.

For the Global South, it is vital that their perspectives and voices are heard on a global issue that has affected them as much as any nation in the Global North but has been neglected because they are not as strong financially. An equitable distribution of the vaccines might have been arranged beforehand instead of a whoever pays the most will receive them first, such an initiative on a global scale could have alleviated some resentment and prevented thousands of deaths (Ledford, 2022).

Hearing the perspectives of people from the Global South gives it a humanizing factor, enables people in the Global North to see the effects of the policies implemented by their governments in action. Therefore, it is crucial that such research is continued in order to bring forth issues that are not discussed to the extent that they should be. These perceptions enable one to see on paper what is being done wrong when it comes to global collaboration. It also enables a new perspective of global health inequalities being shown in a humanizing way.

What can be clearly seen, is that there is a need for a strong, autonomous World Health Organization that has the funds that it needs and also the power to act on what they perceive as the most pressing issue (Bump, 2021). The WHO should also have the authority over the trade of pharmaceuticals and be able to hold members accountable (Bump, 2021). Most importantly, Bump recognizes that the WHO must decolonize itself in order to become free of the powerful influence of a small number of member nations that dictate the actions of the WHO (Bump, 2021). This would be a possible first step in allowing the colonial framework of global health to decolonize itself and bring forth a framework that is sustainable and brings equity while ensuring that the interests of all are represented.

The results of the interviews build onto the evidence that there is a strong perceived global health inequality between the Global North and South. This inequality has not been perceived as alleviated through global collaboration efforts yet, there is hope that this will be the case in the future. Hopefully, future research will be conducted into global health inequalities and bring to light more of the frameworks that work against the Global South. Through increased global collaboration and a strengthening of global health governance, the inequalities can be erased.

Through the statements made, one is able to piece together the perspectives of both sides and understand why certain people feel the way they do. Making the voices heard of the people in the Global South and dismantling the colonial frameworks that still exist today is of upmost importance. Highlighting such frameworks brings light to them which in turn can enable structures to be dismantled or at the very least be looked at through a critical lens.

Strengths

The research showed several strengths. Firstly, it enabled the perspectives of people from the Global North and South to be heard, most importantly, perspectives have come to light which may not have been voiced previously. Secondly, opinions and beliefs are more easily showcased through such interviews with a wide variety of interviewees. Thirdly, with such interviews it is easier for the researcher to adapt to the interviewee and adjust the questions to inquire further into topics.

Firstly, when it comes to qualitative research, in comparison to quantitative research the interviewees are able to answer questions in whatever way they wish. This can lead to new perspectives being shown to the interviewer. In comparison to quantitative research, it is

also simpler for the interviewer to then adjust their questioning in order to delve deeper into an answer given an interviewee. This enables new beliefs or opinions to be questioned to a deeper level than it is possible in quantitative research.

Through such detailed answers, the interviewer is able to constantly adjust the questions in order to maximize the amount of data available. The interviewee in turn is also not restricted to a certain answer as with a questionnaire. This provides a good variety of different and detailed answers which is supported through a large variety of interview partners.

The research is able to capture the perceptions of people in a local area with a local situation on a topic of global importance. Therefore, it is possible to capture and analyze the perception of a person thousands of kilometers away and clearly highlight their experiences throughout the pandemic. It also identifies, how each individual person has their own perception of the unfolding events and how these perceptions have unfolded throughout the pandemic.

In addition to the qualitative aspect of the research, the use of grounded theory enabled the research to be done inductively. Through the constant data collection and analysis, the categories are created directly from the data. Through the use of grounded theory, the social relationships and perspectives of certain peoples can be analyzed in a way that clearly shows the results.

Through a wide variety and numerous interviewees in multiple countries in Latin America and Europe, it can be clearly stated, that the research covers the opinions and perspectives of many. In addition to the literary research that was done into the topic, the results can clearly show the perceived similarities and differences between the two regions. This enabled many opinions and beliefs to be heard and shown through a variety of research methods.

Importantly, this research is also relatively new to the field and there is little previous work. This has enabled the research to dive into a realm of the unknown and portray opinions that have yet to be seen and heard. With the research that has been done into this topic through the thesis, future research can be based off of these results. This will enable future research to be conducted into the topic with some background knowledge of how the perceptions were during the pandemic.

Limitations

When it comes to the positionality of the work, several aspects need to be considered. Firstly, there are interviews with people from Austria, so I may be able to better understand their perspectives as I am Austrian. Secondly, the interviews with the people from Europe bring perspectives that I can understand more easily, since one has learned a lot from Europe. As a person living in Europe who experienced the pandemic in Austria, it is important to perceive the perspectives of people living in Latin America. Your experiences during the pandemic are different from mine. In Austria we had access to vaccine relatively quickly and there are more vaccines than people who want to be vaccinated. The government has provided money regardless of whether it was enough, but there have been government initiatives. Governments in Latin America did not have such resources.

Therefore, it is important to distance myself from the topic and not take into consideration my experiences. Keeping an open mind and an objective view of the topic will enable the research to be done in an efficient way. Yet, it is still important to consider the positionality and how my personal experiences during the pandemic in Europe differ from the experiences people have made in Latin America. Every country reacted differently in some aspect when the pandemic first broke out. I personally was situated in Austria where I experienced the whole pandemic and sadly also experienced the death of a family member due to the pandemic. All of these factors play a role in my positionality and are so reflected in the positionality. However, as a researcher I must work objectively and neutral with the material that I am given.

The research is limited to the two regions and the opinion of the civil societies in these regions. It is also limited to the opinions of people that saw the advertisement to participate in the research. This might mean, that the people that were questioned are possibly from different social classes that do not represent the opinion of others. Personal experiences differ from every person and while one person may not be affected by the pandemic, another person might have lost their livelihood. However, maybe people that are available to such interviews are not quite as affected.

As the method of collecting interview partners was not randomized, people that joined were not necessarily from all different social groups but possibly from similar ones. This might lead to more similar views on the pandemic and the full scope of the views among the population cannot be analyzed. These views might be prevalent among the interviewed people which could be defined as a bias. A person from the countryside or a different city

might have a very different perspective on the issue. Therefore, it might be difficult to generalize the results of the paper onto a bigger group of the population. However, due to the quantity of interviewees and the reach that was achieved, it does not undermine the message that has been put forth.

There were also problems with the amount of mentions about global health inequalities and global collaboration. While some interview partners were very open about the issue, other interviewees did not mention such topics at all. For example, interviewees from the United Kingdom did not mention global health inequalities or global collaboration efforts at all. Therefore, the perspectives from the interviewees there are not considered in the respective parts about these topics. However, it can be that for these interviewees the topic was not of such importance, or the conversation did not veer in that direction.

Of note is also the lack of previous research into the topic of perceived global health inequalities and global collaboration. Due to the novel situation of a worldwide pandemic, most people were confronted by global collaboration efforts in ways they had not known before. It also showed many, how blatantly clear global health inequalities are, which might not have been considered before.

In addition, World Systems Theory or Dependency Theory could also have been applied instead of Postcolonial theory, The two theories could also have been applied to analyze the relationship between the Global North and South with effectiveness. However, due to the colonial frameworks that are in place since centuries, postcolonial theory fit better due to its effort in identifying and dismantling such structures. Dependency theory or World Systems Theory might be better suited for future research if it concentrates more on economic relations.

However, to fill these gaps future research can tweak their focus by using different theories closer analyze the relationship between the two regions. Looking at the framework and dependency around the economic ties between the two regions can uncover new information such as possible exploitation and how the Global North might possibly have exploited the pandemic in order to get better terms for themselves.

In addition to different theories, the next research could conduct randomized interviews. In order to reach a wider variety of people that are not in any way related, this could open up avenues for different thought processes and perspectives on the issues that possibly might not have been mentioned. In addition, differences between cities and the

countryside, socio-economic statuses and youth and elderly can be considered for future research.

Conclusion

Research results

The aim of the research was to highlight the similarities and differences in perceptions on the 'Global', Global Health inequality and Global Collaboration efforts in the context of the Covid-19 pandemic. In order to discover this, participants in Latin America and Europe were interviewed. This led to the formulation of one main question and two sub questions. These questions were then answered by analyzing the interviews and relevant literature on the topic.

1. **How is 'global' conceptualized and defined among interviewed people in Latin America (Ecuador, Argentina, Bolivia) and Europe (Austria, Italy, Ireland and the United Kingdom) during the Covid-19 pandemic?**
    a. **How are Global Health Inequalities perceived across these populations?**
    b. **How are expectations and hopes towards Global Health Governance verbalized and how does this differ across populations?**

Throughout the thesis, the structure allowed for the reader to follow along while the purpose was laid out. Firstly, the introduction served to introduce the research gap, the research question and the purpose behind the research. Secondly, the theoretical background was provided to showcase the lens through which the research would be looked at. Thirdly, the methods were showcased to enable the reader to understand how the data was handled. Fourthly, the data was presented in an organized fashion to the reader while giving the necessary context to understand the implications of the given statements. Lastly, the results were discussed before explaining the strengths and limitations the research faced.

Through a series of interviews which were then analyzed using grounded theory, the data used showed clear perceptions by the participants. The similarities and differences in perception have been highlighted throughout the research and show how the participants Global South and Global North conceptualize the issues that they experienced and the world around them. The hopes for global collaboration are also clearly stated throughout the interviews. The subsequent literary analysis showcased the global collaboration efforts at the time and how these were perceived by interviewees, in this case that the global collaboration efforts were not seen by the interviewees. Through the lens of postcolonial theory and of

global health governance, one can see the colonial frameworks that still exist and find ways to create frameworks that are not based on colonial remnants.

With this research, the thesis showcased key differences in perspectives of the two regions such as where the virus came from and less emphasis on global health inequalities from the Global North. In addition to this lessened emphasis, the participants from the Global South experienced these inequalities firsthand through the limited access to vaccines in the beginning. The viewpoint that the Global North has the power to help itself multiple times over while not doing much for the Global South until they have saturated themselves is also prevalent. Critically, both regions strive to increase global collaboration and have hopes that in the future the situation will be improved.

This master thesis is aimed at adding to the research gap that exists when comparing the impact of Covid-19 on the civil societies of Latin America and Europe. The impact of the pandemic differs when looking at different regions, depending on the reaction of the government when it comes to the containment of the virus and the support that is then made available to the civil society. Initiatives from organizations all over the world were aimed at mitigating the impact of the pandemic. However, little is known about how the civil society reacted to these initiatives and if it reached the people most in need. Initiatives such as COVAX had high expectations, therefore it is interesting to see that this was not mentioned at all during the interviews.

Furthermore, the research aims to portray the gap that exists in global health equality. The Global South and Global North experienced the pandemic differently. While the Global North was able to buy the medical equipment it needed and vaccines, the Global South did not have such access. Had the equipment and vaccines been distributed more equally, the outcome of the pandemic could have been different.

Lastly, the research and thesis should point towards the need for more global collaboration to tackle the global health inequalities that exist. In order to close the gap, more has to be done to overcome the colonial structures that have been created which have resulted in the inequalities present today. With a strengthened WHO which is more independent and not led by a small alliance of powerful states, a first step can be taken to mitigate the colonial frameworks that have been created in the healthcare world. Wider support has to be given to countries experiencing difficulties containing a virus and aid has to be distributed more evenly in order to prevent such an event from happening again. The strengthening of global

health frameworks would help prevent the next outbreak from possibly reaching such a global scale.

It was vital to find out, how the two different regions view the pandemic, the ‘global’, global health inequalities and collaboration efforts in order to effectively see where the issues lie and what possibly can be done for collaboration to be more visible to the population. Follow up research can build on the findings and further the knowledge acquired on the topic while also expanding into the perceptions of the population when exiting the pandemic. Further research is required is required to fully engage with the perceptions that have been brought forth through this thesis.

Reflection, review

Follow up research could engage and deepen the understanding of such initiatives by specifically asking if these initiatives impacted them or people, they may know. Therefore, it would be of interest to see future research possibly go in such a direction. Possibly future research could also look further into how to enable initiatives to reach the people most in need during a worldwide event such as a pandemic. The research has shown, that the most vulnerable for the most part are left to fend for themselves and only once the Global North has saturated itself, will they provide help.

As the pandemic slowly ends, the scars it has left behind will take long to heal. Future research could concentrate on how the perceptions have once again changed towards the end of the pandemic when the Global North poured more resources into initiatives. Possibly this might have altered perceptions, however the help came at a time, when the Global North had already saturated their own need.

In addition, future research could also interview persons from the Global North in order to gauge, if they would be willing to support such initiatives to a greater extent. To a small extent, some participants voiced racist views on the Global South. It would be of interest to conduct interviews in the Global North to analyze the perceptions of a variety of people on such Global initiatives and if they see such initiatives as viable or if they would rather focus on themselves.

Likewise, future research could also concentrate on different regions of the Global South such as Africa or Asia. Hearing from people in these regions would be of great interest,

considering that some countries in Asia had some of the strictest lockdowns and other enforced rules. Africa on the other hand has various experience with different viruses and therefore might have been better able to contain the virus due to their knowledge of infectious diseases and the population being well versed in the matter. Different regions experienced the pandemic differently, therefore future research could expand into different regions to see their perspectives and make their voices heard. Especially in a region such as Africa that has experienced global collaboration on various projects and global aid, such perspectives could further the Global Health Inequalities debate.

Future research should focus on the experiences of the local populations in the Global South and their perceptions of the situation. These experiences should then be used to reflect and expand upon how colonial frameworks still exist in the global health framework and how these can be dismantled in order for everybody to live a healthy life. This pandemic highlighted the inequalities that still exist and the need for more to be done by the Global North and for more collaboration. Through elevating the voices of people in the Global South, these stories come to light. Research conducted by the Global South on such issues also has to be elevated and heard in order to showcase the inequalities that exist.

Outlook

Covid-19 has presented the world with an opportunity to address these global health inequalities that have plagued the world for centuries. With global collaboration increasing through such trying times, it is vital for these frameworks that exist to be revised and altered to encompass all. During the peak of the pandemic, there are some who see an increase in collaboration and others that see themselves left behind. However, the next pandemic might be different and in order to conquer such a challenge, the world must learn to work together on a greater scale than it has so far.

The pandemic affected all people around the globe. However, some were affected more than others, some lost family members, some lost their livelihood, and some were rather unaffected possibly. However, most people can agree that the pandemic has affected them in some way shape or form. It is vital that these experiences are brought forth and shown to others in an attempt to understand how it has affected people from all over the world. Only by hearing such experiences can one begin to try to understand what they went through.

The regional governments, private persons, NGOs, the UN, EU, WHO and World Bank together with the Development Banks in Latin America all implemented different initiatives in an attempt to fill the vacuum created by Covid-19. Civil societies were impacted drastically by the pandemic, from their freedom of movement being limited, isolated from social contact, isolated from family members, economic struggles, socioeconomic struggles all the way to experiencing a deadly virus or losing a loved one. There are many factors that play a role in this thesis. However, through a combination of postcolonial theory, global health governance, grounded theory and a systematic literature analysis the thesis has methodically presented the findings in a clear way.

Lastly, it is highlighted how people have perceived 'global', global health inequalities and global collaboration throughout the pandemic. It is shown clearly that colonial frameworks still exist within global health and that these have to be dismantled to ensure that these inequalities do not continue. In addition to the inequalities, global collaboration efforts have to be stepped up in the future for a combined effort against the next challenge. This insight into the perceptions of a global phenomenon showcases the similarities and differences of the lived experiences and why equality in global health is of upmost importance.

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Annex

Annex A: Abstract

The Covid-19 virus spread throughout the globe quickly, overwhelming healthcare systems and leaving millions of dead. While most countries struggled to combat the virus, some had more resources at their disposal than others whose healthcare systems were quickly overwhelmed. The aim of this paper is to examine the perception of the concept 'global' among people from countries with diverse resources and pandemic strategies during the Covid-19 pandemic. In addition, the thesis aims to explore the perception of global health inequalities and people's hopes and disappointments in global collaboration efforts to contain the virus.

Semi-structured, qualitative interviews were conducted by third parties as part of the SolPan and SolPan+ Project in Austria, Argentina, Ireland, Italy, Bolivia, Ecuador and the United Kingdom. The interviews were analyzed using grounded theory, and the thematic lenses of global governance and postcolonial theory were applied in order to uncover colonial and imperial themes in global health. These methods and theories enabled the perspectives of the interviewees to be put forth to visualize differences and similarities between lived experiences, health inequalities and global collaboration in the context of a global pandemic.

The paper highlights the differences and similarities of the perception of 'global' between the interviewees and shows the regional shifts in the perception. Regional shifts are highlighted by differing perspectives on where the virus came from. European interviewees stated that the virus came from China while Latin American interviewees perceived that the virus came from Europe. However, both did not view Covid-19 as a 'global' threat while it was confined to China.

In addition, the differences in the perception of global health inequalities are shown, highlighting the differing lived experiences between the European and Latin American interviewees. Latin American interviewees complained about the lack of support they received as they all agreed on having experienced global health inequalities. They differed from Europeans, who recognized these inequalities but did not focus on them as much since they were not affected by them. Furthermore, calls for global cooperation were voiced by Latin American and European interviewees while also proclaiming a perceived lack in global collaboration efforts. Latin Americans interviewees especially voiced the feeling of being left behind.

Annex B: Abstrakt

Das Covid-19-Virus verbreitete sich rasch über den gesamten Globus, überforderte Gesundheitssysteme und hinterließ Millionen von Toten. Während die meisten Länder mit der Bekämpfung des Virus zu kämpfen hatten, verfügten einige über mehr Ressourcen als andere, deren Gesundheitssysteme schnell überfordert waren. Ziel dieser Arbeit ist es, die Wahrnehmung des Begriffs "global" durch Menschen aus Ländern mit unterschiedlichen Ressourcen und Pandemiestrategien während der Covid-19-Pandemie zu untersuchen. Darüber hinaus soll die Wahrnehmung globaler gesundheitlicher Ungleichheiten sowie die Hoffnungen und Enttäuschungen der Menschen in Bezug auf die globale Zusammenarbeit bei der Eindämmung des Virus untersucht werden.

Halbstrukturierte, qualitative Interviews wurden von Dritten im Rahmen der Projekte SolPan und SolPan+ in Österreich, Argentinien, Irland, Italien, Bolivien, Ecuador und dem Vereinigten Königreich durchgeführt. Die Interviews wurden mit Hilfe der Grounded Theory analysiert, und die thematischen Linsen der Global Governance und der postkolonialen Theorie wurden angewandt, um koloniale und imperiale Themen in der globalen Gesundheit aufzudecken. Diese Methoden und Theorien ermöglichten es, die Perspektiven der Befragten darzulegen, um Unterschiede und Gemeinsamkeiten zwischen gelebten Erfahrungen, gesundheitlichen Ungleichheiten und globaler Zusammenarbeit im Kontext einer globalen Pandemie sichtbar zu machen.

Die Arbeit hebt die Unterschiede und Gemeinsamkeiten in der Wahrnehmung des Begriffs "global" zwischen den Befragten hervor und zeigt die regionalen Verschiebungen in der Wahrnehmung. Die regionalen Verschiebungen werden durch die unterschiedlichen Ansichten darüber, woher das Virus stammt, hervorgehoben. Die europäischen Befragten gaben an, dass das Virus aus China kam, während die lateinamerikanischen Befragten der Meinung waren, dass das Virus aus Europa kam. Beide sahen Covid-19 jedoch nicht als "globale" Bedrohung an, während es auf China beschränkt war.

Darüber hinaus werden die Unterschiede in der Wahrnehmung globaler gesundheitlicher Ungleichheiten aufgezeigt, was die unterschiedlichen Lebenserfahrungen der europäischen und lateinamerikanischen Befragten verdeutlicht. Die lateinamerikanischen Befragten beklagten sich über die mangelnde Unterstützung, die sie erhielten, da sie alle übereinstimmend globale gesundheitliche Ungleichheiten erlebt hatten. Sie unterschieden sich von den Europäern, die diese Ungleichheiten zwar erkannten, sich aber nicht so sehr darauf konzentrierten, da sie nicht davon betroffen waren. Darüber hinaus wurde von den

lateinamerikanischen und europäischen Befragten der Ruf nach globaler Zusammenarbeit geäußert, während sie gleichzeitig einen Mangel an globalen Kooperationsbemühungen feststellten. Die befragten Lateinamerikaner äußerten insbesondere das Gefühl, zurückgelassen zu werden.

Annex C: Original and Translated Interview Quotes

Table 1

Original and Translated Quotes from the Interviews

Country	Original	Translated
IE	"At first to be honest it felt very distant. It felt like this is something in a faraway geographic location and then obviously when they locked down the Wuhan (inaudible 0:04:11.7) this is going to be something they can hopefully control." (T1 IE FOK4).	"At first to be honest it felt very distant. It felt like this is something in a faraway geographic location and then obviously when they locked down the Wuhan (inaudible 0:04:11.7) this is going to be something they can hopefully control." (T1 IE FOK4).
UK	…there was just an understanding that something was happening in China, and it sounded quite far away from where we were." (T1 UK FLP01)	…there was just an understanding that something was happening in China, and it sounded quite far away from where we were." (T1 UK FLP01)
AR	"La verdad es que la primera vez que lo escuché no le di importancia, pensé que iba a ser localizado, pensé que solo iba a estar en Asia como había pasado en algunas otras epidemias." (T1 AR VS01)	"The truth is that the first time I heard about it I didn't give it importance, I thought it was going to be localized, I thought it was just going to be in Asia as had happened in some other epidemics." (T1 AR VS01)
BO	"…ya habían habido otros virus que salieron en China como el SARS o también la fiebre aviar, y yo no recuerdo otros y nunca llegaron a Bolivia. Entonces no le dimos mucha importancia." (T1 BO AF02)	...there had already been other viruses that came out in China such as SARS or avian fever, and I do not remember others and they never arrived in Bolivia. So we did not give it much importance. (T1 BO AF02)
EC	"…afectando allá en China y esperando de que no llegue acá a Ecuador…" (T1 EC MH04)	...affecting there in China and hoping that it doesn't arrive here in Ecuador... (T1 EC MH04)

EC	“… el territorio asiático donde estaba ocurriendo eso, no pudieron contener, eh, las, las, las consecuencias del virus. Pero sí presentí que eso podía llegar a cualquier lugar, entonces eso me asustó un poco, básicamente.” (T1 EC CF02)	...the Asian territory where that was happening, they couldn't contain, uh, the, the, the, the consequences of the virus. But I did sense that it could reach any place, so that scared me a little bit, basically. (T1 EC CF02)
IE	“Because when it reached Italy and we saw all the stuff in Italy that we just said OK, this is now no longer something that could happen, this is something that will happen.” (T1 IE SA02).	“Because when it reached Italy and we saw all the stuff in Italy that we just said OK, this is now no longer something that could happen, this is something that will happen.” (T1 IE SA02).
UK	“So I do remember friends being like, do you think it will come over here, and I remember being like, I think it’s inevitable if it’s spreading in Europe and China. I think it will come here. It’s just a matter of time.” (T1 UK FLP01).	“So I do remember friends being like, do you think it will come over here, and I remember being like, I think it’s inevitable if it’s spreading in Europe and China. I think it will come here. It’s just a matter of time.” (T1 UK FLP01).
BO	“Cuando empezo en la China, no nos alarmo por que era lejos.” (T1 BO CM03).	When it started in China, we were not alarmed because it was far away. (T1 BO CM03).
AR	“…me preocupé mucho cuando vi que se transmitía ya en países occidentales, cuando llegó en Italia primero, a España, cuando vi cómo había reaccionado Merkel…” (T1 AR VS01)	"...I was very worried when I saw that it was already being transmitted in Western countries, when it reached Italy first, then Spain, when I saw how Merkel reacted…" (T1 AR VS01).
IT	“Veramente dovevano chiudere molto, molto prima, se hanno visto quello che stava succedendo dovevano chiudere prima le frontiere. Invece hanno chiuso troppo tardi.” (T1 IT IG07).	"Actually they should have closed much, much earlier, if they saw what was happening they should have closed the borders earlier. Instead they closed too late". (T1 IT IG07).
BO	“…había primer contagio con la persona que llegó a Italia.” (T1 BO DM01)	"...there was first contagion with the person who arrived in Italy". (T1 BO DM01)
BO	“…que había llegado de Europa de Italia mas precios. (T1 BO AF01)	"...who had arrived from Europe from Italy plus prices" (T1 BO AF01).

BO	“…caso en Bolivia que fue alguien que vino de Italia.” (T1 BO AF02)	"...case in Bolivia that was someone who came from Italy." (T1 BO AF02)
BO	“…fue que llegó a Bolivia, fue transportado por una persona que llego de Italia, y ese fue el que contagio a todos. Yo pienso que no ha hecho su trabajo en el debido momento, dejó que llegara el virus y recién ahí tomo la decisión, recién nos encapsulo, recién dejó de haber los vuelos, las salidas en flota a otros países, sin embargo, debió haber sido antes, pero sin embargo lo hizo después.” (T1 BO KZ02)	"...was that it arrived in Bolivia, it was transported by a person who arrived from Italy, and that was the one who infected everyone. I think that he did not do his job at the right time, he let the virus arrive and then he made the decision, he just encapsulated us, he just stopped the flights, the departures in fleet to other countries, however, it should have been before, but he did it later." (T1 BO KZ02)
IT	“Almeno bloccare le regioni dove c'è tanti contagi. Prima cosa è chiudere le frontiere.” (T2 IT IG06).	"At least block the regions where there is so much infection. First thing is to close the borders." (T2 IT IG06)
AT	“Es ist so, nein im Grunde genommen überschreiten wir kaum Grenzen, letzten Sonntag bin ich zu meiner Schwester rausgefahren ins Weinviertel, weil ich einfach rausmusste, und da habe ich mir von ihr eine Bestätigung geben lassen, dass sie einfach ein Mensch mit Vorerkrankungen ist…“ (T1 AT IR01).	"It's like, no basically we don't cross many boundaries, last Sunday I went out to my sister's house in the Weinviertel because I just had to get out, and that's when I got a confirmation from her that she's just a person with pre-existing conditions..." (T1 AT IR01).
AT	“…wie innerhalb von einer Woche mein Leben völlig anders wird, ja, und zwar durch staatliche Eingriffe, vollkommen, und ich kann nichts machen. Ich kann nicht zu meiner Tochter fahren, weil eine Grenze zu ist, ja?“ (T1 AT CH03)	...How within a week my life becomes completely different, yes, and through state intervention, completely, and I can't do anything. I can't go to my daughter because there is a border closed, yes? (T1 AT CH03)
EC	“…si desde China nos hubieran hablado con un poco más de transparencia, se hubieran tomado medidas más exigentes desde el	...if China had spoken to us with a little more transparency, more demanding measures would have been taken from the beginning, for example, the closure of the airports... (T1 EC MH06).

	inicio, por ejemplo, el cierre de los aeropuertos…" (T1 EC MH06)	
AT	"…nachher der Zusammenhalt- besser nicht der Zusammenhalt, sondern die Hilfe, aber auch von Mensch zu Mensch und von Land zu Land und nicht dieses stark nationalistische „Ich sperre meine Grenzen.", wie es jetzt war, sondern dass das übergreifend gilt. Dass alles wieder menschlich wird, ein bisschen." (T1 AT BP11)	"...afterwards the cohesion- better not the cohesion, but the help, but also from person to person and from country to country and not this strong nationalistic I close my borders.", as it was now, but that this applies across the board. That everything becomes human again, a little bit." (T1 AT BP11)
IT	"là in Cina non sappiamo, per esempio, perché le grosse zone industriali (che tra l'altro sono un misto tra rurale e industriale) enormi, in cui vivono, milioni, decine e centinaia di milioni di persone, noi non sappiamo nulla di queste persone perché il governo cinese non tende a far sapere troppo di queste situazioni." (No code, Italy Report).	"there in China we don't know, for example, why the huge industrial zones (which by the way are a mixture of rural and industrial) huge, where millions, tens and hundreds of millions of people live, we don't know anything about these people because the Chinese government doesn't tend to let people know too much about these situations." (No code, Italy Report).
BO	"…cuando explotó en China, no había mucha información…" (T1 *BO OV01)*	"...when it blew up in China, there wasn't much information..." (T1 BO OV01)
IT	"Dal punto di vista sociale, chi ci sta rimettendo non sono i ricchi che si possono… o anche noi, eh?... parliamo anche di noi, di società mediamente di un Paese europeo come l'Italia dove a te le cure sono comunque garantite. Tu anche se sei no vax, no mask, tu in ospedale ci vai, se per caso ti ammali anche grave vieni curato e guarisci. In realtà quello che tu non rispetti, cioè tu trasmetti questa malattia, chi paga le conseguenze sono sempre le	"From the social point of view, those who are losing out are not the rich who can-or even us, huh?...we are also talking about us, average societies in a European country like Italy where you are still guaranteed care. You even if you are no vax, no mask, you go to the hospital, if by chance you get sick even serious you get treated and get well. Actually what you don't respect, that is you transmit this disease, those who pay the consequences are always the poorest people." (No code, Italy Report).

	persone più povere.” (No code, Italy Report).	
AR	“Yo considero que todas las medidas restrictivas debieron ser de manera global y no solamente locales, y a medida de la evolución de la pandemia ir tomando medidas locales, pero me parece que el hecho de que cada país fuera tomando decisiones en cada momento fue un hecho no productivo porque en principio…” (T1 AR BG03)	"I believe that all restrictive measures should have been global and not only local, and that local measures should have been taken as the pandemic evolved, but it seems to me that the fact that each country was taking decisions at each moment was not productive because in principle..." (T1 AR BG03).
AT	“…dass halt in vielen anderen Ländern wo die Leute noch kaum geimpft sind oder irgendwie keine Impfstoffe haben oder was weiß ich, wie es in Rumänien ist, die hätten ja Impfstoffe, aber da sind einfach die Leute so skeptisch halt, wo die Pandemie halt noch weitergeht und das schafft wahrscheinlich eine ziemliche Ungleichheit auf der Welt…“ (T3 AT DD04)	"...that just in many other countries where people are still barely vaccinated or somehow don't have vaccines or I don't know, like it is in Romania, they would have vaccines, but there people are just so skeptical just where the pandemic just continues and that probably creates quite an inequality in the world..." (T3 AT DD04)
BO	“Pero han demostrado que está realmente aplazado el sistema de salud. Y por ejemplo, este yo digo otros países, por ejemplo, ya están intentando hacer la vacuna y aquí no vemos nada. Estamos esperando de otro países que	"But they have shown that it is really postponed the health system. And for example, this I say other countries, for example, are already trying to make the vaccine and here we don't see anything. We are waiting for other countries to come and give us the vaccine, right?" (T1 BO CC02).

	vengan y pues nos pases la vacuna, no?" (T1 BO CC02)	
AT	"…ich könnte mir vorstellen, dass das vielleicht sogar negative Folgen haben wird, weil sich die quasi Reichen und Entwickelteren, was auch immer das heißt, also wirtschaftlich Entwickelteren noch mehr schützen, absondern, isolieren und die anderen sein lassen." (T3 AT DD04)	"...I could imagine that this might even have negative consequences, because the quasi rich and more developed, whatever that means, that is, economically more developed, will protect themselves even more, segregate themselves, isolate themselves, and let the others be. (T3 AT DD04)"
IE	"The wealthy countries will be much less damaged than the poor developing countries. And I think there will be resentment because of them. I think already we are seeing within Europe, we are seeing wealthy countries not wishing to support the less wealthy countries and in a global base. I think there will be repercussions and I think poorer countries will take a long time to forgive their wealthier countries who didn't help them at the time they needed it." (T1 IE IG01).	"The wealthy countries will be much less damaged than the poor developing countries. And I think there will be resentment because of them. I think already we are seeing within Europe, we are seeing wealthy countries not wishing to support the less wealthy countries and in a global base. I think there will be repercussions and I think poorer countries will take a long time to forgive their wealthier countries who didn't help them at the time they needed it." (T1 IE IG01).
EC	"…es la economía. O sea, el poder de tener el control de las cosas, dicen ellos. Entonces, mire los países desarrollados como Estados Unidos ya prácticamente." (T2 EC MH03)	"...it is the economy. That is, the power to have control of things, they say. So, look at the developed countries like the United States already practically." (T2 EC MH03)

EC	“Pero no les importa nada en la humanidad. O sea, simplemente, ellos ven sus intereses económicos. Eso es eso lo que nos pasa. Y así seguiremos a lo largo de la historia hasta que algo, algo, algo muy grande. Yo pensé que esta pandemia podía pensarse que deberíamos ser un mundo solidario y que deberíamos entender que la vida y el mundo sólo se va a sostener si hay o si somos más equitativos y somos más solidarios. Y si nos apoyamos podríamos hacerlo. Hay demasiada concentración de riqueza en muy pocos y la conservación de la miseria y la pobreza. Y eso hace mucho daño. Y eso se ve también en este proceso.” (T2 EC MH03)	"But they don't care about anything in humanity. That is, they simply see their economic interests. That's what happens to us. And that's how we will go on throughout history until something, something, something very big. I thought that this pandemic could be thought that we should be a supportive world and that we should understand that life and the world is only going to sustain itself if there is or if we are more equitable and we are more supportive. And if we support each other we could do that. There is too much concentration of wealth in very few and the preservation of misery and poverty. And that does a lot of harm. And that is also seen in this process." (T2 EC MH03)
EC	“…la otra pandemia, la crisis económica, es terrible es muy lenta para países que no tenemos… medios de producción… países que dependemos mucho… de los préstamos, mucho de las decisiones que puedan tomar las-las grandes potencias, entonces yo veo que nos vienen días muy críticos, donde probablemente no moriremos de COVID, sino es de hambre.” (T1 EC NA01)	"...the other pandemic, the economic crisis, is terrible, it is very slow for countries that do not have... means of production... countries that depend a lot... on loans, on the decisions made by the great powers, so I see very critical days ahead, where we will probably not die of COVID, but of hunger." (T1 EC NA01)
AR	“Yo veo, por ejemplo, veía cómo sufría la gente en Ecuador o incluso acá en la frontera los bolivianos, que hay muchos bolivianos que cruzaban la frontera porque allá como que no le dan bola los gobernantes (…) en otros países los gobernantes, digamos los presidentes, no les importo nada del pueblo.” (T1 AR JM04).	"I see, for example, I saw how the people suffered in Ecuador or even here on the border, the Bolivians, there are many Bolivians who crossed the border because they don't give a damn about the government (...) in other countries the government, let's say the presidents, don't care about the people." (T1 AR JM04).

AR	“Lo único que quedó demostrado que con la pandemia se habló bastante de un mundo global y una aldea global, y lo único que se vio ahora fue cómo se consolidaron los países y los Estados, se vio como se cerraron las fronteras y cómo cada Estado funcionó como una unidad y utilizó todas las instituciones que tiene a su disposición para hacerle frente a la pandemia. Lo único que vi es cómo se fortaleció la imagen del Estado en cada país, así que eso me llamó la atención en cuanto a un discurso que se viene dando hace más de veinte años porque se decía que el Estado cada vez existe menos, o está cada vez más destinado a dejar de existir en los países más liberales se vio que el Estado estaba ausente.” (T1 AR BG02)	"The only thing that was demonstrated was that with the pandemic there was a lot of talk about a global world and a global village, and the only thing that was seen now was how countries and States were consolidated, it was seen how borders were closed and how each State functioned as a unit and used all the institutions at its disposal to face the pandemic. The only thing I saw is how the image of the State was strengthened in each country, so that caught my attention in terms of a discourse that has been going on for more than twenty years because it was said that the State exists less and less, or is more and more destined to cease to exist in the most liberal countries it was seen that the State was absent." (T1 AR BG02)
IT	“Mah, io dico che se tutto il mondo, è il mio sogno utopistico, si mettesse un pochino più d'accordo, i risultati sarebbero migliori. Cioè, in una situazione così triste, così problematica, vedo che riescono ancora a litigare” (T1 IT IG02)	"Mah, I say if the whole world, that's my utopian dream, would get a little bit more together, the results would be better. I mean, in such a sad situation, such a problematic situation, I see that they still manage to fight." (T1 IT IG02)
IE	“I think the Government and the authorities are doing the best they can in a very difficult situation and maybe the European leaders need to be a bit more aware of leaders, more joined up that is certainly something that I would like to see more of that as a global problem, we have to sort of react globally I think in the future to get to the end of this in a positive way, but locally I think it’s been from where I am sitting a reasonably	“I think the Government and the authorities are doing the best they can in a very difficult situation and maybe the European leaders need to be a bit more aware of leaders, more joined up that is certainly something that I would like to see more of that as a global problem, we have to sort of react globally I think in the future to get to the end of this in a positive way, but locally I think it’s been from where I am sitting a reasonably good response in a very difficult situation.” (T1 IE IG03)

	good response in a very difficult situation.” (T1 IE IG03)	
IE	“It was amazed that it took something like coronavirus to unite the world that way, especially to unite Africa that way, cos Africa country are very individual and we hardly collaborate with other countries within Africa”; “So now, corona just shows us no, you don’t have to move outside your bedroom for you to have a conference event with people from Africa, or to get Africa people to connect with the American people.” (T1 IE TB02)	“It was amazed that it took something like coronavirus to unite the world that way, especially to unite Africa that way, cos Africa country are very individual and we hardly collaborate with other countries within Africa”; “So now, corona just shows us no, you don’t have to move outside your bedroom for you to have a conference event with people from Africa, or to get Africa people to connect with the American people.” (T1 IE TB02)
AR	“…pero me parece que en este momento no estaríamos en situación de ayudar a nadie, más bien de recibir.” (T1 AR JM03)	"...but it seems to me that at this time we would not be in a position to help anyone, but rather to receive." (T1 AR JM03)
EC	“…que deberíamos ser un mundo solidario y que deberíamos entender que la vida y el mundo sólo se va a sostener si hay o si somos más equitativos y somos más solidarios. Y si nos apoyamos podríamos hacerlo. Hay demasiada concentración de riqueza en muy pocos y la conservación de la miseria y la pobreza. Y eso hace mucho daño. Y eso se ve también en este proceso.” (T2 EC MH03)	"...that we should be a world of solidarity and that we should understand that life and the world is only going to sustain if there is or if we are more equitable and we are more supportive. And if we support each other we could do that. There is too much concentration of wealth in very few and the preservation of misery and poverty. And that does a lot of harm. And that is also seen in this process." (T2 EC MH03)

IT	“Però io sono angustiato dall'idea, per esempio, del sud del mondo. Quello sprofonderà e ce lo tireremo per sempre appresso finché davvero non troviamo il modo di risolvere le cose in modo radicale, ma sarà una cosa che richiederà dei decenni, probabilmente. Intere generazioni.” (T1 IT IG01)	"I am distressed by the idea, though, of, for example, the global south. That's going to sink and we're going to drag it around forever until we really find a way to fix things in a radical way, but that's going to take decades, probably. Whole generations."(T1 IT IG01)
IT	“Facciamo un po’ di pulizia! Io sono molto cinica a volte. Il Terzo Mondo a cosa serve?” (Italy, no code)	"Let's do some cleaning! I am very cynical sometimes. What is the Third World for?" (Italy, no code)
IT	“Voglio dire, andiamo in India, andiamo in Africa… Non sono persone produttive. Di conseguenza, se ne muore un po’, pazienza. Mettiamoli in coda. Io la vedo così.” (T3 IT IG02)	"I mean, let's go to India, let's go to Africa-they are not productive people. Consequently, if some die, whatever. Let's put them in the queue. That's how I see it." (T3 IT IG02)
AT	“Na ja, die Hoffnung stirbt nie, aber ich könnte mir vorstellen, dass das vielleicht sogar negative Folgen haben wird, weil sich die quasi Reichen und Entwickelteren, was auch immer das heißt, also wirtschaftlich Entwickelteren noch mehr schützen, absondern, isolieren und die anderen sein lassen. Also, siehe was wir jetzt in Europa tun und in Afrika und gut, Südamerika ist ein anderes Kapitel, aber wie wir Afrika links liegen lassen, was momentan einfach passiert. Ich könnte mir vorstellen, dass eine solche Einstellung sich vielleicht verstärken könnte, was sehr schlecht wäre. (T3 AT DD04)	"Well, hope never dies, but I could imagine that this might even have negative consequences, because the quasi rich and more developed, whatever that means, so economically more developed will protect themselves even more, segregate, isolate and let the others be. So, see what we are doing now in Europe and in Africa and well, South America is another chapter, but how we are leaving Africa on the left, which is just happening at the moment. I would imagine that kind of attitude might be reinforced, which would be very bad." (T3 AT DD04)

AT	„…ein Problem ist halt auch irgendwie, dass halt in vielen anderen Ländern wo die Leute noch kaum geimpft sind oder irgendwie keine Impfstoffe haben oder was weiß ich, wie es in Rumänien ist, die hätten ja Impfstoffe, aber da sind einfach die Leute so skeptisch halt, wo die Pandemie halt noch weitergeht und das schafft wahrscheinlich eine ziemliche Ungleichheit auf der Welt, also zwischen Ländern sozusagen, wo die Pandemie quasi vorbei ist und Ländern sozusagen…“ (Austria, no code)	" ...one problem is just somehow that just in many other countries where people are still hardly vaccinated or somehow don't have vaccines or what do I know, like it is in Romania, they would have vaccines, but there people are just so skeptical just where the pandemic just continues and that probably creates quite an inequality in the world, so between countries so to speak where the pandemic is quasi over and countries so to speak..." (Austria, no code)
UK	“So I think nobody seemed very apprehensive or particularly concerned at that point. I think there was just an understanding that something was happening in China and it sounded quite far away from where we were.” (T1 UK FLP01)	“So I think nobody seemed very apprehensive or particularly concerned at that point. I think there was just an understanding that something was happening in China and it sounded quite far away from where we were.” (T1 UK FLP01)
UK	“And it sounded like that in the meantime the death rate in China was going higher and higher, so that was about it, and obviously at the time, I have to admit, I didn’t feel worried or nervous.” (T1 UK AF04)	“And it sounded like that in the meantime the death rate in China was going higher and higher, so that was about it, and obviously at the time, I have to admit, I didn’t feel worried or nervous.” (T1 UK AF04)
AR	“Por lo que escucho y por lo que leo que…muchos laboratorios que, por ahí, no cumplieron con lo que tenían que cumplir. Por ahí los países más poderosos son los que más vacunas reciben y, bueno, lo que llega acá se distribuye bastante bien para que al menos podamos cambiar el país por tener vacunas.” (T2 AR SH02).	"From what I hear and from what I read that...many laboratories have not complied with what they had to comply with. Maybe the most powerful countries are the ones that receive the most vaccines and, well, what arrives here is distributed quite well so that at least we can change the country by having vaccines." (T2 AR SH02).

AR	“…aprovechar la oportunidad de pasar por todo esto para para ayudarnos entre todos, no solo entre personas sino también entre países, entre gente que tenga la posibilidad digamos de, farmacéuticas o productoras de vacunas digamos, yo también esperaba que iba a ser algo bastante más... no me sale la palabra, pero como que, más solidario pensé que iba a ser. Y veo que no, porque hay un montón de países del mundo que no tienen vacunas y hay un montón que tienen más de las que necesitan y tampoco veo que los laboratorios hayan liberado todas las patentes como para que se salven todos, sino que es un negocio.” (T2 AR VP02).	"...take the opportunity to go through all this to help each other, not only among people but also among countries, among people who have the possibility of, let's say, pharmaceutical companies or vaccine producers, let's say, I also expected that it was going to be something much more... I can't say the word, but I thought it was going to be more supportive. And I see that it is not, because there are a lot of countries in the world that do not have vaccines and there are a lot of countries that have more than they need and I do not see that the laboratories have released all the patents so that everyone is saved, but it is a business." (T2 AR VP02).
EC	“Pero allá no hay problemas de falta de vacunas, allá es que a veces hay falta de voluntad de la gente.” (T2 EC MH03)	"But there are no problems of lack of vaccines there, sometimes there is a lack of will of the people." (T2 EC MH03)
EC	“Yo siempre digo como Estados Unidos, como invierte armamentismo, intervención en los países. ¿Cuánto? ¿Cuántos millones de millones gasta? Pero no les importa nada en la humanidad. O sea, simplemente, ellos ven sus intereses económicos.” (T2 EC MH03)	"I always say how the United States, how it invests in armament, intervention in countries. How much? How many millions of millions does it spend? But they don't care anything about humanity. I mean, simply, they see their economic interests." (T2 EC MH03)
EC	“…puede saber qué será de las grandes economías, porque al final los países marginados dependen de esas grandes potencias para subsistir, sobre todo aquí en el Ecuador, ¿podremos levantarnos de veras como plantean algunas (todo el tiempo)?” (T1 EC MH05)	"...can you know what will become of the big economies, because in the end the marginalized countries depend on those big powers to subsist, especially here in Ecuador, will we really be able to rise up as some of them are proposing (all the time)?" (T1 EC MH05)

EC	“Sé que hay algunas vacunas que ya están en circulación, el 90% de las vacunas están comprometidas a países de primer mundo ya con anticipación; algunas otras están en pruebas que son irónicamente las que nos están dando a países de tercer mundo.” (T2 EC EC02)	"I know that there are some vaccines that are already in circulation, 90% of the vaccines are already committed to first world countries in advance; some others are in trials that are ironically the ones that they are giving us to third world countries." (T2 EC EC02)
EC	“…donde hay patentes para las vacunas y es por este sistema inequitativo imperialista de cierta manera, con esta cuestión de la salud desde las potencias que han decidido no desbloquear las patentes.” (T2 EC EC03)	"...where there are patents for vaccines and it is because of this imperialist inequitable system in a certain way, with this health issue from the powers that have decided not to unblock patents." (T2 EC EC03)
EC	“A ver, a nivel mundial estoy consciente que ahora Estados Unidos está haciendo turismo de vacunación. Está queriendo vacunar a los visitantes ya que ellos si es que (PALABRA INCOMPRENSIBLE) el 4 de julio, el gobierno entrante había propuesto tener ya al 60% de toda la población del país vacunada.” (T2 EC NA05)	"Let's see, at a global level I am aware that now the United States is doing vaccination tourism. It is wanting to vaccinate visitors because they if it is that (INCOMPRESSIBLE WORD) on July 4, the incoming government had proposed to have already 60% of the entire population of the country vaccinated." (T2 EC NA05)
IT	“Al giorno d’oggi [inaudibile 79:47] quindi la preoccupazione eh… della mascherina, però poi eh… non ti sei mai chiesto in Siria quanti ne sono morti. Perché poi cioè anche questi paragoni ma in realtà ti sei mai interessato di dire appunto che di là c’è stato un qualcosa di peggio e anche in periodo COVID questi poveretti, che non avevan la possibilità di eh… di proteggersi, oltre che la morte per la guerra, che sono morti pure che son sempre… chi fa le spese di questo son le persone povere, no?” (T2 IT IG02)	Nowadays [inaudible 79:47] so the concern eh... of the mask, however then eh... you never wondered in Syria how many died. Because then I mean even these comparisons but actually did you ever care to say precisely that over there there was something worse and even in the COVID period these poor people, who did not have the possibility of eh... to protect themselves, as well as death from the war, that they died as well that they are always... who pays the costs of this are the poor people, no? (T2 IT IG02)

AR	“De a poco fueron quedándose atrás [Argentina] con el resto de los países o el resto del mundo en cómo llevaban todas las medidas de la pandemia.” (T2 AR CS02)	"Little by little they [Argentina] were lagging behind the rest of the countries or the rest of the world in how they were taking all the pandemic measures." (T2 AR CS02)
BO	“Ha sido nefastas un poco las medidas del gobierno. Mucha incapacidad al momento de - hubo denuncias de los, de las compras de las respiradores, unos sobrepeses todo eso es terrible.” (T1 BO AF01).	"It has been a little bit nefarious the measures of the government. A lot of incapacity at the time of - there were complaints of the, of the purchases of the respirators, some over weights all of that is terrible." (T1 BO AF01).
EC	“…la ciudadanía también tiene que aprender a obedecer. Pero, en eso, ese el problema en América Latina, y no es solo mi país, sino América Latina en general.” (T1 EC MH07)	"...citizens also have to learn to obey. But, in that, that is the problem in Latin America, and it is not only my country, but Latin America in general." (T1 EC MH07)
AR	„…bueno, lo que llega acá se distribuye bastante bien para que al menos podamos cambiar el país por tener vacunas.” (T2 AR SH02).	"...well, what comes here is distributed well enough so that at least we can change the country by having vaccines." (T2 AR SH02).
BO	“Pero eso de alguna manera devela de la capacidad de la gente que está en el poder, en la toma de decision, hay otros paises que hicieron o intentaron lo posible hacerlo bien, por ejemplo Uruguay, no es tan lejos, no es irse a Europa - en Uruguay lo hizo bien en lo posible, tambien Chile intento hacerlo bien con tema de servicio de salud, también otro país Costa Rica lo hicieron bien. Entonces, ahi se ve pues la calidad de los gobernantes, la calidad en términos de preparación de visión, de conocer la realidad de un país.” (T1 BO AF01)	"But this somehow reveals the capacity of the people in power, in decision making, there are other countries that did or tried their best to do it well, for example Uruguay, it is not so far away, it is not like going to Europe - Uruguay did it well as far as possible, Chile also tried to do it well in terms of health services, another country, Costa Rica, did it well. So, there you can see the quality of the rulers, the quality in terms of preparation, of vision, of knowing the reality of a country." (T1 BO AF01)

BO	“…quizás muchos de sus políticas han sido copy, paste, han sido como copiadas de otros países, o sea viendo la experiencia de otros países. Han dicho , ahh no, supuestamente tiene que haber un aislamiento, que sea completo, que no sé qué, entonces no puedo culparlos… las políticas, me parece que han sido,… en su momento han sido relativamente buenas.” (T1 BO CM02)	"...perhaps many of their policies have been copy, paste, they have been copied from other countries, that is, looking at the experience of other countries. They have said , ahh no, supposedly there has to be an isolation, that it should be complete, that I don't know what, so I can't blame them... the policies, it seems to me that they have been,... at the time they have been relatively good." (T1 BO CM02)
EC	“Segundo, el desconocimiento que hubo de cómo resolver el tema y atacar correctamente. Entonces de parte de la ayuda de la policía y los militares. Yo creo que en eso no hay. Creo que han sido unos héroes y han sido los más sacrificados.” (T2 EC MH03)	"Second, the lack of knowledge that there was of how to solve the issue and attack correctly. Then the help of the police and the military. I believe that there is no such thing. I think they have been heroes and have been the most sacrificed." (T2 EC MH03)
EC	“…las ironías de la vida, que en otros países la gente ruega por una vacuna y en cambio allá hay gente que no quiere vacunarse por posiciones políticas. Entonces hay una disparidad, hay una disparidad en el mundo en cuanto al acceso de las vacunas.” (T2 EC MH04)	"...the ironies of life, that in other countries people beg for a vaccine and there are people who do not want to get vaccinated because of political positions. So there is a disparity, there is a disparity in the world in terms of access to vaccines." (T2 EC MH04)
EC	“Inclusive los tours que están haciendo a Estados Unidos para vacunarse, reciben las vacunas los turistas… las vacunas que no están recibiendo los ciudadanos de ese país entonces eso es lo que tengo de nociones.” (T2 EC EC02)	"Even the tours that they are doing to the United States to get vaccinated, the tourists receive the vaccines... the vaccines that the citizens of that country are not receiving so that is what I have of notions." (T2 EC EC02)

AR	“Creo, que de todas maneras, Argentina en estos momentos no sé si está para prestar ayuda, ayuda suponte si fuera económica decididamente no, ayuda de profesionales, estamos ya con nuestros profesionales en el límite del agotamiento tampoco, ayuda de insumos... y no sabría si... yo creía también que estamos, si no hemos llegado a colapsar, creo que estamos muy al límite en muchas situaciones. (...) pero me parece que en este momento no estaríamos en situación de ayudar a nadie, más bien de recibir.” (T1 AR JM03)	"I think that, in any case, Argentina at the moment I don't know if it is ready to provide help, help if it were economic, definitely not, help from professionals, we are already at the limit of exhaustion with our professionals either, help with supplies... and I wouldn't know if... I also thought that we are, if we have not collapsed, I think we are very limited in many situations. (...) but I think that at the moment we would not be in a position to help anyone, but rather to receive." (T1 AR JM03)
AR	No, creo que primero necesitaríamos nosotros recibir la ayuda de otros países para después poder ayudar. Creo que no estamos condiciones, ni tenemos, ni estamos holgados como para decir bueno me pongo a ayudar a otro país, pero porque creo que lo que pasa adentro es más urgente que lo que…, bueno no lo sé, porque tampoco sé si hay países que están peor que nosotros, pero creo que nosotros deberíamos primero ocuparnos de lo que pasa acá y después ver si podemos ayudar a alguien más. (T1 AR JM01)	"No, I think that first we would need to receive help from other countries in order to be able to help afterwards. I think we are not in a position, nor do we have, nor are we comfortable enough to say well, I am going to help another country, but because I think that what is happening inside is more urgent than what..., well I don't know, because I don't know if there are countries that are worse off than us, but I think we should first take care of what is happening here and then see if we can help someone else." (T1 AR JM01)
EC	“Claro, casi todos los países latinoamericanos están jodidos por la situación del COVID. Sin embargo, Estados Unidos igual puede estar jodido.” (T2 EC MA02)	"Of course, almost all Latin American countries are screwed by the COVID situation. However, the United States just as well may be screwed." (T2 EC MA02)

EC	“Pero podría haber sido peor, la represión policial desde un punto de vista foxiano, pues lo que hace es mantener al Estado seguro. Cómo se debía. Pero la cosa es que la represión a veces es necesaria para cumplir la ley, aunque no es el único mecanismo para que las personas puedan entender. Pero la pobreza obliga a cosas críticas y promover situaciones agudas…” (T2 EC MN01)	"But it could have been worse, police repression from a Foxian point of view, because what it does is keep the state safe. How it should be. But the thing is that repression is sometimes necessary to comply with the law, although it is not the only mechanism for people to understand. But poverty forces critical things and promotes acute situations..."(T2 EC MN01)
EC	“Un Estado no tiene que ser militarizado, no podemos vivir en una sociedad militarizada, cosa que en Colombia si pasa.”(T2 EC MN01)	"A State does not have to be militarized, we cannot live in a militarized society, something that in Colombia does happen."(T2 EC MN01)
BO	“Pero acá en la cacería te menciono ya después que se cerraron las fronteras y los picos fueron muy altos, aquí en Bolivia cacería teníamos toque de queda hasta cierta hora, y los militares salían a las calles, y si es que te veían fuera de casa te perseguían.” (T1 BO IR02)	"But here in the hunt I mention that after the borders were closed and the peaks were very high, here in Bolivia we had a curfew until a certain time, and the military would go out into the streets, and if they saw you outside the house they would chase you." (T1 BO IR02)
IE	‘It was amazing that it took something like coronavirus to unite the world that way, especially to unite Africa that way, cause African countries are very individual and we hardly collaborate with other countries within Africa […] So now, Corona just shows us no, you don’t have to move outside your bedroom for you to have a conference event with people from Africa, or to get African people to connect with the American people.’ (T1 IE TB02)	‘It was amazing that it took something like coronavirus to unite the world that way, especially to unite Africa that way, cause African countries are very individual and we hardly collaborate with other countries within Africa […] So now, Corona just shows us no, you don’t have to move outside your bedroom for you to have a conference event with people from Africa, or to get African people to connect with the American people.’ (T1 IE TB02)

IE	‘…you know in the African countries with whatever war or other types of diseases, I mean it’s not, you know I don’t want to lose perspective of it either. Look, it is a couple of months, we are going to get through it. It is not nice now but at the end if we are healthy, we have food, we have shelter, we have a job, we are paid. It is a bit like first world problems really.’ (T2 IE FOK04)	‘…you know in the African countries with whatever war or other types of diseases, I mean it’s not, you know I don’t want to lose perspective of it either. Look, it is a couple of months, we are going to get through it. It is not nice now but at the end if we are healthy, we have food, we have shelter, we have a job, we are paid. It is a bit like first world problems really.’ (T2 IE FOK04)
IE	‘…probably that if they shut the borders, if they shut them just to Italians it would look xenophobic (corrected 0:23:32.8), like there was probably too difficult a decision, but they shouldn’t have - like that was coming from a highly infected country at that stage - let so many Italians in.’ (T1 IE TB01)	‘…probably that if they shut the borders, if they shut them just to Italians it would look xenophobic (corrected 0:23:32.8), like there was probably too difficult a decision, but they shouldn’t have - like that was coming from a highly infected country at that stage - let so many Italians in.’ (T1 IE TB01)
BO	"Bueno, en febrero. En febrero se escuchaba que había llegado a Iran y que estaba también ya en Italia y Europa y [] entonces, Wao, digamos desde Espana y Italia puede cruzar el Atlántico y venir aca." (T1 BO AF02)	"Well, in February. In February it was heard that he had arrived in Iran and that he was also already in Italy and Europe and [] so, Wao, let's say from Spain and Italy he can cross the Atlantic and come here." (T1 BO AF02)
AT	"Also ich habe nur gehört von Studenten in Innsbruck, südtiroler Studenten und die in Innsbruck studiert haben, die sind mit dem Taxi oder mit einem Auto bis zum Brenner gefahren und dort zu Fuß über die Grenze und dann mit dem Taxi weiter nach Innsbruck, ja.“ (T1 AT WS01)	"So I've only heard from students in Innsbruck, South Tyrolean students and who studied in Innsbruck, they went by cab or by car to Brenner and there they walked across the border and then continued by cab to Innsbruck, yes." (T1 AT WS01)

IE	‘I think at a global level it would be based on need. I think it should be based on need. The criteria… we should say that globally we want every healthcare worker and every vulnerable person to get the vaccine and whether you are in an affluent country or in a poor country the criteria should be the same. Once those people have been vaccinated we should then go down the second level and maybe look at the over 60s and the over 50s and do it increasingly in terms of need. But it should be done on a global basis and it should be the same criteria as whether you are living in America or Ireland, as whether you are living in Ghana or Sierra Leon.’ (T2 IE IG02)	‘I think at a global level it would be based on need. I think it should be based on need. The criteria… we should say that globally we want every healthcare worker and every vulnerable person to get the vaccine and whether you are in an affluent country or in a poor country the criteria should be the same. Once those people have been vaccinated we should then go down the second level and maybe look at the over 60s and the over 50s and do it increasingly in terms of need. But it should be done on a global basis and it should be the same criteria as whether you are living in America or Ireland, as whether you are living in Ghana or Sierra Leon.’(T2 IE IG02)

Annex D: Translated Quote

Table 1

Translated Quote from Strübing 2021

Original	Translated
“Das Label Grounded Theory unterstreicht also, dass den als Ergebnis präsentierten Theorien ein sozialer Prozess vorausgegangen ist, in dem in praktischen Aushandlungen Entscheidungen getroffen wurden, die in den Theorien als Einschreibungen präsent sind, aber nur unter Rekurs auf den Forschungsprozess wieder sichtbar zu machen sind“ (Strübing, 2021, p. 10).	“The label Grounded Theory thus underlines that the theories presented as results were preceded by a social process in which decisions were made in practical negotiations, which are present in the theories as inscriptions, but can only be made visible again by recourse to the research process.“ (Strübing, 2021, p. 10).